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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Directorate-General for Migration and Home Affairs
Unit D3 – Organised Crime and Drugs Policy
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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 in 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[1]

[1] 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.[2] 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.[3] 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.[4] 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.[5] 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.[6] 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.[7]

Since Europe is not only an important market but also a transport route and producing region for some illicit drugs,[8] 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.[9.] Drug markets are one

[2] OJ C 402, 29.12.2012.

[3] OJ C 351, 30.11.2013.

[4] 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.

[5] EMCDDA (2016) op. cit.

[6] EMCDDA (2016) op. cit.

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

[8] UNODC (2016) *World Drug Report 2016*. As of 1 November 2016: https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf.

[9] 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.[10] Drug trafficking is associated with different forms of organised crime, and, according to the UNODC[11] and the EU Drug Markets Report,[12] 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.[13]

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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[10] 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.

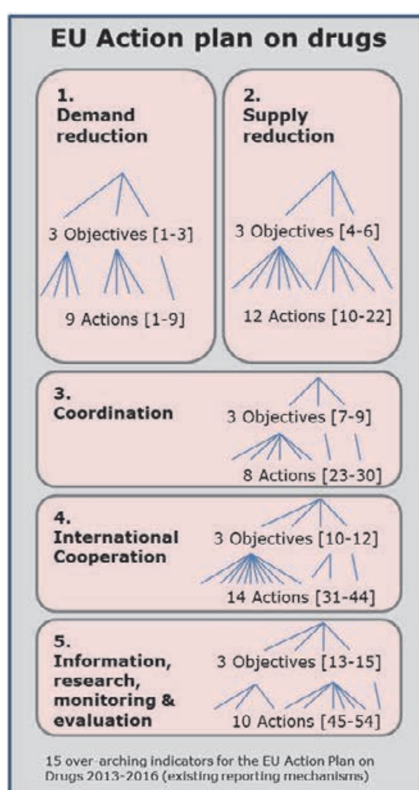
[11] UNODC (2015) *World Drug Report 2015*. As of 22 November 2016: http://www.unodc.org/wdr2015/

[12] 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

[13] 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)[14] and between the EU and third countries (Regulation (EU) No 1259/2013 amending Regulation (EC) No 111/2005).[15] The measures introduced included stricter controls on trade in acetic anhydride (a precursor of heroin), and ephedrine and pseudoephedrine (precursors of methamphetamine).[16]

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).[17] 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.[18] 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.[19]

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.[20] The current strategy therefore builds on the evaluation and

[14] 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.

[15]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

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

[17] Laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking.

[18] 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)).

[19] 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 [as of 23 November 2016].

[20] 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.

lessons learned of the EU Drugs Strategy 2005–2012.[21] 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,[22] 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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[21] OJ C 402 p. 1

[22] 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

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
Desk research			
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
Consultation of stakeholders			
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
Analysis and synthesis of findings			
'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[23] 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.

[23] 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):[24]

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.[25]

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

[24] Information from EMCDDA country reports and Member States' national drugs strategies and action plans was used to apply these criteria.

[25] 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.[26] 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.

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),[27] 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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[27] 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'.

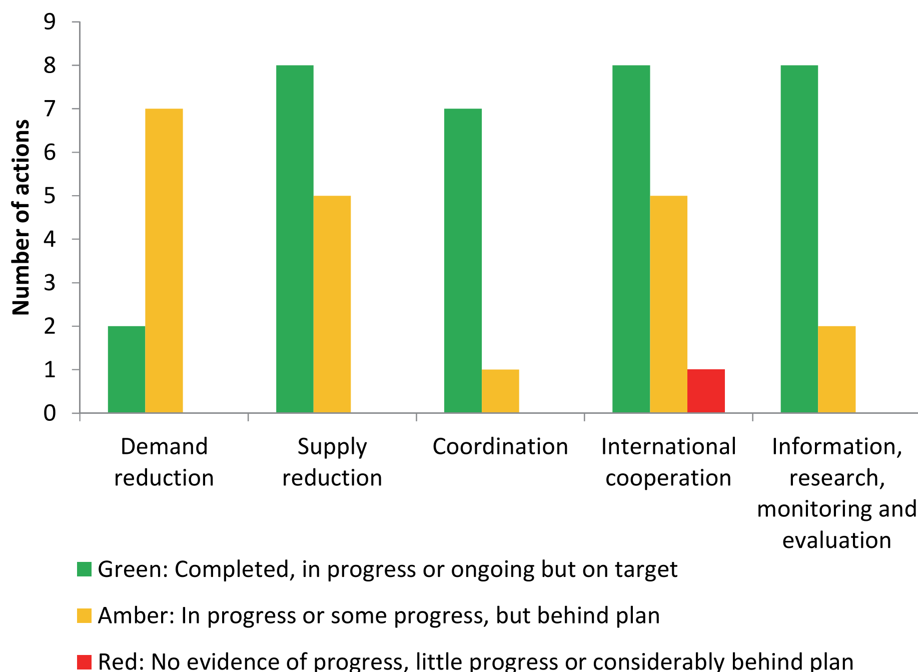
- Least progress had been made under the pillar **international cooperation**, with 5 out of 14 actions assessed as 'in progress but behind plan' and one action as 'considerably behind plan'. Two objectives under this pillar were assessed as 'green', while one was assessed as 'amber'.

- 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.[28] 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

[28] 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)[29] and the new Joint Action 2016 LINKAGE2CARE,[30] all of them addressing people who inject drugs (PWID).[31]

[29] 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

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

[30] The LINKAGE2CARE Joint Action is under preparation.

[31] 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.[32]

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

[32] 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).[33]

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.

[33] 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

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.[34] 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

[34] 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.[35] 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.[36] 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

[35] 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

[36] 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,[37] 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)[38] 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

[37] 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)).

[38] As of 1 Decmber 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,[39] of the delegated Regulation on good manufacturing practices (2014),[40] and the guidelines for good distribution practice (2015).[41] 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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[39] 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.

[40] 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.

[41] 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.[42] 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

[42] 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

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.[43] 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.[44]

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-

[43] 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 and 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].

[44] Kruithof, K., Aldridge, J., Décary Hétu, 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[45] 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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[45] 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.[46] 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

[46] 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. One 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,[47] 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 that 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

[47] 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.[48]

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

[48] 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.[49]

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 EMDCCA 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.

[49] 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.[50] 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).

[50] 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).[51]

[51] 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

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http://ecdc.europa.eu/en/publications/publications/hiv-joint-technical%20mission-hiv-in-greece.pdf

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.[52] 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

[52] 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.[53] 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 measureable 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

[53] 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

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,[54] 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.

[54] 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.[55] 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.[56] 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.[57]

[55] It should be noted that the vast majority of respondents to the public consultation consisted of private individuals or represented NGOs or private organisations.

[56] 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

[57] 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.[58] 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

[58] 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).[59]

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.

[59] 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[60]	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.

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[60] 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 measureable 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 11for 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[61] 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.[62]

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[61] 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

[62] 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.[63] 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.

[63] 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 multidisciplinarity, 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.[64] 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).

[64] 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 Stategy 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.[65] 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

[65] 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[66] 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

[66] 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.[67] 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.

[67] 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 ↑)[a], 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.

[a] ↑ increasing trend / → stable trend / ↓ decreasing trend compared with previous year

Source: EMCDDA[68].

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

[68] 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[69] found that these sanctions are not used in

[69] 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.

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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

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.[70] 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

[70] 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 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).[71] 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.

[71] EMCDDA (2016) *The internet and drug markets*, EMCDDA, Lisbon; Kruithof, K., Aldridge, J., Décary Hétu, 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.[72] 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

[72] 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.[73] 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

[73] 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).[74]

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.

[74] 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).[75]

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.

[75] 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[76]*.*

- **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.

[76] 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/ [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*,[77] the *Tool-box for a Rights-based Approach, encompassing all human rights, for EU development cooperation*,[78] 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.[79]

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

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

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

[79] 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 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 pilliars: (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'.[80]

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

[80] 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:[81]

- 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

[81] 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 need 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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Mid-Term Assessment of the EU Drugs Strategy 2013–2020 and Final Evaluation of the Action Plan on Drugs 2013–2016

Annexes to the 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

Annexes to the final report

Directorate-General for Migration and Home Affairs
Unit D3 – Organised Crime and Drugs Policy

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Annex A: Action Plan traffic light assessment

This annex presents an assessment of the degree of implementation of individual actions listed in the EU Action Plan.[1]

Overall assessment at action and objective level

The assessment of the implementation of individual actions in the Action Plan is presented in Table A.1 below using traffic light indicators complemented with a descriptive summary. Table A.1 also brings together the assessments of individual actions grouped by the Action Plan's objectives. These action-level assessments are then synthesised in assessments pertaining to the overall objectives: assessments of Actions 1–4, for example, are thus used to produce the assessment of Objective 1.

For each action the evaluation team has made one assessment, considering the available evidence for all indicators associated with that action. In addition, as part of the assessments, in some instances the evaluation team provide comments on the suitability of selected indicators for the assessment of associated actions and highlight possible methodological and interpretation challenges. The traffic light assessments for individual actions and objectives are based on the indicators in the Action Plan and the evaluation framework.

Each assessment is scored using 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

It should be stressed that the objective assessments draw *exclusively* on the action-level assessments. This is in line with the original purpose of the traffic light approach to assess the *implementation* of the Action Plan. Our approach respects the fact that the only indicators included in the Action Plan are presented at the action-level. There are no objective-level indicators in the Action Plan and the introduction of new indicators is not methodologically desirable. We acknowledge the existence of the Action Plan's overarching indicators; however, those are primarily suitable for a discussion of outcomes and as such are brought to bear in the discussion of the EU Drugs Strategy and Action Plan's impacts.

In light of this approach, it is necessary to view the objective-level assessments as strictly related to the Action Plan's implementation. Objective 1, for example, does not examine the extent to which drug use has been prevented (through outcome measures such as trends in drug use prevalence) but rather looks at the extent to which actions to prevent drug use have been implemented.

In addition, it is important to recognise that the wording of objectives may suggest a wider scope than that covered by their associated actions. However, as above, the objective assessment takes a strictly narrow view of action implementation and does not take into account any other developments that might be inferred from the wording of the objective.

1 As mentioned in Section 1.2 of the final report, 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 of the report.

Table A.1: Descriptive summary of the traffic light assessment of Action Plan actions and objectives

<table>
<tr><th>Action</th><th>Time</th><th>Responsible party</th><th>State of play</th></tr>
<tr><td colspan="4">I. Drug demand reduction
Contribute to a measurable reduction in the use of illicit drugs, in problem drug use, in drug dependence and in drug-related health and social harms, as well as contributing to a delay in the onset of drug use</td></tr>
<tr><td colspan="4">Objective 1. Prevent drug use and, secondly, delay the onset of drug use (Actions 1–4)</td></tr>
<tr><td colspan="4">ASSESSMENT (AMBER – SOME PROGRESS): There has been at least some progress in all areas covered by this objective. Prevention measures have been implemented in all Member States, although the evidence of their effectiveness is limited. The implementation of specific types of prevention measures is reported by smaller numbers of Member States. Interviewees and public consultation respondents indicated that measures have been implemented in this area, although room for improvements was noted.

Similarly, interventions put in place to prevent misuse of prescribed and over-the-counter opioids are reported by some countries and substitution registers have been implemented by all Member States. However, more needs to be done in this area and the 2016 deadline set in the Action Plan is not likely to be met.

Most progress in this set of actions has been achieved in the area of awareness raising. Initiatives to communicate the risks and consequences associated with the use of illicit drugs have been reported by a large majority of Member States and a majority of NGOs. The ECMDDA and other agencies have also produced a range of outputs and activity in this area was acknowledged by a large number of interviewees.</td></tr>
<tr><td>1. Improve the availability and effectiveness of prevention measures that take account of:

(a) population risk factors such as age; gender; cultural and social factors;

(b) situational risk factors such as homelessness; drug use in nightlife and recreational settings; the workplace; and driving under the influence of drugs; and

(c) individual risk factors such as mental health; problem behaviour and psychosocial development; and other factors known to affect individual vulnerability to drug use such as genetic influences and family circumstances</td><td>Ongoing</td><td>MS</td><td>Relevant overarching indicator data

The proportion of people 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 either a mixed picture (cocaine) or more often than not suggest an increase in use (cannabis, amphetamines, MDMA). There are no aggregated EU-level trend data available.

The EMCDDA Best Practice Portal collates information on the available evidence for interventions in the field of drug-related prevention, treatment and harm reduction. Over the period of the current strategy (2013–2016), the portal has continued to grow and various interventions, guidelines and standards have been added and systematic reviews and technical papers published. Whilst it is beyond the scope of this evaluation to assess the activities, outputs and impacts of the portal or its interventions, it is clear that it provides a unique resource informing policymakers and practitioners on what works in the area of drug demand, in line with the objectives of the strategy.

Level of provision at MS level of evidence-based universal and environmental prevention measures

The EMCDDA notes that in 2013 the majority of Member States (24 of 28) reported full implementation of smoking bans in schools and 10 of 28 Member States reported school drug policies. Universal interventions within schools that are based on the provision of information are reported to be widely available according to the EMCDDA, despite the absence of evidence. Evidence-based components, on the other hand, such as social and personal skills training, have limited availability. The CSF evaluation working group even argued that only a fraction of prevention programmes are evidence-informed.</td></tr>
</table>

Action	Time	Responsible party	State of play
			In the 2015 Commission Progress Report, all Member States reported having implemented prevention measures in the period 2013–2014. The majority of the non-governmental organisations (NGOs) consulted for this Progress Report confirmed that these measures had been implemented in their countries. According to the 2015 Commission Progress Report, the majority of Member States also claimed that the availability of prevention measures had improved or remained stable over the period 2013–2014, but some of the NGOs contended that this was not the case. The 2015 Commission Progress Report also suggests that more than half of these Member States had put in place mechanisms to evaluate the prevention measures implemented. In most EU countries with such mechanisms, evaluations were being carried out at the time. **Level of provision at MS level of targeted prevention measures, including family- and community-based measures** The EMCDDA reports that school students with academic and social problems are one of the groups most frequently targeted by selective prevention strategies, with six European countries providing interventions in vocational and alternative school settings. Some 11 Member States offer an extensive or full provision of measures targeted at pupils with social and academic problems. Little is reported about the content of these interventions and there is a shortage of evidence underpinning their effectiveness. National reporting indicates 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. The selective prevention measures with the highest availability are reported to be those targeting families with substance misuse problems, the provision of interventions for pupils with social and academic problems and interventions for young offenders. Extensive or full provision of these measures was offered by 14 countries.[2] Other selective prevention measures with full or extensive provision in at least 10 countries include those targeted at: young offenders (13 countries), substance abuse in the family (12) and families in conflict and neglect (10). According to the 2015 Commission Progress Report, Member States claim that the implemented prevention measures take account of population risk factors such as age, gender, cultural and social factors; situational factors such as homelessness and drug use in nightlife and recreational settings; the workplace and driving under the influence of drugs; and individual risk factors such as mental health, problem behaviour and psychosocial development.

2 See more baseline details on provision for 15 types of vulnerable group in the EMCDDA prevention profiles. As of 28 November 2016: http://www.emcdda.europa.eu/countries/prevention-profiles.

Action	Time	Responsible party	State of play
			Level of provision at MS level of indicated prevention measures Reports from 2013 on the availability of early detection mechanisms in school indicated that their provision is extensive or full in 12 countries, with Denmark, the Czech Republic, Poland, Luxembourg, Malta and Cyprus offering full provision.[3] Public Consultation:[4] A slightly larger proportion of respondents indicated that measures had been 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 those with situational risk factors (44 vs 35%). For individual risk factors, the proportions of positive and negative responses were identical (38% each). With respect to trends in the effectiveness of implemented measures, the largest group of respondents indicated this had got worse for age, gender, cultural or social risk factors (30.6%) and for situational risk factors (33%). For individual risk factors, the largest group indicated the situation had remained the same (33%). For all three types of prevention measures, less than 20% of respondents indicated that their effectiveness had improved. Interviews: Where interviewees were able to comment on specific initiatives in their country, it was found that several Member States reported examples 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. However, one Member State respondent highlighted that more could be done at the EU level to acknowledge the overlap between drug use, poverty and social vulnerability. Another interviewee highlighted that specific services were missing for vulnerable people, and that there has been a regression at national level with regard to action concerning prisoners as well as minority groups (such as Roma communities). **ASSESSMENT (AMBER – SOME PROGRESS): All Member States have implemented prevention measures. However, the evidence base for the effectiveness of these measures is limited. The availability of evidence-based measures appears limited as well. There is an extensive or full provision of measures targeted pupils with social and academic problems in 11 Member States. However, there is limited availability of other evidence-based interventions. Extensive or full provision of indicated prevention measures targeted is reported in 12 Member States. No data are available on whether the trend in various implemented prevention measures has improved since 2013. Some interviewees reported on the implementation of such measures, although they acknowledged more could be done. Similarly, public**

3 See the EMCDDA prevention profiles for further details. As of 28 November 2016: http://www.emcdda.europa.eu/countries/prevention-profiles.

4 Note that for some questions in the public consultation, the proportion of respondents who indicated they did not have an opinion is quite large. All percentages are reported with the entire sample as a denominator, rather than with just those who provided a definitive answer.

Action	Time	Responsible party	State of play
			consultation respondents indicated measures had been implemented in this area, although they did not think that their effectiveness had improved.
2. In addition to the prevention of drug use, strengthen and better target prevention and diversionary measures to delay the age of first use of illicit drugs	Ongoing	MS	**Relevant overarching indicator data** The proportion of people who use drugs does not appear to have decreased. Where an assessment recent trends is possible through national surveys conducted since 2013, available data show either a mixed picture (cocaine) or more often than not suggest an increase in use (cannabis, amphetamines, MDMA). There are no aggregated EU-level trend data available. Data are not available to provide an assessment of trends in the age of first use of illicit drugs since 2013. Using ESPAD 2011 data as a baseline, there does not appear to have been a substantial change. The ESPAD and HBSC surveys provide very similar findings. According to the 2015 ESPAD survey,[5] an average of 3% of students reported that they had first used cannabis at the age of 13 or younger. The highest proportion in the EU was in France (6%). 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, lifetime prevalence of illicit drug use among 15–16 year olds has slightly decreased since 2003. The EMCDDA Best Practice Portal collates information on the available evidence for interventions in the field of drug-related prevention, treatment and harm reduction. Over the period of the current strategy (2013–2016), the portal has continued to grow and various interventions, guidelines and standards have been added and systematic reviews and technical papers published. Whilst it is beyond the scope of this evaluation to assess the activities, outputs and impacts of the portal or its interventions, it is clear that it provides a unique resource informing policymakers and practitioners on what works in the area of drug demand, in line with the objectives of the strategy. **Level of provision at MS level of evidence-based prevention and diversionary measures that target young people in family, community, and formal/non-formal education settings** *See also Action 1 for the availability of prevention measures*. According to 2013 EMCDDA data, the selective measures with the highest provision are reported to be those targeting families with substance misuse problems, interventions for pupils with social and academic problems and interventions for young offenders. The EMCDDA's Best Practice Portal provides a registry of evidence-based interventions and programmes in the drugs field. Specifically, the Exchange on Drug Demand Reduction Action (EDDRA) offers details on a wide range of evaluated prevention, treatment and harm reduction interventions as well as interventions within the criminal justice system. The portal lists a number of best-practice interventions targeting young people in family, community and formal/non-formal education settings. In 2015, the Portal contained a total of 31 references to evidence, including systematic reviews, evidence-based guidelines and trials distributed related to prevention. As of June 2016, the database contained 494 evaluated evidence-based programmes, with most of them focusing on prevention (288).

5 As of 22 September 2016: http://www.espad.org/sites/espad.org/files/ESPAD_report_2015.pdf.

Action	Time	Responsible party	State of play
			The portal has continued to grow and various interventions, guidelines and standards have been added and systematic reviews and technical papers published. One diversionary selective programme of note targeting young offenders is FreD, a set of manual-based interventions, which has been implemented in 15 Member States. Evaluations of this programme have shown a fall in repeat offending rates. Another example is the Strengthen Families Programme,[6] a selective/universal family-based prevention initiative, which has been implemented in ten countries and has had pilot studies in five EU countries. Germany, Spain, Netherlands, and Sweden have additional evidence-based selective family-based prevention programmes in place.[7] An indicated Canadian programme (Preventure) that targets adolescent sensation-seeking drinkers in schools has been positively evaluated, and adapted for use in the Czech Republic, the Netherlands and the United Kingdom. Evidence-based indicated programmes for younger children in schools exist in Spain (Empecemos) and Germany (Trampolin).[8] The 2015 Commission Progress Report indicates that a large majority of Member States reported having had specific programmes and/or measures aimed at delaying the first use of illicit drugs in the period 2013–2014. Among these, Member States mainly implemented: universal prevention programmes in schools, campaigns against drug consumption at music festivals and venues, programmes aimed specifically at preventing the use of cannabis; awareness raising of the risks associated with drug use, production and trafficking; awareness raising among young children; primary prevention towards specific target groups, such as Roma communities; selective and indicated prevention at a regional level carried out by NGOs; selective prevention for groups that show higher levels of risk factors; the setting up of portals to inform parents of their role in prevention of addictive behaviours in children. Just over half of Member States put in place mechanisms to evaluate these programmes and/or measures and a majority of these conducted or were conducting evaluations in 2015. Public consultation: Almost half of respondents (48%) indicated that measures had been implemented to delay the first use of drugs, while a quarter (26%) indicated that no such measures had been implemented. Two-thirds of respondents (66%) indicated that the effectiveness of these measures had either remained the same or had got worse (33% each). Improvements in effectiveness were indicated by only 12% of respondents. Interviews: One Member State respondent indicated that in the light of a possible shift towards decriminalising certain drugs,

6 As of 28 November 2016: http://strengtheningfamiliesprogram.org/

7 See EDDRA: As of 28 November 2016: http://www.emcdda.europa.eu/themes/best-practice/examples

8 See EDDRA: As of 28 November 2016: http://www.emcdda.europa.eu/themes/best-practice/examples

Action	Time	Responsible party	State of play
			there was a need for additional funding of preventive programmes, particularly for first-time users. Another Member State interviewee 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. One Member State mentioned a prevention programme aimed at making the school environment healthier. Another Member State reported policy reforms in 2013 to ensure an effective national response to drugs, including making first-time substance use an administrative rather than criminal matter (attached with options such as treatment). **ASSESSMENT (AMBER – SOME PROGRESS): In 2013, coverage of prevention measures targeted at families with substance misuse problems, pupils with social and academic problems and young offenders appeared to be relatively high. Although there are some examples of evidence-based programmes, there is limited availability of such interventions across the board. There is no systematic information on whether the situation has improved since 2013. Some interviewees reported on the implementation of such measures. Similarly, public consultation respondents indicated measures had been implemented in this area, although they did not think that their effectiveness had improved.**
3. Raise awareness of the risks and consequences associated with the use of illicit drugs and other psychoactive substances	Ongoing	MS COM EMCDDA	**Relevant overarching indicator data** Data are not available to provide an assessment of trends in the age of first use of illicit drugs since 2013. Using ESPAD 2011 data as a baseline, there does not appear to have been a substantial change. The ESPAD and HBSC surveys provide very similar findings. The EMCDDA Best Practice Portal collates information on the available evidence for interventions in the field of drug-related prevention, treatment and harm reduction. Over the period of the current strategy (2013–2016), the portal has continued to grow and various interventions, guidelines and standards have been added and systematic reviews and technical papers published. Whilst it is beyond the scope of this evaluation to assess the activities, outputs and impacts of the portal or its interventions, it is clear that it provides a unique resource informing policymakers and practitioners on what works in the area of drug demand, in line with the objectives of the strategy. **Level of awareness in general and youth populations of healthy lifestyles and of the risks and consequences of the use of illicit drugs and other psychoactive substances** The 2015 Commission Progress Report noted that a large majority of Member States and NGOs contributing to the document reported running awareness initiatives. As discussed under Action 51, with respect to new psychoactive substances the EMCDDA continued to raise awareness through risk communications to the EU EWS networks, through Joint Reports on NPS (produced with Europol) and through NPS risk assessments. Other avenues used by the EMCDDA to raise awareness include its website, publications and other communication activities such as presentations in Member States. The EMCDDA website currently lists 19 drug profiles,[9] which summarise in a systematic way key information including chemistry,

9 As of 8 July 2016: http://www.emcdda.europa.eu/drug-profiles

Action	Time	Responsible party	State of play
			pharmacology, synthesis and precursors of each substance, as well as their physical form and mode of use. This information is provided in English, French and German. In addition, according to the EMCDDA 2014 General Activity Report,[10] the organisation produced 55 scientific and organisational publications with information on illicit drugs in multiple EU and non-EU languages. EMCDDA staff authored or co-authored 21 articles published in scientific journals. The annual report lists 313 key external events, conferences and meetings in 2014 in which EMCDDA staff participated. As the EMCDDA pointed out, it is not clear to what extent the activities above contributed to improvements in the levels of awareness of healthy lifestyles and the risks and consequences of the use of illicit drugs and other psychoactive substances among general and youth populations. Some data on awareness levels are collected via national surveys; however, according to the EMCDDA, this information is not analysed or reported. According to the 2014 Flash Eurobarometer focusing on young people and drugs,[11] the Internet is the most-mentioned source of information on the effects and risks of drugs in the past year (37%), followed by media campaigns (33%), school prevention programmes (32%) and friends (21%). Some 16% of respondents say they have not been informed about the effects and risks of the use of illicit drugs at all in the past year, an increase of 6 percentage points since 2011. Respondents are less likely to say they received information from media campaigns (-12) and school prevention programmes (-9) compared to 2011. According to the 2014 Flash Eurobarometer, nearly all young people consider regular use of cocaine (96%), ecstasy (93%) or new substances (87%) to pose the highest health risk, and more than half think the use of any of these substances once or twice poses a high health risk (cocaine: 62%, ecstasy: 57%, new substances: 57%). Some information can also be gleaned from the results of the ESPAD survey of 15–16 year old students. As reported under Action 2, its participants considered regular use of illicit drugs to be the most harmful, but quite a few students also deemed regular heavy episodic drinking and cigarette use to be risky. In its latest 2015 round,[12] an average 18% of students reported having used an illicit drug at least once, ranging from 6 to 37% in individual countries. The most prevalent drug was cannabis, reported on average by 16% of respondents (ranging from 4 to 37%). In both cases (any drug and cannabis only), the use of illicit drugs was reported more frequently by boys than by girls. The use of other illicit drugs was reported on average by 1–2% of students and the use of new psychosocial substances was reported by 4% of respondents (ranging from 1 to 10%). The lifetime prevalence of illicit drugs (both cannabis and other drugs) among students has decreased slightly since 2011. Regarding the early onset of substance use, on average 3% of respondents reported using cannabis at the age of 13 or younger (ranging from 1 to 8%). This is very similar to the results from the 2011 round of the survey. The use of

10 As of 8 July 2016: http://www.emcdda.europa.eu/publications/gra/2014

11 As of 28 November 2016: http://ec.europa.eu/public_opinion/flash/fl_401_en.pdf

12 As of 22 September 2016: http://www.espad.org/sites/espad.org/files/ESPAD_report_2015.pdf

Action	Time	Responsible party	State of play
			other illicit drugs at the age of 13 or younger was reported on average by 1% of students. Public consultation: The proportion of respondents who indicated that measures had been implemented to raise awareness on the misuse of and dependence on medicines was similar to that of respondents who did not think such measures had been implemented (42 vs 38%). Commenting on the trend in the effectiveness of implemented measures, the largest group of respondents (37%) indicated that the situation had remained the same, followed by those who indicated it had got worse (23%). Less than a fifth (19%) of respondents indicated there had been an improvement. Interviews: A large proportion of 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. Stakeholders did not provide details on the level of awareness that was generated by these initiatives. One respondent from an international organisation reported that there has been an awareness-raising process internally at the UNODC with regards to harm reduction, and this department has seen a lot of growth in line with this. Similarly, a Member State interviewee reported that harm reduction had little public support historically in the MS, but that the EU Drugs Strategy has helped to implement harm reduction measures. The interviewee also reported that this had helped to decrease stigmatisation of drug users, which in turn meant drug users were now seeking treatment more often (although it is not clear what the evidence base for this assertion was). **ASSESSMENT (GREEN – ON TARGET): A large majority of Member States and a majority of NGOs reported running awareness initiatives. The EMCDDA, in cooperation with other agencies, has also produced numerous outputs aiming to raise awareness. Activity in this area was noted by a large number of interviewees. Public consultation respondents were split over whether measures had been implemented in this area and whether their effectiveness had improved. There is no evidence available relating to trends in awareness levels amongst general populations. According to the 2014 Flash Eurobarometer, since 2011 there was a decrease in the proportion of young people who reported having been informed about the effects and risks of illicit drugs.**
4. Enable a more informed response to the challenge of the misuse of prescribed and 'over-the-counter' opioids and other-psychoactive medicines	2014–2016	MS HDG EMA EMCDDA	**Collation of data by MS on levels and patterns of prescribing of psychoactive medicines by end-2014** The 2015 Commission Progress Report noted that the majority of Member States identified several categories of medicines that may be susceptible to misuse (opioid analgesics and anaesthetics, prescribed and over-the-counter; medicines primarily prescribed for their psychoactive effects; and medicines used in the substitution treatment of addiction). Some Member States shared examples of interventions put in place to prevent such misuse. However, the report concluded that there is very little data on the extent of ongoing misuse across its various contexts. According to the EMCDDA, the agency has continued to play a role in this area through two channels – monitoring and research. With respect to the diversion of prescribed opioids, the agency's work is based on data collection from Member State legislations covering the prescribing, control of diversion and enrolment of OST medications. Every Member State now has in place a substitution register, which helps to prevent double prescribing in the event of

Action	Time	Responsible party	State of play
			patients visiting multiple prescribing doctors in parallel. In addition, according to information provided by the EMCDDA, various strategies have been implemented at the national level to prevent the diversion of substitution medicines. Approaches used by Member States in this area include strategies to assure treatment compliance by appropriate prescription and supervision of dosing; medicine formulations designed to deter misuse; electronic medicine dispensers; and control measures such as patient toxicology tests, pill counts and unannounced monitoring. In addition, measures implemented at the system level can take the form of registers of pharmacy transactions and disciplinary measures to tackle inappropriate prescribing. **Number of initiatives that focus on the promotion of appropriate use of prescribed and 'over-the-counter' opioids and other psychoactive medicines** The EMCDDA does not provide concrete data on the status of implementation of measures intended to prevent the diversion of substitution medicines, nor does it comment on their actual effectiveness. At a more general level, however, the EMCDDA notes a recently undertaken review,[13] which suggested that this type intervention may be successful in reducing the occurrence of diversion; however, their implementation may have unintended consequences, which are rarely reported. Among other issues, this reflects the continued challenge of ensuring that policy responses intended to prevent leakages of substitution medicines onto illicit markets does not hamper patient access to these medicines in the first place. With regard to other medicines, the EMCDDA has been monitoring substances such as tramadol, benzodiazepines and unauthorised medicines sold as NPS through the EWS. The agency has produced a series of technical analyses and other outputs. Examples of relevant recent publications, among other items, include: 1. Trendspotter study on fentanyl in Europe (2012)[14] 2. Drug Profile on benzodiazepines[15] 3. A paper on the use of methadone-containing medicines linked to the illicit injection of oral methadone solutions containing high molecular weight povidone prepared for the EMA (2014)[16] 4. Drugnet article on fentanyl-related deaths (2014)[17]

13 As of 13 July 2016: http://www.emcdda.europa.eu/topics/pods/preventing-diversion-of-opioid-substitution-treatment

14 As of 8 July 2016: http://www.emcdda.europa.eu/scientific-studies/2012/trendspotters-report

15 As of 11 July 2016: http://www.emcdda.europa.eu/publications/drug-profiles/benzodiazepine

16 EMCDDA data, collected through its Reitox report, informed the paper, which is available at: http://www.ema.europa.eu/docs/en_GB/document_library/Referrals_document/Methadone/Position_provided_by_CMDh/WC500170689.pdf [as of 11 July 2016]

17 As of 11 July 2016: http://www.emcdda.europa.eu/system/files/publications/785/Drugnet_85_weboptimised_461952.pdf

Action	Time	Responsible party	State of play
			5. Perspective on Drugs on the misuse of benzodiazepines among high-risk opioid users (2015)[18] 6. *International Journal of Drug Policy* article on fentanyls in Europe (2015)[19] Concurrently, the EMCDDA continues its information exchange on medicines and substances with medicinal properties with the EMA and the EU pharmacovigilance (PhV) system. Within this framework, the EMCDDA published in 2015 a report on ketamine use in Europe following a request from the EMA, and issued a request for information to the EMA on α-PVP and acetylfentanyl.[20] In the domain of research on interventions, the EMCDDA added a module on medicines to its Best Practice Portal[21] and published a systematic review of the effectiveness of take-home naloxone,[22] followed by an in-depth topical review of naloxone published in 2016.[23] Also in 2016, in parallel with the launch of the European Drug Report, the EMCDDA published an analysis of strategies to reduce the diversion of substitution drugs.[24] Currently, the EMCDDA is working on developing a conceptual framework for monitoring the misuse of medicines. The aim of this project is to link methodologically the various areas of EMCDDA monitoring efforts, construct a monitoring definition, and identify existing and new data sources and methodological developments. In addition, the 2015 Commission Progress Report noted that a common EU logo has been introduced to identify legitimate online retailers of medicine. The aim of this logo is to enable consumers to distinguish legal vendors from their illegal counterparts. Furthermore, a 27-strong Informal Expert Group, composed of 17 Member States within the Horizontal Drug Working Group of the Council, EMCDDA, EMA and COM, and chaired by the National Drug Coordinator of Luxembourg, was established in autumn 2015 to discuss the scope and definition, and data collection and monitoring, of the misuse of and dependence on prescribed medicines. Works started in January 2016 on the basis of a framework document, summarising previous work. The group's work ended in September 2016 with a descriptive and analytical document summarising the findings, with the aim of deciding how to make progress in this area in the future. It was concluded that it remained an important matter which would need to be dealt with in the

18 As of 28 November 2016: http://www.emcdda.europa.eu/topics/pods/benzodiazepines

19 Mounteney, J., Giraudon, I., Denissov, G., & P. Griffiths (2015) 'Fentanyls: are we missing the signs? Highly potent and on the rise in Europe', *International Journal of Drug Policy* 26: 626–31.

20 As reported in the 2015 General Activity Report. As of 11 July 2016: http://www.emcdda.europa.eu/publications/gra/2015

21 As of 8 July 2016: http://www.emcdda.europa.eu/best-practice#view-answer19 [as of 8 July 2016]

22 As of 8 July 2016: http://www.emcdda.europa.eu/publications/emcdda-papers/naloxone-effectiveness

23 As of 8 July 2016: http://www.emcdda.europa.eu/publications/insights/take-home-naloxone

24 As of 8 July 2016: http://www.emcdda.europa.eu/topics/pods/preventing-diversion-of-opioid-substitution-treatment

Action	Time	Responsible party	State of play
			future. <u>Interviews:</u> There were limited interview data for this action. One Member State respondent indicated that the issue of prescribed medicines only appeared to be relevant for a few Member States, on the basis of the results of a questionnaire conducted by HDG members and which illustrated that in most Member States, misuse is not considered an urgent issue. **ASSESSMENT (AMBER – SOME PROGRESS): The 2015 Commission Progress Report noted that the situation in this area needs further work and analysis, although some progress has been made. However, the 2016 deadline to achieve this objective does not look likely to be met. Some Member States report interventions put in place to prevent misuse and every Member State now has a substitution register in place. The EMCDDA has supported further analysis in this area through a series of publications and through continuous refinement to data collection, as has an informal expert group established by the HDG.**
Objective 2. Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms, and to support the recovery and social re/integration of problematic and dependent drug users (Actions 5–8)			
ASSESSMENT (AMBER – SOME PROGRESS). **Drug users in Europe are offered a wide range of services. Integrated treatment services appear to have been available in all Member States and their coverage was good. Overall, the availability of treatment has been stable or expanding since 2013, and the number of people entering treatment has remained stable. There has been a decrease, however, in the number of first-time users seeking treatment. While there is considerable variety between Member States, EMCDDA data indicate that more than half of problem drug users have access to treatment. The majority of Member States also claim to make some provision for aftercare on release from prison.** **Stakeholders disagree, however, about the recent trend in availability of these services. The majority of Member States reported some expansion in at least one type of treatment services, while a large number of NGOs reported no expansion of rehabilitation/recovery services. The same observation holds with respect to progress in developing risk and harm reduction options. A large majority of Member States reported that they have taken specific measures to ensure availability of and access to evidence-based risk and harm reduction measures in 2013–2014. Respondents to the public consultation and the evaluation working group of the CSF, however, argue that harm reduction programs remain largely under-implemented.**			
5. Develop and expand the diversity, availability, coverage and accessibility of comprehensive and integrated treatment services including those which address polydrug use (combined use of illicit and/or licit substances including alcohol)	Ongoing	MS	**Relevant overarching indicator data** The proportion of people who use drugs does not appear to have decreased. Where an assessment recent trends is possible through national surveys conducted since 2013, available data show either a mixed picture (cocaine) or more often than not suggest an increase in use (cannabis, amphetamines, MDMA). There are no aggregated EU-level trend data available. However, this assessment is based on a relatively incomplete set of data 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. The number of people entering treatment has remained stable since 2013 but there has been a decrease in the

Action	Time	Responsible party	State of play
			number of first-time users in treatment. Caution is required when interpreting this indicator, however. An increase in the overall number of people entering treatment may reflect an increase in the prevalence of drug use. But 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 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 first-time users' ability to engage with treatment services, but on the other it may be a sign of unsuccessful previous treatment journeys among existing users. While historic data are unavailable, EMCDDA data show that a majority of Member States offer interventions in the areas of prevention harm reduction, treatment and social reintegration. While there is considerable variation between Member States, more than half of problem drug users have access to treatment and 16 Member States report 100% coverage of syringe and needle programmes. Information on the quality of these interventions is limited and most information dates back to 2014 or before. **Extent of the diversity of comprehensive and integrated treatment services at MS level, including those which address polydrug use** According to the 2015 Commission Progress Report, integrated treatment services were available in all Member States. Their coverage was good, spanning both cities and countryside in the majority of countries. Half of the Member States considered that no major change affected the availability of treatment services in 2013–2014 in their country. Most of the remaining Member States found 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. According to data provided by the EMCDDA, drug users are in Europe are offered a wide range of services that revolve around six core interventions: case management, psychosocial treatment, opioid substitution treatment, outreach, mental health screening, and provision of mental health services. The availability of these interventions, however, varies across settings. The majority (75%) of outpatient treatment centres offer at least five of the six interventions, while low-threshold facilities tend to focus on outreach and psychosocial services. Inpatient treatment centres specialise mainly in mental health screening and services in addition to psychosocial treatment. In terms of the relative frequency of individual interventions, psychosocial treatment is the most commonly offered intervention both in inpatient settings and in specialised outpatient facilities. **MS data on treatment retention and outcomes** The EMCDDA highlighted the importance of ensuring the provision of integrated and complementary services. However, it does not comment on the extent to which this has been achieved. Similarly, the EMCDDA stressed the need to address polydrug use, as does the 2015 Commission Progress Report, which noted that based on data from 16 Member States, approximately 40% of entrants to treatment in 2013 met the definition of a polydrug user. However, the documents do not report on the extent to which polydrug use is being addressed within the framework of current treatment provision. With regard to data on treatment retention and outcomes, the EMCDDA points out that it currently does not monitor these variables in a systematic fashion. The agency has recently begun a literature review on the topic, which

Action	Time	Responsible party	State of play
			included 12 large observational cohort studies among treated opioid users, including six studies from three European countries (IE, IT, UK). According to the review's preliminary analysis, there is a considerable variation in the domains of treatment success across the included studies as well as in what measures they used within these domains. 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. Public consultation: 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%) indicated that there had been an improvement. Interviews: A small number of Member States had developed new initiatives or expressed a desire to do so. Such initiatives included as combining mental health and substance abuse laws, legislative proposals for syringes programmes, treatment programmes specifically aimed at young people or women and the provision of provide integrated treatment of HIV and opioid abuse. Two Member State respondents noted that they had already developed a network for comprehensive treatment that tackles all addictive behaviours (including licit and illicit drugs and alcohol). The approach was focused on developing skills to tackle addictive behaviour. **ASSESSMENT (AMBER – SOME PROGRESS): Drug users are in Europe are offered a wide range of services that revolve around six core interventions. Integrated treatment services appear to have been available in all Member States. Their coverage was good, spanning both cities and countryside in the majority of countries. The availability of these interventions, however, varies across settings. Some Member States and interviewees reported an increase in their availability, although this is not always consistent with the testimony of some NGOs, nor with the responses to the public consultation. As a result, the degree to which improvements have been made in treatment outcomes and in addressing polydrug use remains uncertain. The EMCDDA has been working to improve monitoring and knowledge exchange in the domain of treatment retention and outcomes.**
6. Expand the provision of rehabilitation/recovery services with an emphasis on services that: (a) focus on providing a continuum of care through case management and interagency collaboration for individuals;	Ongoing	MS	**Relevant overarching indicator data** While historic data are unavailable, EMCDDA data show that a majority of Member States offer interventions in the areas of prevention harm reduction, treatment and social reintegration. While there is considerable variation between Member States, more than half of problem drug users have access to treatment and 16 Member States report 100% coverage of syringe and needle programmes. Information on the quality of these interventions is limited and most information dates back to 2014 or before.

Action	Time	Responsible party	State of play
(b) focus on supporting the social (re-)integration (including the employability) of problem and dependent drug users; and (c) strengthen the diagnostic process and the treatment of psychiatric and physical co-morbidity involving drug use			**Extent of increase in rehabilitation/recovery services adopting case management and inter-agency approaches** As the 2015 Commission Progress Report stated, fewer than half of Member States reported no expansion of these three types of rehabilitation/recovery services over the period 2013–2014. A few Member States reported a change in the domain of case management and interagency collaboration, while a minority reported a change in the remaining two types of services. At the same time, the report noted that many of the NGOs contributing to the document indicated that there had been no expansion. According to information provided by the EMCDDA, the availability of case management (CM) in the EU differs by country and by setting type. It is most commonly available in specialised outpatient treatment centres, with 16 countries reporting its availability at more than 50% of all centres in this category. In other outpatient facilities (general and mental health centres and low-threshold agencies) its availability is much more limited. The same is the case with inpatient centres, with only a third of EU countries reporting the availability of CM in at least 50% of facilities of this type. **Extent of increase in the number of programmes, specifically targeted at drug users with co-morbidity, involving partnerships between both mental health and drug rehabilitation/recovery services** The availability of screening for mental health disorders varies across countries and facility types. The service is most commonly available in inpatient treatment centres (19 countries reported its availability in at least 50% of hospital-based residential treatment facilities). Among outpatient facilities, mental health screening is most commonly available in specialised outpatient treatment centres and general and mental healthcare centres. The provision of this service in at least 50% of facilities was reported by 17 (specialised treatment centres) and 13 (general and mental healthcare centres) countries. With respect to social reintegration, the EMCDDA reported that the employability of people in drug treatment is a standard treatment objective in 15 reporting countries. Some 11 countries reported having in place employment support interventions specifically targeted at people in drug treatment or at successful completers of treatment. Furthermore, seven countries reported the existence of general employment support interventions. Of these two groups of countries, eight reported providing full or extensive coverage of these services when needed or requested by clients in treatment. The remainder (14 countries) reported only limited or rare coverage. However, this overview is based on relatively old data (2009–2010) and the situation may have changed considerably since then. **Level and duration of abstentions from consumption of illicit and/or licit drugs by people leaving drug treatment** The evaluation team is not aware of any data systematically collected for this indicator.

Action	Time	Responsible party	State of play
			Availability of treatment options to meet needs of people who experience relapses to drug use Treatment options available to people experiencing relapses to drug use are the same as for those seeking treatment for the first time. Interviews: As for the provision of rehabilitation or recovery services it was found that those few stakeholders commenting on this action indicated that this area has remained stable since 2015, and that no expansion has taken place. One Member State reported that the country has no issues regarding access to treatment and rehabilitation programmes, but that the problem revolves around the quality of these services. Another experienced difficulties in implementing a special fund to provide former drugs users with education. These difficulties arose due to austerity. One Member State respondent identified that more attention should be paid to social integration, since most treatment programmes in the Member State focused on treatment rather than the next phase after treatment has occurred. In line with this, one Member State interviewee made a case that a new Action Plan should include the concept of recovery as it can be used as a framework within which other policies beyond treatment can build upon. Another Member State interviewee asserted that from a public health perspective, greater consistency with other policies on addiction and mental health were required, such as alcohol and psychiatric co-morbidity. **ASSESSMENT (AMBER – SOME PROGRESS): The majority of Member States reported some expansion in at least one type of treatment services. However, the number of countries reporting changes in each treatment type was relatively limited and these reports are not supported by testimonies from some NGOs, a large number of which reported no expansion of rehabilitation/recovery services. Data are not available on the level and duration of clients' abstentions, nor on the availability of treatment options for people experiencing relapses to drug use.**
7. Ensure that treatment and outreach services incorporate greater access to risk and harm reduction options to lessen the negative consequences of drug use and to substantially reduce the number of direct and indirect drug-related deaths and infectious blood-borne diseases associated with drug use but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis	Ongoing	MS	**Relevant overarching indicator data** Available data on the prevalence of high-risk opioid use suggest that the trends have stabilised and in some countries improved recently, with no reports of substantial increases in the number of injecting users. However, this observation is based on repeated measurements since 2008, i.e. a period extending before the adoption of the current Action Plan. It is not possible to assess the trends in the prevalence injecting use due to the unavailability of data outside of treatment settings. Information on injecting rates among first-time entrants to treatment suggests a somewhat declining trend; however, as above, this comparison is based on a reference period that substantially precedes the adoption of the current Strategy and Action Plan. There has been an increase in the estimated number of drug-related deaths in Europe since the 2013 baseline, although caution is required in interpreting the underlying data. Also, a longer follow-up period is desirable to determine whether this trend will continue, particularly in the light of the fact that, as the 2016 European Drug Report (EDR) noted, overall levels of drug-related deaths stopped growing around 2008/2009 and began to decline. Available data do not indicate any clear trend in national mortality rates. The United Kingdom (36%) and Germany

Action	Time	Responsible party	State of play
			(15%) together account for a large proportion of total drug-related deaths. England and Wales reported record-high drug-related deaths in 2015.[25] Synthetic opioid products, mostly but not exclusively drugs used for substitution treatment, are more prominent in data on drug-related deaths in some countries. According to available trend data, on the whole there has been a positive trend in the incidence of new HIV infections and AIDS diagnoses attributable to injecting drug use since 2013, although some countries continue to report elevated values and overall levels are higher than in 2010. The opposite is the case for viral hepatitis, where the majority of available trend data suggest a worsening of the situation. While historic data are unavailable, EMCDDA data show that a majority of Member States offer interventions in the areas of prevention harm reduction, treatment and social reintegration. While there is considerable variation between Member States, more than half of problem drug users have access to treatment and 16 Member States report 100% coverage of syringe and needle programmes. Information on the quality of these interventions is limited and most information dates back to 2014 or before. **Extent of increased availability of and access to evidence-based risk and harm reduction measures in Member States** According to the 2015 Commission Progress Report, a large majority of Member States reported that they took specific measures to ensure availability of and access to evidence-based risk and harm reduction measures in 2013–2014. These measures include low threshold testing, opioid substitution treatment, 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, the setting up of mobile harm reduction teams, HIV testing and ARV treatment. The 2015 Commission Progress Report also noted that, based on data from 23 Member States, some 46 million syringes were provided to PWID in 2013, mostly by community-based agencies and local health services. The remaining non-reporting five Member States, representing 45% of the total EU population, do not have centralised syringe monitoring and did not submit estimates. Furthermore, a total of 73 drug consumption facilities operated in five EU countries in 2013 and six Member States reported the existence of community-based take-home naloxone programmes, some of them small and time limited. <u>Public consultation:</u> Almost three-fifths of respondents (59%) indicated 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. This was the only class of drug demand reduction measures where the largest group of respondents indicated a positive

25 As of 29 September 2016: http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations

Action	Time	Responsible party	State of play
			answer. <u>Interviews:</u> Several Member State stakeholders commented on this action. Where countries implemented evidence-based risk and harm reduction measures this primarily related to the introduction or continuation of measures such as needle exchange programmes or substitution treatment. While one Member State reported on the current expansion of substitution treatment across the country, two others indicated that access to substitution treatment was insufficient (although one of them reported that a new law for substitution treatment upon prescription was recently introduced). Interviewees reported varied trends with regard to drug-related mortality. One Member State interviewee cited relevant statistics to illustrate that there had been a decrease in drug-related deaths and a decrease in emergency cases and overdoses, while another Member State representative reported an increase in drug-related deaths (the interviewee hypothesised that this was likely due to a combination of factors including an aging heroin and crack-using cohort, higher purity heroin than in previous years, and greater polydrug use). Another interviewee pointed to the need for better data collection, and in particular better indicators to measure a public health approach. The interviewee suggested that a new Strategy and Action Plan might focus on the broader concept of drug-related harm, rather than specifically on drug-related deaths. Similarly, in their written response to questions from the evaluation team, the CSF evaluation working group argued that harm reduction programs are largely under-implemented. One interviewee at the EU level also reported increasing drug-related deaths globally, but noted that HIV infection cases among drug users have declined substantially in the last decade. The interviewee reported that some of these positive developments would not be so consistent without a comprehensive drugs strategy. **ASSESSMENT (AMBER – SOME PROGRESS) Progress in developing risk and harm reduction options has been reported by the majority of Member States. This is further supported by testimonies from some Member State interviewees but is not in line with responses to the public consultation. The evaluation working group of the CSF argues that harm reduction programs remain largely under-implemented. Furthermore, while it is too early to tell whether the recent increase in drug-related deaths can be considered a sustained trend, it is a reason for concern, particularly because synthetic opioid products are becoming more prominent in data on drug-related deaths in some countries.**
8. Scale up the development, availability and coverage of healthcare measures for drug users in prison and after release with the aim of achieving a quality of care equivalent to that provided in the community	Ongoing	MS	**Relevant overarching indicator data** Data quality, comparability and coverage is insufficient to provide meaningful figures on the prevalence of drug use amongst prisoners in EU countries over the period covered by the current strategy (2013–2016). Nonetheless, harm reduction measures, such as OST, were available in prisons in almost all Member States. However, eligibility restrictions may exist and other measures, such as syringe programmes, are much less common. **Availability of services for drug users in prisons and the extent to which prison healthcare policies and**

Action	Time	Responsible party	State of play
			practices incorporate care models comprising best practices in needs assessment and continuity of care for prisoners 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, the majority reported planning to increase the scope of their measures by the end of 2016. Of those countries that did not have such policies in place, the majority intended to rectify this by the end of 2016. According to the 2016 European Drug Report (EDR),[26] of the 30 countries monitored by the EMCDDA twenty-seven reported the availability of OST (the exceptions being CY, LT, SK), although some countries (e.g. CZ, LV) may have put in place restrictions on availability such as a requirement to have a prescription prior to incarceration. Nevertheless, the 2016 EDR noted that OST provision seemed to cover a growing share of the prison population.[27] The 2015 Commission Progress Report stated that OST is available in a 'large majority' of Member States – thus corroborating the EDR assessment, but again, without providing a baseline or precise numbers. In contrast, the provision of injecting equipment remains much rarer, with only three countries (DE, ES, LU) reporting the existence of such a programme in the 2016 EDR. The 2015 Commission Progress Report noted that there were four countries with such programmes in 2014. In addition, according to the EMCDDA, the UK is the only country to provide pre-release naloxone. **Extent of decrease in drug-related physical and mental health problems amongst prisoners** Information from the EMCDDA indicates that the prevalence of substance use among prison populations is higher than that of the general population. Correspondingly, drug-related harms and risks such as infectious diseases and drug overdose are comparatively higher for prison populations, particularly shortly after prison release. However, EMCDDA data do not provide any indication of trends in drug-related physical and mental health problems among prisoners. **Extent to which prison-based services and community-based services provide continuity of care for prisoners upon release with particular emphasis on avoiding drug overdoses** The 2015 Commission Progress Report noted that in the majority of Member States in 2013–2014, prison- and community-based services provided continuity of care for drug users with particular emphasis on avoiding drug overdoses. In two countries this was the case only in some prisons. No newer data are available. Interviews: Several Member States indicated the availability and coverage of healthcare measures in prisons like substitution treatment or needle syringe programmes in their respective countries, yet most of them did not mention measures

26 As of 13 July 2016: http://www.emcdda.europa.eu/edr2016

27 The evaluation team notes, however, that the 2016 European Drug Report did not provide a baseline against which this growth can be compared.

<table>
<tr><th>Action</th><th>Time</th><th>Responsible party</th><th>State of play</th></tr>
<tr><td></td><td></td><td></td><td>available after release.

ASSESSMENT (AMBER – SOME PROGRESS): Healthcare measures for incarcerated drug users, including the provision of OST for prison populations, appear to be available in most Member States. And the majority of Member States that had not implemented them plan to do so by the end of 2016. A notable exception is the availability of injecting equipment services, which remains much less common and does not appear to be growing. No trend data are available on the prevalence of physical and mental health problems among prisoners and on the availability of continuity of care services.</td></tr>
<tr><td colspan="4">Objective 3. Embed coordinated, best practice and quality approaches in drug demand reduction (Action 9)</td></tr>
<tr><td colspan="4">ASSESSMENT (GREEN – ON TARGET): The adoption and initial stages of the implementation of common European minimum quality standards has contributed to improving quality approaches in demand reduction. There have been no specific actions contributing to embedding coordinated best-practice approaches.</td></tr>
<tr><td>9. Agree and commence the implementation of EU minimum quality standards, that help bridge the gap between science and practice, for:

(a) environmental, universal, selective and indicated prevention measures;

(b) early detection and intervention measures;

(c) risk and harm reduction measures;

(d) treatment, rehabilitation, social integration and recovery measures</td><td>2014–2016</td><td>Council

HDG

MS

COM

EMCDDA</td><td>Consensus achieved by MS on minimum quality standards building on previous EU preparatory studies

As noted in the 2015 Commission Progress Report, in 2013 and 2014 the Council, Commission and the EMCDDA worked on developing common European minimum quality standards in the area of demand reduction. As part of this work, in 2014 the EMCDDA provided technical assistance to the Greek and Italian presidencies, involving a review of examples of existing quality standards worldwide and the development of a methodological approach to information extraction and analysis in a manner coherent with the EU Drugs Strategy. The EMCDDA also produced a summary of standards adopted for treatment in residential facilities as reported by 18 Member States.[28]

In 2015, the EMCDDA formed part of an expert group that supported the Council Presidencies' work in this area and in September 2015 minimum quality standards in drug demand reduction were adopted by the Council.[29] The Council Conclusions also recognised recommendations on minimum quality standards from the CSF, laid out in a thematic paper on the issue. The adopted set includes 16 standards that serve as non-binding benchmarks 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.[30]

The 2016 Work Programme for the Health Programme includes as one of its priority areas gathering knowledge and exchanging best practices on measures to prevent illicit drug use in line with the minimum quality standards in drug demand reduction (PJ-03-2016).[31] One research project has been recommended for funding and one is on the reserve list.</td></tr>
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28 As of 13 July 2016: http://www.emcdda.europa.eu/publications/emcdda-papers/residential-treatment

29 As of 13 July 2016: http://www.emcdda.europa.eu/attachements.cfm/att_242380_EN_INT19_EU%20Min%20Quality%20Standards_ST11985.EN15.pdf

30 As of 13 July 2016: http://www.emcdda.europa.eu/best-practice

31 As of 3 November 2016: http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/3hp/topics/pj-03-2016.html

Action	Time	Responsible party	State of play
			Furthermore, supported through funding under the EU Health Programme, the Joint Action on 'HIV and Co-infection Prevention and Harm Reduction' (HA-REACT)[32] was launched in late 2015, bringing together 23 Associated Partners and several more Collaborating Partners to address gaps in the prevention of HIV and other co-infections (particularly tuberculosis and hepatitis) in priority areas of the EU. The HA-REACT joint action is working towards reducing, through the concerted action and promotion of best practices among the partners, the disparities of access to preventive health and social services for a particularly vulnerable population group, people who inject drugs (PWID). The same population will also be addressed by a new Joint Action 2016 LINKAGE2CARE, which is currently under preparation. <u>Public consultation:</u> A larger proportion of respondents (45%) indicated that no measures had been implemented to introduce best practices and quality approaches in drug demand reduction than those who indicated that such measures had been put in place (38%). <u>Interviews:</u> One Member State interviewee emphasised the importance of minimum quality standards, particularly in relation to demand reduction. The interviewee reported that one of the main outcomes of the EU Drugs Strategy for their Member State was that quality standards regarding drug demand reduction have been improved. It was further noted that their Member State had organised a conference on quality standards for drug prevention, and the respondent highlighted the value of standardised toolkits in supporting drug demand reduction. Another Member State interviewee indicated that minimum standards for drug use prevention programmes are now laid down in a legally binding document in their country. It was reported by one interviewee that DG SANTE is funding a project that relates to minimum quality standards in relation to demand reduction. **ASSESSMENT (GREEN – COMPLETED): This action has been implemented fully with the adoption and initial stages of the implementation of common European minimum quality standards.**
II. Drug supply reduction *Contribute to a measurable reduction of the availability and supply of illicit drugs in the EU*			
Objective 4. Enhance effective law enforcement coordination and cooperation within the EU to counter illicit drug activity, in coherence, as appropriate, with relevant actions determined through the EU policy cycle (Actions 10–16)			
ASSESSMENT (AMBER – SOME PROGRESS): Law enforcement coordination and cooperation within the EU have visibly improved in recent years. Actions have been taken to improve information flows between relevant agencies and Member States, and to improve the coordination of their actions. This has resulted in measurable increases in the use of and quality of existing mechanisms. Nonetheless, as with Europol's role more broadly, interviewees noted continuing obstacles to information-sharing			

32 As of 4 November 2016: http://www.hareact.eu/en

Action	Time	Responsible party	State of play
related to tackling drug trafficking stemming from Europol's legal framework. **Europol and Eurojust demonstrate extensive operational activity to tackle organised drug trafficking and support Member State law enforcement agencies: the number of cases referred to Eurojust and the number of JITs have increased. EMPACT projects have been implemented successfully. And CEPOL activities contribute to capacity building in Member States, as the number of courses offered and attending participants have increased. Much of this is driven by the EU Organised Crime Policy Cycle, rather than the EU Drugs Strategy. Priority areas were defined for 2013–2017 and operational action plans were developed for 2014, 2015 and 2016.** **Whether these activities have had an impact on the supply and availability of illicit drugs remains to be seen. There are no indications that these have reduced in recent years. Available information does not allow for measurement of activities suppressing drug trafficking routes, although the EMCDDA has been improving its analysis of such routes. The traffic light assessment of this objective reflects improvements in law enforcement cooperation rather than the impact of this cooperation on illicit drug markets.**			
10. Utilise to best effect available intelligence and information-sharing law enforcement instruments, channels and communication tools used to collate and analyse drug-related information	Ongoing	MS Europol Eurojust COSI	**Relevant overarching indicator data** While the number of drug seizures in the EU has not changed substantially since 2013, the volume of seized drugs appears to have increased, particularly in the case of heroin and MDMA. However, it is not possible to assess this indicator according to the traffic light system used elsewhere. 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. **Extent of high-impact intelligence-led and targeted activities, joint operations, joint investigation teams and cross-border cooperation initiatives focusing on criminal organisations engaged in illicit drug activity** According to information provided by Eurojust, the number of cases of drug trafficking referred to the agency has increased from 248 in 2013 to 279 in 2014. Of these, 37 cases also related to money laundering of drug-related proceeds. According to the agency's 2015 annual report, the number of drug-trafficking cases remained stable in 2015 at 274 cases. The number of corresponding coordinating meetings was also stable between 2013 and 2015 (56 in 2013, 52 in 2014 and 57 in 2015), as was the number of joint investigation teams (JITs) dealing with this crime type (26 in 2013, 31 in 2014 and 25 in 2015; 29 *new* JITs were signed between 2013 and 2015).[33] In 2013, Europol also provided support to seven JITs targeting organised crime groups involved in drug trafficking; in 2014 the number rose to eight drug-related JITs. Eurojust supported the establishment of the first JIT involving a third country,[34] and of judicial contact points in 40 third countries covering, among other regions, the Balkan area and states located along some of the main trafficking routes into Europe. The 2015 Eurojust annual report also notes the creation of a coordination centre for drug trafficking-related offences. One interviewee from an EU agency noted that the variation in the number of drug trafficking cases has been fairly small over time, being constantly amongst the top three crime types. There have

33 Although this is a substantial increase from 2012 (13 JITs supported).

34 As of 25 July 2016: http://www.bmi.gv.at/cms/bk/_news/start.aspx?id=744E74527237786D454C733D&page=2&view=1

Action	Time	Responsible party	State of play
			been changes concerning the different drug types, though, with an increase in the number of synthetic drug cases in particular. Europol noted that in 2013 the agency contributed to the dismantling of 116 dump sites, 42 storage sites and 41 illegal laboratories of synthetic drugs. In 2014, 383 labs for synthetic drugs were dismantled, along with 199 dump sites and 98 storage sites. In 2015, the total number of synthetic drugs sites dismantled slightly decreased: 341 labs, 175 dump sites and 66 storage sites. In 2015–2016, four labs for secondary extraction of cocaine, two storage sites of heroin cutting agent and one illicit laboratory have been dismantled. Europol also reported that 31 'high profile' operations have been supported by FP Synergy, and Europol assistance was provided to 94 ongoing cases. Some 77 operational reports were delivered, which contributed to linking operations, supporting ongoing investigations (with some also used for court testimonies). Europol has also either hosted or participated in 70 meetings and delivered 37 awareness sessions. This includes 23 operational meetings (three 'on-the-spot' support activities) and six strategic meetings; six meetings were financed by Europol. Europol's 2015 Consolidated Annual Activity Report indicates that in 2015, 34 unique operations were supported in cooperation with Eurojust, mainly in the area of drugs and cybercrime. With respect to cocaine, in 2014 Europol produced more than 50 cocaine-related operational analysis reports and supported more than 50 high-priority cases. Over 2015 and 2016 (Q3), Europol produced 241 operations and analysis reports related to cocaine. Concerning heroin, in 2014 Europol supported 23 high-profile operations targeting Turkish and Pakistani OCG heavily involved in diverse crime activities including the supply of large quantities of heroin to the EU. Over 2015 and 2016 (Q3), the overall number of heroin-related operations and analysis reports was 141. In regard to cannabis, in 2013–2014 FP Cannabis provided support to more than 50 high-priority investigations targeting criminal organisations involved in unlawful wholesale cannabis trafficking, cultivation or production. Over 2015 and 2016 (Q3), the overall number of cannabis-related operations and analysis reports was 141. Europol's 2015 Consolidated Annual Activity Report indicates that 24 strategic reports were prepared by the SOC, including several on the drugs market and online illicit trafficking. **Increased use of Europol's drug-related information-sharing, analysis and expert systems** The use of SIENA grew between 2013 and 2014, with the overall number of initiated cases increasing by 87%. Drugs continued to be the dominant crime area, although the drugs share of all information flow decreased from 27 to 18%. Of new drug-related cases initiated in 2014, more than 1,600 targeted drug-trafficking organised crime groups. Over the same period of time, the number of exchanged messages increased as well, reaching 600,000 in 2014 (a 33% increase on a year earlier). Compared to 2014, the total number of exchanges had increased by 21% to 732,070 in 2015, while 498,077 SIENA messages were received (an increase of 23.5% compared to 2014) and 4.6% of them contained Universal Message Format (UMF) structured data (2.6% in 2014). In 2016, SIENA activity will probably grow further, as the total number of exchanges had already reached 208,906 messages in the first quarter. In 2015, drugs constituted the largest single category in SIENA with 19% of overall activity. In the first

Action	Time	Responsible party	State of play
			quarter of 2016 this had dropped to 16%. Of the SIENA messages in 2015, Europol received 93,496 (a 13.3% increase) and accepted for processing 58,353 (a 21.8% increase). The number of SIENA cases initiated was 39,868 in 2015, which represents a 16% increase from 2014 (31,699). Some 17% of these cases were related to drugs in 2015, compared to 18% in 2014. According to the 2015 CAAR, 28 Member States, 667 Designated Competent Authorities (DCA), 24 Asset Recovery Offices (ARO) and 32 CT units are now connected to SIENA. Improvements have also been made to the quality of data covered by the Europol Information System (EIS), for instance by increasing the volume of data originating from ongoing investigations or concerning top criminal targets. Drug trafficking is the second most important crime area (after robbery) in the EIS with 19% (60,920) of all objects related to drug trafficking in 2016 (Q1). This is slightly down compared to 2015, when 20% (58,983) of all objects were related to drug trafficking, and considerably down compared to 2014 when 29% of objects (67,657) were related to drugs. In 2014 there was a decrease in EIS content due to data protection reviews. According to Europol, this is reflected in a 10.5% increase in the number of Cross Border Crime Checks in 2014 (1,052 in total), despite the decrease in EIS content. Over the course of 2015, the total number of objects increased again (an increase of 14%) and so did the number of searches (up 62%), both representing new record figures (CAAR 2015). The Cross Border Crime Check (CBCC) is a functionality that allows automatic crosschecking of data upon its insertion, and automated notifications to be sent to all involved parties (Member States or Europol) in case there is a match with existing data. There is no specification for drug-related CBCCs. In 2014, a total of 1,052 CBCCs was triggered, followed by 923 CBCCs in 2015. Some 226 CBCCs were triggered in the first quarter of 2016. **Results achieved from EMPACT projects and bilateral and multilateral initiatives** Europol reported that through EMPACT projects, Member State law enforcement authorities have been able to better access Europol's products and services, such as strategic and operational analytical support, financial support, organisation of operational meetings, support to JITs, etc. Europol indicated that there have been five JITs related to synthetic drugs over the course of 2014–2016, two JITs related to cannabis in 2015 and two related to cocaine. There have been no JITs related to heroin in 2015 or 2016. According to Europol, EMPACT has also improved networking opportunities for Member State and third-country practitioners and increased the coordination of actions and intelligence between the Member States and Europol. Since 2014, Europol has been supporting various multi-agency joint anti-drug-related operations under the EMPACT umbrella. Each year at least two to three large-scale intelligence-led operations are taking place (e.g. Operations Archimedes, Blue Amber and Ciconia Alba) to target hotspots. Operation Archimedes, which involved more than 300 law enforcement officers, targeted international criminal groups involved in poly-criminal activities, resulting in, among other outcomes, the arrest of 1,027 individuals (including 18 couriers) and the seizure of 198 kilograms of heroin, 599 kg of cocaine, and 1.3 tonnes of cannabis. Interviews:

Action	Time	Responsible party	State of play
			Stakeholders from the Commission, an EU agency and a few Member States reported on several activities in the field of intelligence and information-sharing, including activities under the Organised Crime Policy Cycle, use of the information-sharing networks of Europol and Interpol by Member States, and use of the SIENA system. Several Member States and EU-level interviewees mentioned EMPACT projects, with positive comments on the role that EMPACT has played in supporting cooperation between law enforcement agencies (although one EU agency indicated that at the beginning cooperation was not working as well) and supporting third countries. One Member State reported on improved coordination between services such as supervised injection rooms, health departments and law enforcement. **ASSESSMENT (GREEN – ON TARGET): Actions have been taken to improve information flows between relevant agencies and the coordination of their actions, resulting in measurable increases in the use of and quality of existing mechanisms. There has been an increase in relevant indicators, including the use of Europol's drug-related information-sharing, analysis and expert systems, the number of cases referred to Eurojust and the number of JITs supported by Eurojust and Europol. EMPACT projects have been implemented successfully.**
11. Identify and prioritise the most pressing threats associated with drug-related organised crime	2014	Council COSI Europol MS COM	**EU policy cycle and crime priorities for 2014–2017 in place** Based on the findings of Europol's 2013 Serious Organised Crime Threat Assessment (SOCTA)[35] report, the Council approved priority crime areas for 2013–2017. These areas included fighting organised crime networks engaged in the trafficking of cocaine, heroin and synthetic drugs. Subsequently, according to Europol, Operational Action Plans for 2014 were approved and implemented. The Operational Action Plans for 2015 and 2016 have been created, and they contain OAPs for synthetic drugs (2015 and 2016: E, Driver PL) and Cocaine Heroin (2015: F, Driver ES; 2016: F1 Cocaine Driver ES, F2 Heroin Driver UK). The Operational Action Plans for the Organised Crime Policy Cycle are not publicly available. Interviews: There were insufficient interview data for this action. For general comments on the Organised Crime Policy Cycle and EMPACT, see Action 10. **ASSESSMENT (GREEN – ON TARGET): Priority areas were defined for 2013–2017 and operational action plans were developed for 2014, 2015 and 2016.**
12. Strengthen CEPOL's training for law enforcement officers in relation to illicit drug production and trafficking,	2014–2016	MS CEPOL	**Training needs assessment carried out by end-2014** According to CEPOL, the agency carried out an annual consultation and prioritisation process with EU Member States. The results of this activity were reflected in the topics in CEPOL's Annual Work Programme.[36] To guide its

35 As of 25 July 2016: https://www.europol.europa.eu/content/eu-serious-and-organised-crime-threat-assessment-socta

36 As of 28 November 2016: The work programme is available at: https://www.cepol.europa.eu/sites/default/files/work-programme-2015-v2.pdf

Action	Time	Responsible party	State of play
particularly training methods and techniques: (a) to combat the use of new communication technologies in illicit drug production and trafficking; (b) to enhance asset confiscation; (c) to combat money laundering; and (d) to detect and dismantle illicit clandestine laboratories and cannabis cultivation sites		Europol COSI COM	activities, CEPOL produced in 2013 an updated version of its common curricula on drug trafficking[37] and money laundering.[38] Both documents focus on cooperation between drug investigators and experts on money flow in the context of asset confiscation. In 2015, CEPOL surveyed the implementation of its Common Curricula, which identified the challenges linked to their use and implementation in Member States. In stakeholder interviews CEPOL reported on several training activities conducted over the past years, and a Member State stakeholder indicated that the CEPOL training programme was shaped by the Action Plan. **Availability and uptake of relevant training courses** In 2013, CEPOL organised ten residential courses and one webinar on drugs and drug-related topics. These training events were attended by 369 participants from Member States, associated countries, candidate countries and EU agencies. The number of events offered in 2014 on drugs and drug-related topics increased to 18 (12 residential training activities and six webinars). The number of participants increased as well, to 973, with webinar attendees accounting for most of the increase. Some training events explicitly focused on drugs (e.g. detection and dismantling of laboratories and cultivation sites), while others covered issues of high relevance in the fight against drug crimes (e.g. informant handling, undercover operations), and others focused on specific regions of interest (e.g. Western Balkans, West Africa). In 2015, the number of courses explicitly dedicated to illicit drugs was 11 (five residential and six webinars).[39] In addition, 48 law enforcement officers from EU Member States and the European Neighbourhood Partnership – Western Balkan countries participated in CEPOL's relevant training events as part of the European Police Exchange Programme. According to its 2015 Consolidated Annual Activity Report (CAAR), Europol organised joint training with CEPOL in June 2015 on dismantling illicit synthetic drugs laboratories. In July, Europol experts participated in CEPOL's webinar on cocaine concealment methods. In the 2014 CAAR, Europol reported that training was delivered to all Member States on the usage of the European Reporting on Illicit Synthetic Substances Production tool (ERISSP). **Number of law enforcement officers trained and effectively deployed as a result** CEPOL does not provide data on the number of law enforcement officers effectively deployed as a result of its training activities.[40] CEPOL indicated that the satisfaction rates of those attending the training courses are high, but 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, during the interview it was noted that a test to measure impact of the

37 As of 25 July 2016: https://www.cepol.europa.eu/education-training/trainers/common-curricula/drug-trafficking

38 As of 25 July 2016: https://www.cepol.europa.eu/education-training/trainers/common-curricula/money-laundering

39 Based on CEPOL's 2015 Annual Report.

40 Note that the deployment of police officers is not the immediate aim of CEPOL training; it is rather to enhance their knowledge and skills in the area and improve cross-border cooperation. However, discussion of officers' deployment is included here because it is one of the indicators for this action listed in the Action Plan.

Action	Time	Responsible party	State of play
			courses will become available in 2017. **ASSESSMENT (GREEN – ON TARGET): The priorities for CEPOL's training activities were developed in consultation with stakeholders. The number of courses offered and the number of attending participants increased from 2013 to 2014. However, no data are available on the number of officers effectively deployed as a result of CEPOL's activities. This is an important gap: the assessment of 'green' is therefore based on the fact that planned activities have been undertaken and their number has increased. There is no basis, however, on which to assess whether these activities have been effective in improving the knowledge and skills of law enforcement officers.**
13. Improve counter-narcotic activities through strengthening and monitoring the effectiveness of regional information-sharing platforms and regional security-sharing platforms with the aim of disrupting and suppressing emerging threats from changing drug trafficking routes	Ongoing	COM MS Europol COSI Regional information-sharing platforms Regional security-sharing platforms	**Relevant overarching indicator data** While the number of drug seizures in the EU has not changed substantially since 2013, the volume of seized drugs appears to have increased, particularly in the case of heroin and MDMA. However, it is not possible to assess this indicator according to the traffic light system used elsewhere. 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. **Number of intelligence-led activities leading to the disruption and suppression of drug trafficking routes** Currently the EMCDDA does not have the means to measure activities leading to the suppression of drug trafficking routes. As such it is not possible to form conclusions about whether and how trafficking routes have been changing. Europol has informed the evaluation team that it cannot provide specific information relevant to this area either. However, the EMCDDA explained that it 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 on data presented in publications such as the 2016 EU Drugs Market Report[41] and the 2015 analysis of heroin trafficking routes to Europe.[42] EMCDDA noted that while traditional trafficking routes continued to be important, there were signs of diversification. The latter analysis credited law enforcement activities (though not necessarily by the EU and Member States) as one of the contributing factors, alongside instability and armed conflict in areas with supply routes, and globalisation. The Maritime Analysis and Operations Centre – Narcotics (MAOC-N), financially supported through the Internal Security Fund-Police programme of the EU, represents an important initiative. Since its inception in 2007, the centre

41 As of 21 July 2016: http://www.emcdda.europa.eu/start/2016/drug-markets

42 As of 21 July 2016: http://www.emcdda.europa.eu/topics/pods/opioid-trafficking-routes

Action	Time	Responsible party	State of play
			has contributed to the coordination of activities resulting in the seizure of over 116 tons of cocaine and over 300 tons of cannabis.[43] The MAOC(N) also received a best practice European prize in 2014. **Level of information-sharing through effective activity of the liaison officer network** Europol described a continuous effort to improve the exchange of information with regional platforms through regular engagement with MAOC-N, CeCLAD, BSTF and others. Europol has designated a specific contact point with MAOC-N but, according to Europol, issues persist due to the reluctance of some EU Member States to fully integrate the agency in the information exchange. Interviews: A stakeholder from the Council and a Member State 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 regional sharing platforms. According to a stakeholder from the Council, MAOC-N is very effective and there is some interest in making it part of the EU and linking it closely to Europol. However, the interviewee noted that there was not agreement on this point. Europol noted that these platforms could be more effective if Member States shared more information. **ASSESSMENT: (AMBER SOME PROGRESS): Currently, available information does not allow for measurement of activities suppressing drug trafficking routes, although the EMCDDA has been improving its analysis of drug trafficking routes in general. Efforts to improve information exchange with and through regional platforms have been made; however, issues in this area persist.**
14. Strengthen actions to prevent the diversion of drug precursors and pre-precursors for use in the illicit manufacture of drugs	Ongoing	MS Europol COM CUG COSI	**Number of cases and quantity of stopped or seized shipments of precursors intended for illicit use** According to the 2015 Commission Progress Report, there were a total of 846 cases of seizures and stopped shipments of drug precursors intended for illicit use in 2013 (342 of scheduled and 504 of non-scheduled substances). In 2014, the total number was 628 cases (461 scheduled and 167 non-scheduled substances).[44] **Results achieved from EMPACT projects** Europol has also been involved in this area, for instance through the provision of analytical and forensic expertise to Member State investigations involving the smuggling and diversion of precursors used in the manufacture of synthetic drugs. Focal point Heroin has also provided support to a JIT targeting a trafficking organisation involved in

43 UNODC (2016) 'Statement of the Delegation of Portugal on the thematic discussion on the implementation of the UNGASS outcome document – Operational recommendations on supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation.' As of 3 November 2016: https://www.unodc.org/documents/postungass2016//contributions/MS/Portugal/2016_10_11_PostUNGASS_SupplyReduction_Portugal.pdf

44 A decrease in the seizures of precursors in the EU between 2013 and 2014 is reported in INCB's 2015 report on precursors. However, this dataset does not include stopped shipments.

Action	Time	Responsible party	State of play
			the diversion of acetic anhydride. **Use of Pre-Export Notification (PEN) Online System and increased use of the Precursors Incident Communication System (PICS)** As noted in the 2015 Commission Progress Report based on information from the International Narcotics Control Board (INCB), the number of Pre-Export Notifications increased from 1,432 received and 4,502 submitted notifications in 2013 to 1,836 received and 6,374 submitted notifications in 2014. The use of the Precursors Incident Communication System (PICS) has also increased over the same time period, from 41 incidents reported in 2013 to 72 in 2014. **Number of joint follow-up meetings and other activities linked to the prevention of the diversion of precursors and pre-precursors** The Commission is a member of the INCB's International Task Force on drug precursors. It took part in two meetings in 2013, two in 2014 and one in 2015. The European Anti-Fraud Office (OLAF) facilitated a coordinated EU approach in the operations launched by the Task Force. In 2013 there were five joint follow-up group meetings with third countries on preventing the diversion of precursors: two with the ANDEAN countries, and one each with China, Mexico and the US. In 2014, three similar meetings took place: one each with the ANDEAN countries, China and the US. In 2014 a meeting of the EU Drug Precursor Project Group took place in Sofia, Bulgaria. At this meeting EU Member States and a number of third countries exchanged experiences on risk management and control techniques in the area of drug precursors. In 2014, Eurojust concluded a project to identify the main challenges and related solutions in Eurojust's coordination meetings involving drug trafficking, which, among other topics, examined precursors. The project found that, in several Member States, the possibility of opening an investigation into the trafficking of (pre-)precursors is linked to the presence of these substances in European legal tools or national lists of proscribed substances. Alternatively, prosecution is still possible in some Member States if the production of these substances is considered to be a 'preparatory act' to the commission of drug offences. Public consultation: The share of respondents who indicated that the measures to prevent the diversion and illicit use of precursors were implemented and those who did not were very similar (26 and 25%, respectively). The largest group of respondents who provided an opinion indicated that the effectiveness of these measures had remained the same (23% of all respondents), followed by those who indicated it had got worse (21% of all respondents). Only 9% of respondents indicated that effectiveness had improved. Interviews: It was noted by a stakeholder from the Commission that the amendment to Regulation 273/2004 established

Action	Time	Responsible party	State of play
			mechanisms that lead to a quicker response as it allows Member States to seize non-scheduled substances. Furthermore, pharmaceuticals now fall within the scope of the Regulation. Pre-Export Notifications (PENs) are now requested for pharmaceutical preparations containing drug precursors. It was further indicated that the process of scheduling substances and of sharing information about precursors has sped up, and that the actions are discussed twice a year within COSI. A stakeholder from the chemical industry noted that there is close cooperation on this topic between the chemical industry and the Commission, and that generally the control of precursors has been successful in the EU. The Commission, for example, drafted the 'Guideline for economic operators' (2009) to provide guidance on how the industry can contribute to the control of precursors, and a new guideline is currently being drafted. A representative from the chemical industry reported that NPS and mixtures are an important area to address, but that there are difficulties to this. With regard to NPS, for example, the role the chemical industry plays is limited to awareness raising. Several Member States and EU-level interviewees mentioned EMPACT projects, with positive comments on the role EMPACT played in supporting cooperation between law enforcement agencies (although one EU agency indicated that at the beginning cooperation was not working as well) and supporting third countries. **ASSESSMENT (GREEN – ON TARGET): The Commission has engaged in a series of EU-level and international meetings on precursors and the EU's law enforcement agencies have also been active in this area. A series of interviewees also provided examples of steps enabling a better response to and control of drug precursors. The number of INCB Pre-Export Notifications and of incidents reported through PICS increased between 2013 and 2014.**
15. Counter cross-border drug trafficking and improve border security notably at EU seaports, airports and land border crossing points through intensified efforts, including information and intelligence sharing, by relevant law enforcement agencies	Ongoing	MS Europol CCWP COSI	**Number of effective memoranda of understanding (MOU) agreed between law enforcement agencies and relevant bodies such as airlines, air express couriers, shipping companies, harbour authorities and chemical companies** The 2015 Commission Progress Report noted that 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. Where these MoUs have been put in place, they were found to be very effective. Some of the countries without such MoUs in place stressed the existence of good and long-lasting cooperation between law enforcement units and relevant bodies. 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.[45] **Improved intelligence and information-sharing on cross-border drug trafficking utilising, inter alia, available border surveillance systems** The 2015 Commission Progress Report noted that the majority of Member States put in place in 2013–2014

45 See also: http://jis.gov.jm/jamaica-customs-uk-border-force-strengthens-partnerships-signing-memorandum-understanding/ [as of 5 November 2016]

Action	Time	Responsible party	State of play
			initiatives intended to improve intelligence and information-sharing on cross-border drug trafficking. The Progress Report listed examples of these undertakings, which included 'participation in the EMPACT projects, in the Joint Action Days and other initiatives organised with Europol; bilateral cooperation with immediate neighbours; cross-border regional operations targeting drugs smuggling; cooperation with neighbouring countries aimed at enhancement of exchange of information and operation actions; joint actions with the financial intelligence units of the national banks regarding money laundering; patrolling along the coastline, passenger controls at the national airport, controls of ships and cargo in the harbours; exchange of information and cooperation with international organisations; joint training actions and exchanges of customs officers between different Member States' customs administrations to exchange and implement best practices; capacity building, in the framework of TAIEX, in the neighbouring countries; participation in World Customs Organization and United Nations Office on Drugs and Crime (UNODC) programmes.' Europol has also been involved in this area, for instance by regularly participating in Action Days aimed at discouraging the phenomenon of cross-border drug trafficking, deploying Mobile Offices and providing other technical support. **Increased number of multi-disciplinary/multi-agency joint operations and cross-border cooperation initiatives** Since 2014, Europol has been supporting various multi-agency joint anti-drug-related operations under the EMPACT umbrella. Each year at least two to three large-scale intelligence-led operations are taking place (e.g. Operations Archimedes, Blue Amber and Ciconia Alba) to target hotspots, although Europol indicated it does not have the capacity to provide exact numbers. **Results achieved from EMPACT projects** While there is limited information available about results from EMPACT projects, some interviews at Member State level have shed light on cross-border cooperation. For example, one country pointed to frequent communication between NDCs from bordering countries on specific drug issues faced by those countries. Another Member State pointed to several cooperation programmes with neighbouring countries, as implemented by customs, for example trying to address issues on precursors smuggled into the country for illicit drugs production. A few Member State-level stakeholders gave anecdotal evidence of the existence of MoUs with China and Western Balkan countries on organised crime, and were positive about initiatives such as SEACOP, Heroin Route II and CORMS. One Member State commented on current negotiations regarding an agreement on police cooperation between the Member State and Mexico. Several Member States and EU-level interviewees mentioned EMPACT projects, with positive comments on the role EMPACT has played in supporting cooperation between law enforcement agencies (although one EU agency indicated that at the beginning cooperation was not working as well) and supporting third countries. One country noted that SEACOP, Heroin Route II and CORMS have all been 'helpful' initiatives. Public consultation: Two-fifths of respondents (40%) indicated that measures had been implemented to counter cross-border drug trafficking through improvements in border security while 22% of respondents did not. However, only 14% of

Action	Time	Responsible party	State of play
			respondents indicated that the effectiveness of such measures had improved. The largest group of respondents who offered an opinion indicated that the effectiveness had remained the same (25.6% of all respondents), although a large group of respondents (43%) indicated no opinion. **ASSESSMENT (AMBER – SOME PROGRESS): Most Member States have undertaken a range of initiatives with the aim of improving information-sharing to counter cross-border trafficking and improving border security, as has Europol. Some Member States have initiated other activities in this area, such as cooperation programmes and MoUs with third countries. However, the number of Member States with MoUs between Member State law enforcement/customs authorities and other relevant bodies remained relatively low. Public consultation respondents also indicated action had been taken in this area, albeit without improvements in effectiveness. Available data do not allow an assessment of a trend in this area and of the extent to which the undertaken activities represent an intensification of efforts.**
16. Develop and progressively implement key indicators on drug supply by standardising, improving and streamlining data collection in this field, building on currently available data	2013–2016	COM MS Council HDG EMCDDA Europol	**Roadmap developed and agreed on the implementation of key drug supply indicators; MS agreement reached on key drug supply indicators** According to the EMCDDA, progress has been made since 2013 in three related areas of data collection and indicator development pertaining to drug supply reduction – drug markets, drug supply and drug-related crime, covering all seven indicators noted in the 2013 Council conclusions on improving the monitoring of drug supply in the European Union.[46] The EMCDDA has collaborated closely with other institutions such as Europol and EC-Eurostat and has also received support from the Reference Group on Drug Supply Indicators, an expert network established in 2013. Regarding drug supply, in 2014 the EMCDDA published a feasibility study on seizures, followed by a launch of a mapping exercise and a data collection pilot. One improvement in the reporting of available data is that seizures are now categorised by different levels of the drug market (retail, middle and wholesale). On a related note, the EMCDDA revised its indicators on purity, content and drug prices and the new tools are expected to be implemented in 2017. In 2013, the EMCDDA developed a data collection system on dismantled synthetic drug production sites. The system was piloted in 2014 with, according to the EMCDDA, a 'fair degree of success.' Further progress in this area is supported by the EMPACT Synthetic Drugs Group. In 2014, the EMCDDA developed a data collection instrument for so-called secondary cocaine extraction sites, which was piloted the next year. Also in 2015, the EMCDDA produced a tool for collecting data on dismantled cannabis production sites. This tool is now subject to revisions by Member States and, subject to Member State approval, will likely be piloted in 2017. Regarding drug-related offences, the EMCDDA, in cooperation with EC-Eurostat, coordinated a revision to the relevant sub-indicator following a change to the International Classification of Crime for Statistical Purposes.[47] The revised sub-indicator was piloted in 2015 and is now undergoing refinements.

46 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

47 UNODC (2015) 'International Classification of Crime for Statistical Purposes.' As of 4 November 2016]: https://www.unodc.org/documents/data-and-analysis/statistics/crime/ICCS/ICCS_English_2016_web.pdf

<table>
<tr><th>Action</th><th>Time</th><th>Responsible party</th><th>State of play</th></tr>
<tr><td></td><td></td><td></td><td>Regarding drug markets, the EMCDDA has collaborated with external experts and developed a methodology for calculating the size of illicit drug markets in the EU. The resulting calculations informed the 2016 Drug Markets Report.[48] Regarding drug availability in population surveys, in 2013 nine model questions were developed for the European Model Questionnaire and a data collection exercise was held with General Population Survey experts. A second data collection is planned for the second semester of 2017.

Interviews;

There were insufficient interview data for this action.

ASSESSMENT (GREEN – ON TARGET): Methodological improvements have been made (e.g. in the form of new indicators or refinements to existing ones) in various areas pertaining to drug supply reduction monitoring, although there is no evidence this has been achieved with an agreed implementation roadmap.</td></tr>
<tr><td colspan="4">Objective 5. Enhance effective judicial cooperation and legislation within the EU (Actions 17–21)</td></tr>
<tr><td colspan="4">ASSESSMENT (AMBER – SOME PROGRESS): Progress has been achieved in the area of EU legislation with the adoption of the Directive on freezing and confiscation, and with the amendments to the EU legislation on trade in drug precursors. The regulatory framework for active pharmacological substances had been strengthened. However, the new legislative package on NPS has yet to be adopted, and therefore has not been implemented by Member States.

It is unknown whether judicial cooperation led to an increased number of investigations and confiscations and whether the response to mutual assistance requests has been timely or effective.</td></tr>
<tr><td>17. Strengthen EU judicial cooperation in targeting cross-border drug trafficking, money laundering, and in the confiscation of the proceeds of drug-related organised crime</td><td>2013–2016</td><td>Council
COM
MS
Eurojust</td><td>Adoption and timely implementation of agreed EU measures and legislation on (a) confiscation and recovery of criminal assets; (b) money laundering; and (c) approximation of drug trafficking offences and sanctions across the EU

In April 2014, 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.

Increased number of financial investigations and confiscations in relation to the proceeds of drug-related organised crime through EU judicial cooperation

In 2014, Eurojust concluded a project to identify the main challenges and related solutions in Eurojust's coordination meetings involving drug trafficking, which, among other topics, covered asset freezing and confiscation. The project found that differences in both substantive and procedural rules between Member States constitute a major obstacle in investigations of drug trafficking and in the identification, tracing and recovery of assets stemming from cross-border organised criminal activities. The project found a 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</td></tr>
</table>

48 As of 21 July 2016: http://www.emcdda.europa.eu/start/2016/drug-markets

Action	Time	Responsible party	State of play
			Decision 2003/577/JHA of 22 July 2003. In the 2013–2014 period, Eurojust continued to provide assistance to Member States in recovering assets derived from criminal activities in cases of drug trafficking, including in identifying, tracing, freezing, confiscating, returning and sharing assets that had been unlawfully acquired. However, Eurojust is in a position to report only on its casework (i.e. on cases that are referred to Eurojust), which represents 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 this indicator has been achieved at EU level or not. **Timely and effective responses to mutual assistance requests and European Arrest Warrants in relation to illicit drug trafficking** Available data do not allow an assessment of whether responses to mutual assistance requests and European Arrest Warrants in relation to illicit drug trafficking are timely or effective at the EU level. This is because the level of success in the execution of Mutual Legal Assistance (MLA) requests, European Arrest Warrants (EAWs) and confiscation orders after Eurojust's intervention is not typically reported. Eurojust works with national authorities only for a part of their criminal proceedings and receives only fragmented feedback as to how cases evolve afterwards. Furthermore, not all EAWs and mutual assistance requests are actually referred for assistance to Eurojust. Public consultation: About a third of respondents (32%) indicated that measures had been implemented to increase legislative and judicial cooperation against cross-border illicit drug activities, while 19% indicated the opposite. Almost half of respondents (49%) did not have an opinion. Similarly, half of respondents (50%) did not indicate an opinion about trends in the measures' effectiveness. Of those who did, the largest group indicated that the situation had remained the same (26% of all respondents). The proportions of those who indicated the situation had got better and worse were broadly similar (11 and 12%, respectively). **ASSESSMENT (AMBER – SOME PROGRESS): Progress has been achieved in the area of EU legislation with the adoption of the Directive on freezing and confiscation. In other areas, data either are not available or do not allow an assessment. For instance, it is not possible to determine 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.**
18. Introduce and adopt new EU legislative measures to address the emergence, use and rapid spread of new psychoactive substances	2013–2016	COM Council	**EU legislation in place** As described in the 2015 Commission Progress Report, in September 2013 the Commission adopted a legislative package consisting of the Proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances[49] and the Proposal for a Directive of the European Parliament and of the Council amending

49 EC (2013) 'Proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances.' COM(2013) 619. As of 5 August 2016: http://eur-lex.europa.eu/legal-content/en/HIS/?uri=CELEX:52013PC0619

Action	Time	Responsible party	State of play
		HDG MS	Council Framework Decision 2001/757/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 drugs.[50] The aim was to enable the EU to act more swiftly and more effectively to address new psychoactive substances. The European Parliament approved the legislative package in April 2015.[51] However, the Council did not adopt a general approach on this proposal. To achieve the same objective of a swifter, more effective EU action on NPS, the Permanent Representatives Committee (COREPER) agreed on the approach proposed by the Dutch Presidency and invited the Commission to present a proposal on amending the founding Regulation of EMCDDA (1920/2006). This new Commission proposal was adopted on 29 August 2016;[52] it integrates draft provisions of the Commission's 2013 proposal for a Regulation on new psychoactive substances and in particular those related to the early warning system and risk assessment procedure. The inter-institutional negotiations of this new proposal started in September 2016. Since 2013, the Council has decided to subject the following substances to control measures across the EU: 4,4'-DMAR and MT-45,[53] 5-(2-aminopropyl)indole,[54] 4-methylamphetamine,[55] and α-PVP.[56] In addition, in August 2016, the Commission proposed to do the same for the new psychoactive substance MDMB-CHMICA (aka 'Black Mamba'). Pending a decision from the Council, EU Member States would then be required to introduce such controls in line with national laws no later than one year after the Council's decision.[57]

50 EC (2013) '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.' As of 5 August 2016: http://eur-lex.europa.eu/legal-content/EN/HIS/?uri=CELEX:52013PC0618

51 As of 5 August 2016: http://europa.eu/rapid/press-release_IP-14-461_en.htm

52 EC (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) 547f final. As of 4 November 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1478276408456&uri=CELEX:52016PC0547

53 Council of the EU (2015) 'Council Implementing Decision (EU) 2015/1873 of 8 October 2015 on subjecting 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-DMAR) and 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine (MT-45) to control measures.' As of 4 November 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32015D1873

54 Council of the EU (2015) 'Council Implementing Decision (EU) 2015/1876 of October 2015 on subjecting 5-(2-aminopropyl)indole to control measures.' As of 4 November 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL_2015_275_R_0013

55 Council of the EU (2015) 'Council Implementing Decision (EU) 2015/1874 of 8 October 2015 on subjecting 4-methylamphetamine to control measures.' As of 4 November 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1449764169759&uri=CELEX:32015D1874

56 Council of the EU (2015) 'Council Implementing Decision (EU) 2016/1070 of 27 June 2016 on subjecting 1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one (α-pyrrolidinovalerophenone, α-PVP) to control measures.' As of 4 November 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32016D1070

57 As of 29 September 2016: http://www.emcdda.europa.eu/news/2016/NPS-Commission

Action	Time	Responsible party	State of play
			In 2015, Eurojust analysed the impact of the 10 July 2014 CJEU ruling on medicinal products (Joined Cases C-358/13 and C-181/14) on the prosecution of NPS cases, gathered best practice and solutions and communicated its results to law enforcement experts. In 2016 Eurojust and EMCDDA worked on a Joint Report on 'NPS in Europe-Legislation and prosecution,' which will be published by the end of 2016. **Implementation of EU legislation in MS** The new EU measures have not been approved for Member State implementation yet. Public consultation: Half of 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. The share of respondents who indicated that no such measures had been implemented was 28%. However, the largest group of respondents (37%) indicated that the effectiveness of these measures had got worse. Only 12% of respondents indicated that there had been an improvement in their effectiveness. Interviews: A few Member States who commented on NPS legislation welcomed the new EU legislation and some noted that it would help in the development of their laws on NPS, as they had experienced difficulties or delays in this respect. One Member State thought that EU legislation on NPS has been given impetus by having it in the EU Drugs Strategy. One Member State, however, considered the process of developing EU legislation on NPS to be lengthy. Four Member States specifically reported on the existence of legislation regarding NPS in their country. One Member State, for example, reported on the existence of national legislation on NPS, under which new substances must be analysed and subsequently be placed under national control. Authorities then have the option to close any store where these substances are being sold and could launch a criminal investigation. Another Member State considered their legislation to be a best practice example, with substances are banned by chemical group. **ASSESSMENT (AMBER – SOME PROGRESS) A legislative package was introduced by the Commission and endorsed by the Parliament. However, the Council did not adopt a general approach on this proposal. A new Commission proposal was adopted in August 2016 and inter-institutional negotiations on this proposal started in September 2016. Therefore, the legislation has not been implemented in Member States yet.**
19. Strengthen EU legislation on drug precursors to prevent their diversion	Ongoing	Council	**Adoption and implementation of regulations of the European Parliament and of the Council on drug**

Action	Time	Responsible party	State of play
without disrupting lawful trade		COM MS	**precursors amending both Council Regulation (EC) No 111/2005 and Regulation (EC) No 273/2004** As discussed in the 2015 Commission Progress Report, the EU legislation on trade in drug precursors was amended in 2013[58] to strengthen controls, on the one hand over ephedrine and pseudoephedrine contained in medicinal products in trade between the EU and third countries, and on the other hand over acetic anhydride in trade within the EU. Not only do these measures help block access for narcotics producers to the chemicals they need, but they also create greater legal security for legitimate EU businesses. Additionally, the powers of competent authorities to tackle the diversion of non-scheduled substances have been strengthened. The legislation also established a European Database on Drug Precursors, to ensure more efficient data collection on seizures and to keep a list of EU licensed and registered businesses, and introduced a quicker reaction mechanism to allow authorities to react to new diversion trends of non-scheduled substances. These amendments entered into force on 30 December 2013. To guide the implementation of the new legislation, the Commission adopted a set of implementing regulations.[59] Available documentation does not comment on the extent or effectiveness of implementation efforts by Member States. In 2015, the EC approved a regulation setting rules on the monitoring of trade in drug precursors between the EU and third countries.[60] Interviews: Several interviewees from the Commission suggested that Amendments to Regulation 273/2004 on drug precursors

58 Council of the EU (2013) '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 Text with EEA relevance.' As of 5 August 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32013R1258; Council of the EU (2013) '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.' As of 5 August 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2013:330:FULL&from=EN

59 Council of the EU (2015) 'Commission delegated regulation (EU) 2015/1011 of 24 April 2015 supplementing Regulation (EC) No 273/2004 of the European Parliament and of the Council on drug precursors and Council Regulation (EC) No 111/2005 laying down rules for the monitoring of trade between the Union and third countries in drug precursors, and repealing Commission Regulation (EC) No 1277/2005.' As of 29 September 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOL_2015_162_R_0003&from=EN; Council of the EU (2015) 'Commission implementing regulation (EU) 2015/1013 of 25 June 2015 laying down rules in respect of Regulation (EC) No 273/2004 of the European Parliament and of the Council on drug precursors and of Council Regulation (EC) No 111/2005 laying down rules for the monitoring of trade between the Union and third countries in drug precursors.' As of 29 September 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOL_2015_162_R_0005&from=EN; Council of the EU (2016) 'Commission delegated regulation (EU) 2016/1443 of 29 June 2016 amending Regulation (EC) No 273/2004 of the European Parliament and of the Council and Council Regulation (EC) No 111/2005 as regards the inclusion of certain drug precursors in the list of scheduled substances.' As of 29 September 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R1443&from=EN

60 Council of the EU (2015) 'Commission Implementing Regulation (EU) 2015/1013 of 25 June 2015 laying down rules in respect of Regulation (EC) No 273/2004 of the European Parliament and of the Council on drug precursors and of Council Regulation (EC) No 111/2005 laying down rules for the monitoring of trade between the Union and third countries in drug precursors.' As of 29 September 2016: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32015R1013

Action	Time	Responsible party	State of play
			had led to a quicker response to scheduled substances. Two interviewees from the Commission thought that with regard to drug precursors, the EU Drugs Strategy and legislation on precursors are relevant. One interviewee from the Commission further commented that the legislation is up to date, clear and straightforward. Another interviewee from the Commission did, however, comment that precursors' control would be in place even without the Strategy, as it derives from an international commitment based on a UN convention. **ASSESSMENT (GREEN – ON TARGET): The amendments to the EU legislation on trade in drug precursors entered into force in 2013 and are now being implemented by Member States.**
20. Combat the use of certain pharmacologically active substances (as defined in EU Directive 2011/62) as cutting agents for illicit drugs	Ongoing	MS COM EMA EMCDDA Europol	**Number of seizures of active substances used as cutting agents for illicit drugs** As the EMCDDA explained, existing data do not allow for the systematic monitoring of active substances used as cutting agents. This is also reflected at the national level, with only a few Member States reporting data on seizures of these substances. However, several reporting mechanisms exist that may shed some light on active cutting agents, although they fall well short of a systematic monitoring system. Firstly, since 2015 Member States are able to report information on seizures of other significant substances giving rise to concerns at the national level. This can include active cutting agents. Secondly, unusual cutting agents may be picked up by the Early Warning System. In addition, the EMCDDA may make use of its monitoring system for NPS. **Timely implementation of new EU legislative requirements aimed at securing the supply chain for active substances under Directive 2011/62/EU, the Falsified Medicines Directive** The regulatory framework for active pharmacological substances has been strengthened with the coming into force of a series of implementation measures.[61] These include new rules on importation (2013), a delegated Regulation on good manufacturing practices (2014), guidelines for good distribution practice (2015) and a Regulation on safety features for products for human use (2016).[62] DG SANTE is working on the implementation of the legislative requirements under the Falsified Medicines Directive. **ASSESSMENT (AMBER – SOME PROGRESS): Progress in the monitoring of active cutting agents has been made by providing Member States with the ability to report these as part of data on drug seizures. However, existing data collection systems still do not allow for systematic monitoring at the EU level. The applicable regulatory framework has also been strengthened, with new measures currently under implementation. Data are not available on the timeliness of this process.**
21. Members States to provide, where appropriate and in accordance with their	2015	MS	**Increased availability and implementation of alternatives to prison for drug-using offenders in the areas**

61 European Commission (2016) 'Implementation measures by the Commission in the context of Directive 2011/62/EU – overview and state of play.' As of 29 September 2016: http://ec.europa.eu/health/files/counterf_par_trade/planning.pdf

62 European Commission (n.d.) 'Falsified Medicines.' As of 12 September 2016: http://ec.europa.eu/health/human-use/falsified_medicines/index_en.htm

Action	Time	Responsible party	State of play
legal frameworks, alternatives to coercive sanctions (such as education, treatment, rehabilitation, aftercare and social integration) for drug-using offenders			**of education, treatment, rehabilitation, aftercare and social integration** As noted in the 2015 Commission Progress Report, in 2013–2014 the legal system in most Member States provided for alternatives to coercive sanctions for drug-using offenders. Almost all Member States where alternatives for coercive sanctions were possible provided for treatment and rehabilitation; half provided for education, aftercare and social integration. The conditions for applying alternatives to coercive sanctions to drug-using offenders range from a decision of the judge to the decriminalisation of drug use. Many countries mention that the alternatives are only possible when there is no suspicion of drug trafficking and that they are mainly for minor offences. A few countries mention special provisions for young users/minors/juveniles. In most countries that mentioned the possibility of a suspended sentence, this must be accompanied by an agreement of the person to undergo treatment. A study commissioned by DG HOME provides a detailed overview of alternatives to coercive sanctions available in all Member States as of 2015, as well as an overview of how these have been implemented.[63] The study found that there was at least one alternative sanction for drug users 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. **Increased monitoring, implementation and evaluation of alternatives to coercive sanctions** The 2016 study on alternatives to coercive sanctions (ACS) found that there is 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 their effectiveness. It was found that Member States collected limited data on the use of these sanctions in practice, and data on completion rates in particular were missing. In fact, for the 108 different sanctions included in the study, only 19 had data on completion rates. Furthermore, only a small number of evaluations of the effectiveness of the use of alternatives sanctions on Member States were identified.[64] Public consultation: A slight majority of respondents (55%) indicated that measures had not been implemented to develop sanctions other than detentions for drug-using offenders, while 28% offered a positive response. The largest group of respondents (31%) indicated that the effectiveness of implemented measures had got worse, followed by 26% who indicated that the situation had remained the same. Approximately a fifth of respondents (21%) indicated that effectiveness had improved. This was the highest share of positive responses among all types of supply reduction measures.

63 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.

64 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.

Action	Time	Responsible party	State of play
			Interviews: Three Member States specifically reported on the availability of alternatives to coercive sanctions for drug-using offenders in their country, including drug courts and referrals to treatment. **ASSESSMENT (GREEN – ON TARGET): The use of alternative sanctions was reported by all Member States, although their content and the conditions for their use may vary. This was also confirmed by a 2016 study commissioned by the European Commission. Data are not available to allow an assessment of trend in the availability, use, monitoring and evaluation of alternatives to coercive sanctions and improvements in the monitoring of alternative sanctions are needed.**
Objective 6. Respond effectively to current and emerging trends in illicit drug activity (Action 22)			
ASSESSMENT (GREEN – ON TARGET): There are indications that the relevant law enforcement agencies have set up mechanisms to respond quickly to emerging developments. Examples include regular production of the Internet Organised Crime Threat Assessment (iOCTA) and specific operational actions as part of the EU Organised Crime Policy Cycle.			
22. 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, including controlled new psychoactive substances	Ongoing	Council COM HDG MS Europol COSI	A recent RAND study[65] concluded that the illicit drugs trade via cryptomarkets still represents a niche part of drugs trade at large, as it constitutes only a fraction of the total drugs market in the offline world. The RAND study estimated a lower boundary for the global monthly drug revenues on cryptomarkets at €10.6 million (the EMCDDA's 2016 EDR estimated the 2014 size of the European retail drug market at €24 billion). Drugs trade via cryptomarkets has nonetheless shown itself to be resilient to law enforcement interventions and distortion. While at the outset of the EU Drugs Strategy, there was only one major cryptomarket, Silk Road, there are currently approximately 50 cryptomarkets and vendor shops (Kruithof et al. 2016). Since the heyday of Silk Road 1.0 in 2013, illegal drug trade revenues have doubled, the number of transactions has doubled and the number of listings (i.e. advertisements) has grown almost six-fold. Web shops on the standard 'clear' net mainly offer NPS. The availability of NPS via such web shops has increased rapidly in recent years. Previous studies identified 60 web shops in the EU in 2008 (Hillebrand et al 2010),[66] 314 in 2011 (EMCDDA 2011)[67] and 651 in 2013 (EMCDDA 2015).[68] The EU-funded I-Trend study found 207 web shops operating from the UK, 72 from Poland and 19 from the Netherlands (Martinez et al. 2016). The revenues on these clear net markets however, remain unknown.

65 Kruithof, K., et al. (2016) *Internet-facilitated drugs trade: An analysis of the size, scope and the role of the Netherlands*. Santa Monica, Calif.: RAND Corporation. RR-1607-WODC. As of 28 November 2016: http://www.rand.org/pubs/research_reports/RR1607.html

66 Hillebrand, J., Olszewski, D., & R. Sedefov (2010) 'Legal Highs on the Internet.' *Substance Use & Misuse* 45(3): 330–40. doi:10.3109/10826080903443628

67 EMCDDA (2011) *Online sales of new psychoactive substances / 'legal highs': summary of results from the 2011 multilingual snapshots*. Lisbon: EMCDDA

68 EMCDDA (2015) 'The Internet and Drug Markets. Summary of results from an EMCDDA Trendspotter study.' As of 12 June 2016: http://www.emcdda.europa.eu/publications/technical-reports/internet-drug-markets

Action	Time	Responsible party	State of play
			Furthermore, the EMCDDA has published a Trendspotter study taking stock of various aspects related to 'internet drug markets.' It commenced with a phase of data collection and literature review, culminating in an expert meeting in Lisbon on 30–31 October 2014. The aim of the study was to increase understanding of the online supply of drugs and undertake a mapping of the range of Internet drug markets in existence. In 2016, the EMCDDA published a more comprehensive report on the subject, which collated the most recent evidence from a range of experts, adding to the collective knowledge available on subject and highlighting gaps for future research. Finally, the European Commission organised an expert meeting on the Internet and Drugs in June 2016, bringing together experts from Member States, third countries (the US, Norway, Australia, Canada, Turkey, Mexico and Japan), representatives of relevant EU agencies (EMCDDA, Europol and Eurojust), international organisations (UNODC, Pompidou Group/Council of Europe), civil society and Internet companies. The main points addressed were: analysis of the problem and finding a common definition for it; looking closer at the responses provided so far by EU Member States and other international actors; and an exploration of possible future common action.[69] **Results achieved from law enforcement actions targeting drug-related crime via the Internet** The 2015 Commission Progress Report noted that the majority of Member States reported their law enforcement authorities specifically targeting drug-related crime on the Internet in the 2013–2014 period. A few Member States specifically mentioned the target of websites where synthetic drugs are being sold. In 2014[70] and 2015[71] Europol produced an Internet Organised Crime Threat Assessment (iOCTA), aiming to inform decisionmakers about ongoing developments and emerging threats, including those associated with the Internet as a facilitating factor for drug trafficking and distribution. Europol noted that under the 2014 OAP Synthetic drugs, the Netherlands were action leaders for activity aiming to identify online shops selling NPS together with the associated distributors, and provide Europol with all the 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 net markets (or cryptomarkets) 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. It resulted in 17 arrests of vendors and administrators running these online marketplaces and, according to Europol's initial statement, in the termination of more than 410 hidden services. The dark market Silk Road 2.0 was also taken down by US authorities and the

69 As of 28 November 2016: 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

70 As of 26 July 2016: https://www.europol.europa.eu/content/internet-organised-crime-threat-assesment-iocta

71 As of 26 July 2016: https://www.europol.europa.eu/content/internet-organised-crime-threat-assessment-iocta-2015

Action	Time	Responsible party	State of play
			operator arrested. According to Europol, bitcoins worth approximately US$1 million, €180,000 in cash, drugs, gold and silver were seized, alongside hardware and digital media devices. As a consequence, a considerable amount of actionable intelligence was analysed at Europol and subsequently investigation packages delivered to Member States across Europe. As noted in the 2015 Commission Progress Report, in 2014 Eurojust held a strategic seminar on cybercrime that highlighted the need to improve cooperation. The meeting was followed up by concrete initiatives, such as the creation of a network of prosecutors specialised in these matters. **Increased number of joint operations and cross-border cooperation initiatives** Overall, there is no information available to the evaluation team on the number of joint operations and cross-border cooperation initiatives in this area. Europol indicates statistical data cannot be provided, but: 'Operational action plans within drug related priority areas do contain specific activities to tackle drug related criminality on the internet as it is clearly on the rise.' Public consultation: The proportion of respondents who indicated 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 indicated there had been an improvement (13%). Interviews: Several Member States and one EU agency reported on the development of several activities, or in some cases specific units, to tackle emerging issues like the dark net. **ASSESSMENT (GREEN – ON TARGET): Responses to the new role of technology exist in the majority of Member States and are informed by regular Europol iOCTAs. Coordinated law enforcement and judicial action has been shown to produce concrete results, for instance in closing down some dark net marketplaces. Available data do not allow an assessment of trends in how, if at all, the response to the use of new technologies has improved over time.**
III. Coordination *Member States and EU to effectively coordinate drug policy*			
Objective 7. Ensure effective EU coordination in the drugs field (Actions 23–28)			
ASSESSMENT (GREEN – ON TARGET): The European Commission, EU agencies, Council Working Groups and Member States are involved in EU coordination in the field of drugs. The coordination mechanisms at EU level, most of which pre-date the current strategy, appear to be effective. Its most prominent coordination body, the HDG, is considered by many to be effective in its monitoring of the implementation of the Action Plan and its facilitation of dialogue on the state of the drugs phenomenon in Europe. There is some evidence of consistency over time and continuity across Presidencies, with positive feedback from interviewees. The EMCDDA plays an important supporting role in this process. Some interviewees indicated that more attention and time should be devoted to discussing the implementation of the Action Plan. And			

Action	Time	Responsible party	State of play
there are concerns that, for a horizontal working group, the HDG is too focused on actions in the demand reduction pillar. **Some interviewees have suggested that the impact of the EU Drugs Strategy and Action Plan on the strategies and action plans of other EU bodies is modest at best. As such, there appears to be scope for improvement, for example in the form of coordination between the HDG and the Standing Committee on Operational Cooperation on Internal Security (COSI).**			
23. Enhance information-sharing between the HDG and other relevant Council Working Groups	Ongoing	PRES Council EEAS HDG	**Extent to which the EU Drugs Strategy/and Action Plan are taken into account in the programmes of other Council Working Groups including COAFR, COASI, COEST, COLAT and COWEB** The 2015 Commission Progress Report noted that Presidencies of the Council's Horizontal Drugs Group (HDG) reported that they made efforts to establish closer links and information-sharing between the HDG and other Council Working Groups, including with the Standing Committee on Operational Cooperation on Internal Security (COSI), the Customs Cooperation Working Party (as regards the initiative of CCWP to conduct a survey on improving capacities of law enforcement agencies in the fight against new psychoactive substances), the Working Party on Customs Union (as regards the Proposals for Regulations of the European Parliament and of the Council on Drug Precursors and CND resolution on Raising awareness on the diversion of non-scheduled substances as substitutes for scheduled substances in international trade for the illicit manufacture of narcotic drugs and psychotropic substances), the Working Party on Substantive Criminal Law (DROIPEN, as regards the NPS Directive), the United Nations Working Party (CONUN, as regards the preparation for UNGASS 2016), the Working Party on Pharmaceutics and Medical Devices (as regards misuse of and dependence on prescribed medicines) and the Working Party on Latin America and the Caribbean (COLAC, as regards the High Level Meetings of the EU-CELAC Cooperation and Coordination Mechanism on Drugs). This cooperation took various forms, including presentations/participation of HDG representatives at the meetings of other working parties, as well as presentations/participation of the representatives of other working parties at HDG meetings. Possibilities were explored to organise joint sessions between HDG and COLAC. Interviews: Where interviewees were able to comment, it was noted by some HDG members that even if information-sharing improved, there are still some possibilities to ensure greater coordination between the chairs of the HDG and COSI. **ASSESSMENT (GREEN – ON TARGET): Information-sharing mechanisms are in place between HDG and other relevant Council Working Groups. Some interviewees noted that information-sharing had improved. However, the evaluation team notes this is a very limited evidence base for an assessment of whether information-sharing has been enhanced.**
24. Each presidency may convene meetings of the National Drugs Coordinators, and of other groupings as appropriate, to consider emerging	Biannuall y	PRES MS	**Extent to which National Drug Coordinators' meeting agenda reflects developments, trends and new insights in policy responses and provides for improved communication and information exchange** According to the 2015 Commission Progress Report, emerging trends and related policy developments were

Action	Time	Responsible party	State of play
trends, effective interventions and other policy developments of added value to the EU Drugs Strategy and to MS			discussed during regular National Drug Coordinators' meetings organised under each presidency. The topics approached were: the misuse of Directive on minimum provisions with respect to illicit drug trafficking[72] (2013, Vilnius); the fight against drugs and NPS sales on the Internet, especially to minors (2014, Rome); and the impact of the economic crisis on drugs use and its consequences for public health (2014, Athens). Preparation for UNGASS 2016 was covered during the meetings in Vilnius and Rome and the development of minimum quality standards in drug demand discussion was examined during the meetings in Athens and Rome. A large majority of Member States found that the frequency of the National Drug Coordinators' (NDC) meetings and their agendas reflected developments, trends and new insights in policy responses and provided for improved communication and information exchange in 2013–2014. A few Member States found this was not the case. It was pointed out that the discussions were rather academic and theoretical rather than factual. Another point revolved around the fact that no space is reserved for NDCs to exchange information on the latest developments in their national policies and discuss future challenges. One country felt that the PRES organising the NDC should focus more on the core issues of the implementation of the EU Action Plan, in other words the preconditions and obstacles for implementing it at national level. One country felt that there were too many meetings and it would be better to have only one a year. Several countries pointed out that the informal character of these meetings facilitates participation and makes discussions and debates more interesting. Some of the suggestions to make NDC meetings more effective included: the preparation of the meeting should be done differently to increase the efficiency of the meetings (the presidency should choose a theme of common interest to all Member States and provide NDCs well in advance of the meeting with a short written document outlining the theme); the focus should be on sharing best practices dealing with emerging trends in drug use across Europe; at the meeting the presidency or an external expert could give a presentation to serve as starting point for discussions; meetings should reach a balanced approach between drug control policy and real actions that should be taken, as well as more responsibility for NDCs; discussions should not include running through files at the HDG but they should promote a better understanding of trends and responses; the main goal of the meeting should be to converge opinions. A number of interviewees from Member States interviewed for the evaluation explicitly stated that they valued the NDC meetings, 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. **ASSESSMENT (GREEN – ON TARGET): A series of National Drug Coordinators' meetings took place, with**

72 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 groupings as appropriate, to consider emerging trends, effective interventions and other policy developments of added value to the EU Drugs Strategy and to Member States, and dependence on prescribed medicines.

Action	Time	Responsible party	State of play
			positive feedback from a large majority of participants.
25. The HDG will facilitate (a) monitoring of the implementation of the Action Plan through thematic debates; and (b) an annual dialogue on the state of the drugs phenomenon in Europe	(a) Biannuall y (b) Annually	PRES HDG MS COM EMCDDA Europol	**Extent of implementation of the Action Plan** The 2015 Commission Progress Report noted that a large majority of Member States found the monitoring of the Action Plan's implementation to have been done in a timely and satisfactory way. Where interviewees were able to comment, some argued that the HDG had sufficiently monitored the implementation of the Action Plan, whilst others thought there was room for improvement in this area, e.g. by having more discussion of the Plan's implementation at HDG meetings. **Timeliness of dialogue at the HDG on latest drug-related trends and data** As stated in the 2015 Commission Progress Report, the rotating presidency of the Council pointed out that in 2013–2014 the topics most often addressed at the HDG were NPS (including the discussion on the draft Regulation on NPS), misuse of and dependence on prescribed medicines, development of drug supply indicators, developments of minimum quality standards in drug demand reduction, preparation for the CND and UNGASS sessions, and cooperation with third countries. A dialogue on research was also held annually. Misuse of and dependence on prescribed medicines and NPS were the most common topics for thematic debates held during the experts meetings on drugs with third countries. However, HDG members raised concerns during the interviews, with some respondents considering that HDG meetings were too focused on drug demand issues. **ASSESSMENT (GREEN – ON TARGET): According to the majority of Member States, the monitoring of the Action Plan's implementation has been done effectively. The HDG has held and EMCDDA input has supported regular thematic debates and dialogues on the state of drugs in Europe. There are some concerns however, that the HDG is too focused on actions in the demand reduction pillar. This may be at the expense of monitoring of implementation of supply reduction actions.**
26. Ensure consistency and continuity of MS and EU actions across presidencies to strengthen the integrated, balanced and evidence-based approach to drugs in the EU	Biannuall y	PRES PRES Trio MS COM HDG EMCDDA Europol	**Extent of consistency and continuity of actions across presidencies** According to the 2015 Commission Progress Report, the rotating Council presidency reported that drug-related issues were discussed and coordinated among outgoing, current and incoming Presidencies. Interviews: Where interviewees were able to comment, the overall experience of the Trio presidency was very positive. **Advancement in implementation of EU Drugs Strategy priorities across presidencies** The EMCDDA mentioned that the agency had been supporting the rotating Council Presidencies through the provision of expert advice, information on request and presentations on topics under discussion. **ASSESSMENT (GREEN – ON TARGET): There is evidence of consistency and continuity across Presidencies, with positive feedback from interviewees.**

Action	Time	Responsible party	State of play
27. Ensure coordination of EU drugs policies and responses, to support international cooperation between the EU, third countries and international organisations	Ongoing	EEAS COM HDG MS	**Level of consistency and coherence in the objectives, expected results and measures foreseen in EU actions on drugs** The 2015 Commission Progress Report noted that as two of the EU's external cooperation programmes in the area of drugs, the Heroin Route Programme (HRP) and Cocaine Route Programme (CRP), funded by the European Union's Instrument contributing to Stability and Peace (IcSP), are in line with the priorities of the EU programming instruments as well as the main EU policies and strategic documents such as the European Security Strategy (2003), the EU Drugs Strategy (2013–2020) and its Action Plan (2013–2016), as well as the European pact to combat international drug trafficking – disrupting cocaine and heroin routes (2010). Overall, the programmes are designed to think strategically about illicit flows and ensure an integrated response to the challenges presented by both organised crime and drug trafficking along the heroin and cocaine routes. As such, they are designed to reinforce the capacities of law enforcement agencies in better addressing drug-related organised crime and to support them in engaging effectively in international cooperation in the fight against heroin and cocaine trafficking along the countries of the so-called 'Heroin Route', which commences in Afghanistan, and of the so-called Cocaine Route, from producing countries in Latin America to Europe via transit countries in Latin and Central America, the Caribbean, and Africa (essentially West Africa), while ensuring compliance with human rights and the rule of law. The Cocaine Route Programme (CRP) underwent an independent mid-term review in the first semester of 2013. The review concluded that the CRP constitutes a response to a problem and to needs that have been widely recognized as urgent by stakeholders in the EU and in partner countries, notably the threats posed by transnational organized crime and drug trafficking and their impact on security and development, and provides the EU with a valuable and innovative tool to tackle them effectively. COPOLAD, a regional cooperation programme on drugs policies between Latin America, the Caribbean and the EU, aims to improve the coherence, balance and impact of drugs policies in Latin America as well as the EU-CELAC policy dialogue on drugs. Specifically, it aims to strengthen capacities and encourage the different stages of the drug policy development process in Latin American and Caribbean countries. It does this by improving dialogue, the exchange of mutual experiences, and reinforcing the cooperation of national agencies and other actors responsible for drugs policies in Latin American, Caribbean and EU countries. COPOLAD is fully coherent with the priorities of the EU programming instruments and the EU Strategy on Drugs and Action Plan. CADAP, the Central Asia Drug Action Programme, which began in 2001, is assisting the gradual adoption of EU and international good practices by Central Asian nations to reduce demand for drugs. CADAP 5 achieved the institutionalisation of annual drug reporting and compilation of country drug situation summaries, the introduction of modern methods of treatment in prisons and communities, the institutionalisation of modern facilities for treatment, and the launching of a local campaign on prevention.

Action	Time	Responsible party	State of play
			Inclusion of drug-related priorities in strategies of relevant EU bodies There is some evidence available of the inclusion of drug-related priorities in the strategies of relevant EU bodies. For example, the current Europol strategy (2016–2020)[73] includes drug trafficking as one of the focal areas for its operational support. The current Eurojust strategy (2016–2018)[74] does not make explicit reference to illicit drugs but mentions its contribution to the fight against organised and serious international crime. In addition, Eurojust's annual work programmes routinely include the issue of illicit drugs.[75] Similarly, illicit drugs (and their precursors) are mentioned in DG TAXUD's current Strategic Plan (2016–2020)[76] and in CEPOL's Work Programmes.[77] This is consistent with testimonies of interviewees from EU bodies, who claim that there is coordination on drug-related priorities. **Intensified cooperation between the HDG and the geographical/regional working groups, including COAFR, COASI, COEST, COLAT and COWEB** According to the 2015 Commission Progress Report, cooperation between the HDG and COLAC has been intensified, especially as regards the sharing of information at the High Level Meetings of the EU-CELAC Coordination and Cooperation Mechanism on Drugs, with the presentations/participation of the representatives of HDG in COLAC meetings and the participation of COLAC representatives at HDG meetings. Possibilities were explored to organise joint sessions between HDG and COLAC. In addition, the EU drug situation was continuously presented at all experts meetings on drugs held with relevant third countries, including the US, Central Asia, Western Balkans, Russia and Eastern partnership countries. **ASSESSMENT (GREEN – ON TARGET) Increased cooperation has been reported in various contexts, including between HDG and COLAC, through EU external cooperation programmes such as Cocaine Route Programme, and through the ongoing work of COPOLAD. There appears to be coordination between EU bodies on drug policies and actions as evidenced by the inclusion of drug-related priorities in various agencies' strategic documents and by interviewee testimonies.**

73 As of 4 November 2016: https://www.europol.europa.eu/content/europol-strategy-2016-2020

74 As of 4 November 2016: http://www.eurojust.europa.eu/doclibrary/corporate/corporatepublications/Eurojust%20Multi-Annual%20Strategy%202016-2018/Eurojust-MASP-2016-2018_EN.pdf

75 See, for instance: http://www.eurojust.europa.eu/doclibrary/budget-finance/workprogrammes/Eurojust%20work%20programme%202014/Eurojust-WP-2014-EN.pdf; http://www.eurojust.europa.eu/doclibrary/budget-finance/workprogrammes/Eurojust%20work%20programme%202015/Eurojust-WP-2015-EN.pdf; http://www.eurojust.europa.eu/doclibrary/budget-finance/workprogrammes/Eurojust%20work%20programme%202016/Eurojust-WP-2016-EN.pdf [all as of 4 November 2016]

76 As of 4 November 2016: http://ec.europa.eu/atwork/synthesis/amp/doc/taxud_sp_2016-2020_en.pdf

77 See, for instance: https://www.cepol.europa.eu/sites/default/files/work-programme-2016.pdf; https://www.cepol.europa.eu/sites/default/files/work-programme-2015-v2.pdf; https://www.cepol.europa.eu/sites/default/files/work-programme-2014.pdf [all as of 4 November 2016]

Action	Time	Responsible party	State of play
28. Achieve a coordinated and appropriate level of resources at EU level and MS level to fulfil the priorities of the EU Drugs Strategy	Annually	MS COM EEAS Council HDG	**Relevant overarching indicator data** Nearly all Member States have national drugs strategies, either as part of a wider licit and illicit strategy or specifically focused on illicit drugs. All countries had conducted a final evaluation of their national drugs strategy, or were planning to conduct one. The most recent EMCDDA information dates from 2013 and a new analysis covering the Strategy period 2013 to 2015 will be available in early 2017. The EMCDDA information suggests that at the outset of this strategy, the coordination and governance of drug policy at national and sub-national level was relatively well developed in most Member States. There is no reason to assume that this situation has deteriorated in recent years. **Amount of funding at EU level, and where appropriate, MS level** Based on EMCDDA data, drug-related expenditure data are available for 20 Member States. Among these countries, drug-related public expenditure amounted to between 0.01% and 0.5% of GDP. The EMCDDA did 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. 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 numerous Member States did not have specific funding for demand reduction. In many cases, drug-related spending is subsumed by budgets in other relevant fields, rendering an estimation of drug-related expenditure difficult. At the EU level, the 2015 Commission Progress Report mentions the following principal funding streams in the field of drugs: the Prevention of and Fight against Crime Programme (ISEC), the Drug Prevention and Information Programme (DPIP) and the Justice Programme (with a combined budget for drug-related activities of €11 million in 2013–2014). The FP7 Socio-Economic Sciences and Humanities programme also provided almost €10 million to two research initiatives: ALICE RAP, a project on addictions, and ERA-NET ERANID, a research network on illicit drugs. To date, ERA-NET ERANID has funded three research projects: (i) ImagenPathways on drug use pathways; (ii) ATTUNE on pathways to stimulant use; and (iii) ALAMA-nightlife on young adult substance use. A second call for proposals under this scheme is currently in progress. The EU also provides funding to partner third countries. Drug-relevant mechanisms include COPOLAD (Latin America and the Caribbean), CADAP (Central Asia), the Cocaine Route Programme, the Heroin Route Programme, and ENP technical cooperation. In addition, the EU provides financial support to UNODC projects and programmes. A minority of Member States also provided funding to third countries and a few Member States funded alternative development projects in (potential) source countries. **Extent of coordination on drug-related financial programmes across Council Working Groups** No information is available to the evaluation team on coordination in this area.

<table>
<tr><th>Action</th><th>Time</th><th>Responsible party</th><th>State of play</th></tr>
<tr><td></td><td></td><td></td><td><u>Public consultation:</u>

When offered several options as to what the EU Drugs Strategy's added value may be, respondents least frequently agreed that it facilitated the allocation of a larger amount of national public resources to specific activities or initiatives in the drug field.

ASSESSMENT (AMBER – SOME PROGRESS): There is evidence of mechanisms to coordinate EU spending on drugs. However, facilitation of larger spending allocation was least frequently mentioned by public consultation respondents as one of the forms of EU Drugs Strategy's added value. Available data do not allow an assessment of trends in public expenditure on drugs or of the appropriateness of the volume of dedicated resources.</td></tr>
<tr><td colspan="4">Objective 8. Ensure effective coordination of drug-related policy at national level (Action 29)</td></tr>
<tr><td colspan="4">ASSESSMENT (GREEN – ON TARGET): All Member States have national drugs 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 conduct one. And most Member State strategies are broadly coherent with the five pillar-based and balanced approach of EU Drugs Strategy. The impact of specific objectives or actions on national-level activities, however, is limited at best. Beyond those directly involved in the HDG, there is little familiarity with the contents of the Strategy and the Action Plan.</td></tr>
<tr><td>29. Coordinate actions on drug policy between government departments/ministries and relevant agencies at MS level and ensure appropriate multi-disciplinary representation on, or input to, HDG delegations</td><td>Ongoing</td><td>MS</td><td>Relevant overarching indicator data

Nearly all Member States have national drugs strategies, either as part of a wider licit and illicit strategy or specifically focused on illicit drugs. All countries had conducted a final evaluation of their national drugs strategy, or were planning to conduct one. The most recent EMCDDA information dates back from 2013 and a new analysis covering the Strategy period 2013 to 2015 will be available in early 2017. The EMCDDA information suggests that at the outset of this strategy, the coordination and governance of drug policy at national and sub-national level was relatively well developed in most Member States. There is no reason to assume that this situation has deteriorated in recent years.

Effectiveness of a horizontal drug policy coordination mechanism at MS level

The EMCDDA noted that the majority of countries have put in place an inter-ministerial committee on drugs and a national body tasked with drug coordination. According to the EMCDDA, 14 countries have opted to attach this body to their health ministries; arrangements in other countries involve the office of the prime minister, the ministry of interior, or other ministries.

Furthermore, in 22 countries there is a formally appointed National Drug Coordinator, who typically heads the national coordinating body.

With respect to the regional and local level, most countries have a drug coordination agency and/or a drug coordinator. In addition, in federal countries cooperation between the national and local level is enhanced by vertical coordination bodies.

The 2015 Commission Progress Report also confirmed the existence of coordinating mechanisms at the national</td></tr>
</table>

Action	Time	Responsible party	State of play
			level, with almost all Member States reporting that their country's positions in the Council Working Parties on drug-related issues are coordinated with all relevant parties at the national level. **Number of cross-cutting actions in drug demand and supply reduction at Member State level** The existence of cross-cutting actions at national level was confirmed through interviews with Member State representatives. However, respondents to the public consultation seemed divided over this subject. The proportion of respondents who indicated 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%) indicated that the effectiveness of actions in this area had improved. The largest group indicated that the situation had remained the same (37%), followed by those who indicated it had got worse (27%). **ASSESSMENT (GREEN – ON TARGET) Coordinating mechanisms typically exist in and are routinely used by Member States. However, there is no indication as to whether any of these mechanisms represent recent developments. Data are also not available on the effectiveness of existing coordinating arrangements and on the number of cross-cutting actions, although their existence was noted by interviewees.**
Objective 9. Ensure the participation of civil society in drug policy (Action 30)			
ASSESSMENT (GREEN – ON TARGET): Civil society organisations are closely involved in drug policy dialogues both at national and EU level. At EU level the Commission supports and facilitates the role of the Civil Society Forum (CSF). CSF representatives noted that the Action Plan increased dialogue with civil society, which was, for example, facilitated by attending meetings of the HDG. They would prefer to attend all HDG meetings in the future.			
30. Promote and support dialogue with, and involvement of, civil society and the scientific community in the development and implementation of drugs policies at MS and EU levels	Ongoing	MS COM HDG PRES	**Timely dialogues between EU Civil Society Forum on Drugs and the HDG during each presidency period** In the written response to the evaluation team's questions,[78] the CSF noted that a dialogue between the EU CSF and the HDG has been in place since the adoption of the Action Plan. The level of dialogue in place between the CSF and each presidency depends on the invitation provided by the presidency to the members of the CSF and the discussions between both parties. The CSF produced and submitted several thematic papers and action-oriented recommendations to the HDG between 2013 and 2016 in relation to UNGASS, Quality Standards, NPS, the economic crisis and the involvement of civil society. The CSF's evaluation working group expressed regret that the HDG was not open to offering a formal opportunity to attend HDG meetings on a regular basis either as civil society representatives or as observers. Where interviewees were able to comment, the improvement of dialogues between the CSF and the HDG during each presidency was noted. However, the inclusion of the CSF depended on the importance placed on this by the Member State holding the presidency.

78 Email correspondence between the Chair of the CSF's Evaluation Working Group and the evaluation team, 21 August 2016.

Action	Time	Responsible party	State of play
			Engagement of EU Civil Society Forum in reviewing implementation of the EU Drugs Action Plan Civil society organisations were invited to contribute via a questionnaire to the 2015 Commission Progress Report. They were also consulted during the 2016 external evaluation: members of the evaluation team attended a meeting of the CSF Core Group, and the CSF's evaluation working group provided written answers to a series of questions from the evaluation team. The interviews found that the engagement of the CSF increased after their participation at the HDG meeting, with their recommendations taken into account during the UNGASS discussions. **Level of involvement of civil society in MS and EU drug policy development and implementation with particular regard to the involvement of drug users, clients of drug-related services and young people** According to the 2015 Commission Progress Report, all Member States say that civil society organisations were involved in the development, monitoring and/or evaluation of their national drug policy in 2013–2014. The categories of civil society organisations involved are: professional drug service providers; other non-governmental organisations active in the field of drug policy; non-governmental organisations representing the interests of individual stakeholders in the field of drugs (drug users/family members, etc.); and the scientific community. Civil society organisations and the scientific community are usually involved in the following areas of the national drug policy: the development of the national drug policy documents; the implementation of the national drug policy; coordination and advisory bodies; the evaluation of national drug policies; and the monitoring of the implementation of the national drug policy. Civil society organisations confirmed having been involved in the development, monitoring and or evaluation of the drug policy in their country in 2013–2014; however, some also said that there was no structured dialogue for this. Many of the civil society organisations considered that the kind of cooperation they had at national level was useful. A few representatives mentioned that there is no role for civil society in the shaping of drugs policies in their countries. Differences exist in civil society participation in the policymaking process at national level, with the CSF forum considering this to be a difficulty in ensuring a sufficient level of participation of civil society among Member States. **Timely dialogue between the scientific community (natural and social sciences, including neuroscience and behavioural research) and the HDG** The HDG organises an annual research dialogue. Public consultation: Half of respondents (50%) indicated that no measures had been implemented to involve civil society and the scientific community in the development and implementation of drug policy. In contrast, approximately a quarter (27%) indicated that such measures had been implemented. The largest group of respondents (36%) indicated that

Action	Time	Responsible party	State of play
			the effectiveness of actions in this area had remained the same, followed by 27% who indicated that it had got worse. Less than a fifth of respondents (17%) indicated that the effectiveness of actions to involve civil society and the scientific community had improved. 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. **ASSESSMENT (GREEN – ON TARGET): All Member States reported that civil society organisations were involved in the development, monitoring and/or evaluation of their national drugs policies in 2013–2014. Civil society organisations agreed, although some reported that there was no structured dialogue involved. Several interviewees also indicated an improvement in the involvement of civil society. The evaluation team notes that qualitative data describing civil society involvement would be useful to assess changes even in instances where all Member States report involving their respective civil society organisations. The scientific community is engaged on a regular basis.**
IV. International cooperation *Strengthen dialogue and cooperation between the EU and third countries and international organisations on drugs issues in a comprehensive and balanced manner*			
Objective 10. Integrate the EU Drugs Strategy within the EU's overall foreign policy framework as part of 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 (Actions 31–41)			
ASSESSMENT (AMBER – SOME PROGRESS): Drug-related priorities have been incorporated into the EU's external policies, strategies and actions targeting third countries and regions. EU policies, implemented programmes and other external assistance in third countries were in line with the balanced approach across demand and supply reduction. And EU external cooperation programmes also seem to have incorporated a human rights perspective, although some interviewees tend to disagree. Over 20 third countries have now carried out alternative development efforts, and at least 13 countries have formally included them in their strategies. The EU supports a wide range of programmes in third countries, some of which have also supported civil society capacity building in the reduction of drug demand and supply. Other instruments used include dialogues and expert meetings, and a number of declarations have been agreed. EU programmes involving third countries have been progressively implemented with documented achievements, and COPOLAD in particular achieved notable positive results. However, the annual dialogue on EU and Member State drug-related assistance to third countries did not take place.			
31. Ensure policy coherence between the internal and external aspects of the EU drugs policies and fully integrate drugs issues within the political dialogues and framework agreements between the EU and its partners and in EU advocacy on global issues or challenges	Ongoing	COM EEAS PRES HDG MS	**Relevant overarching indicator data** Within the information available on international dialogue and cooperation it is difficult to isolate particular developments and activities with the particular time frame of the current Drugs Strategy. However, the information available from the EMCDDA seems to suggest that the international dialogue and cooperation by EU agencies and institutions in the field of drugs with other regions, third countries, international organisations and other parties remains strong. **Drug policy priorities increasingly reflected in EU's external policies and actions** As the 2015 Commission Progress Report noted, the Strategy Paper 2014–2020 and Multi-Annual Indicative Programme 2014–2017 of the Instrument contributing to Stability and Peace includes trans-regional actions against

Action	Time	Responsible party	State of play
			illicit drugs and related organised crime. **Inclusion of drug-related priorities in EU strategies with third countries and regions** According to the 2015 Commission Progress Report, security challenges figure as one of the priority topics in the EU–Central Asia strategy. A High Level Security Dialogue was introduced as a new platform for exchange on security issues including drugs. Issues of security, border management, including illicit trafficking of drugs and updates on drug-related issues and EU programmes, are a permanent feature of political dialogue with Central Asian countries (cooperation councils; cooperation committees; justice, freedom and security dialogues). The drugs issue is 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). Drugs are an important chapter of the EU-CELAC (Community of Latin America and Caribbean States) relations and biannual Action Plan. That is why the EU has developed a comprehensive set of political, operational and technical exchanges and cooperation initiatives with Latin America and the Caribbean on this issue, including a specific cooperation mechanism on drug precursors with seven Latin American countries, and the EU Citizen Security Strategy in Central America and the Caribbean and its Action Plan adopted in June 2015, which includes drug issues. The objectives of COPOLAD (a regional cooperation programme on drugs policies between Latin America, the Caribbean and the EU) are meant to be achieved through activities in four major intervention areas, including one specifically dedicated to 'Consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs'. The final evaluation highlighted that the programme has contributed positively to the reinforcement of the CELAC coordination mechanism and shows a positive impact in terms of regional networking and regional dialogue on drug policies. **Number of agreements, strategy papers, action plans in place** The EU has in place nine international dialogues on drugs. Four represent bi-regional initiatives (Latin America and the Caribbean, Western Balkans, Eastern Partnership and Central Asia) and five exist at the bilateral level (the USA, Russia, Brazil, Bolivia, Peru). 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),[79] the EU–Western Balkans Action Plan on Drugs (adopted in 2009 and renewed in 2013),[80] and the EU–Central Asia Action Plan on Drugs (covering 2014–2020).[81] Interviews:

79 As of 14 September 2016: http://www.consilium.europa.eu/en/meetings/international-summit/2015/06/EU-CELAC-action-plan_pdf/

80 As of 14 September 2016: http://ec.europa.eu/justice/anti-drugs/files/eu-wb-declaration-2014_en.pdf

81 As of 14 September 2016: http://ec.europa.eu/justice/anti-drugs/files/eu-ca-ap-2014-20_en.pdf

Action	Time	Responsible party	State of play
			There were insufficient interview data for this action. **ASSESSMENT (GREEN – ON TARGET): Drug-related priorities have been incorporated into the EU's external policies, strategies and actions targeting third countries and regions.**
32. Ensure that the policy priorities and the balance between demand and supply reduction are well reflected in policy options and in the programming and implementation of external assistance, particularly in source and transit countries, through projects involving: (a) development of integrated, balanced and evidence-based drug policies; (b) supply reduction; (c) the prevention of the diversion of drug precursors and pre-precursors; (d) drug demand reduction; and (e) alternative development measures	Ongoing	COM MS EEAS	**Extent to which EU's drug policy priorities, especially the balance between demand and supply reduction, are reflected in funded priorities and projects** The 2015 Commission Progress Report noted that policy options, programmes and external assistances were implemented in and by a majority of Member States, in line with the balanced approach between drug demand and drug supply reduction in 2013–2014. Via their own assistance and cooperation programmes some Member States fund third countries, such as the region of Sahel, which fights against crime and trafficking. Others fund several bilateral and multilateral programmes and projects in the field of alternative development in Peru, Bolivia, Colombia, Myanmar and Laos. One Member State mentions having made voluntary contributions to the UNODC, which are distributed among the programmes for drug demand reduction, drug supply reduction, the fight against precursors, and alternative development. One country points out that its law enforcement agencies supported international meetings and workshops regarding the misuse of chemicals and cooperation with the chemical industry and conducted several training courses in various countries to support their capacities in law enforcement and as a consequence thereof, reducing drug supply. The EU is the UNODC's major partner in West Africa and Latin America, and there is a comprehensive EU-funded programme in Nigeria consisting of five UNODC projects to the value of €100 million, supporting the justice, anti-corruption and drugs sectors. The EU also provides funding to support the ECOWAS regional action plan on illicit drug trafficking, related organised crime and drug abuse in West Africa (€11.7 million). In the fight against drug trafficking, the EU finances several other projects and programmes – 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), the Response to Drugs and Related Organized Crime in Nigeria (€34.5 million), and AIRCOP (Air Communications, West Africa, Latin America Caribbean – cocaine route). The EU Citizen Security Strategy in Central America and the Caribbean and its Action Plan adopted in June 2015 aims to address drug trafficking in a balanced manner (supply and demand reduction), under a preventive, comprehensive approach with a focus on root causes. **Level of implementation of coordinated actions in action plans between the EU and third countries and regions**

Action	Time	Responsible party	State of play
			An implementation assessment of the EU–CELAC Action Plan has been prepared. However, this document is not publically available.[82] No evaluations or implementation assessments of other action plans with third countries and regions were identified. According to the EU–CELAC 2014–2015 Annual Report,[83] which reflected on the programme's final evaluation, COPOLAD achieved notable positive results. Among other achievements, it consolidated the EU–CELAC Mechanism on Drugs by fostering political dialogue and information exchange and contributed to improved capacity in both demand and supply reduction efforts. In recognition of the programme's added value, a second phase of the programme has been launched (2016–2019). Another programme implemented in some CELAC countries is the Cocaine Route Programme. According to its latest newsletter,[84] its four components were completed - AMERIPOL-EU AML/WA, PRELAC and WAPIS. This leaves five projects still in place – CORMS, CRIMJUST, GAFILAT, AIRCOP and SEACOP. **Number of third country national strategies and action plans that incorporate integrated drug policies** According to the first EMCDDA report on the drug situation in Western Balkans,[85] all strategies recently developed or updated by countries in the region are in line with the EU Drugs Strategy and its Action Plan, although to a variable degree. Ten surveyed EEAS delegations noted that the national drugs strategy of the country they were posted in was consistent with the EUDS in all or most areas (one EUDEL) or in some areas (nine EUDELs). In seven instances, this consistency was seen at least partly as a result of EUDS and EU activities. Interviewees representing three other countries also noted that their national drugs strategies or approaches to drug policy were largely consistent with the EUDS. At the supranational level, an examination of six regional drugs strategies (OAS, ECOWAS, AU, ASEAN, SCO, EU) by the EMCDDA (2014)[86] revealed that they are typically divided into pillars, which invariably include both supply and demand reduction. However, only the EU Action Plan explicitly included coordination as one of its pillars. With respect to demand reduction approaches, the review identified three modalities: (i) linked to social development, poverty reduction and health intervention in marginalised groups (AU and ECOWAS); (ii) included in a security and drug control approach (SCO and ASEAN); and (iii) integrated in a comprehensive, balanced approach (EU and OAS).

82 As of 29 September 2016: https://www.parlament.gv.at/PAKT/EU/XXV/EU/10/07/EU_100752/index.shtml

83 As of 29 September 2016: https://www.parlament.gv.at/PAKT/EU/XXV/EU/07/14/EU_71434/imfname_10562449.pdf

84 As of 30 September 2016: http://www.cocaineroute.eu/wp-content/uploads/2016/06/CORMS-Newsletter-5-EN.pdf

85 EMCDDA (2015) *Drug use and its consequences in the Western Balkans 2006–14*. Publications Office of the European Union, Luxembourg.

86 EMCDDA (2014) *Regional strategies across the world: a comparative analysis of intergovernmental policies and approaches*. EMCDDA Papers, Publications Office of the European Union, Luxembourg.

Action	Time	Responsible party	State of play
			The EU–CELAC Hague Declaration encourages policies based on a 'holistic, strengthened, balanced, and multidisciplinary approach.' Interviews: Of those Commission, EEAS and Member State stakeholders commenting on the balanced approach of drug policies in third countries, some of them indicated that the focus of these countries was mainly on supply reduction. Furthermore, most of the EU-funded projects such as the Cocaine and Heroin Route Programmes and agreements between the EU and third countries on cooperation in the field of precursors also focus on supply reduction. Of the third countries interviewed, however, half of them mentioned the existence of a national drugs strategy in their country that presented a balanced approach between drug demand and supply reduction. Some indicated that EU policy had informed the process of developing a national strategy. Some Commission- and Member State-level stakeholders did mention drug demand reduction initiatives such as the EMCDDA supporting the establishment of observatories similar to the EMCDDA. Similarly, the Pompidou Group enabled EU countries to build up relationships with neighbouring countries and was viewed by a stakeholder from an international organisation as an important capacity building step for the eastern bloc countries. Public consultation: More respondents indicated that no measures had been implemented to cooperate with non-EU countries (35%) than those who indicated such measures had been put in place (29%). The largest group of respondents (36%) did not provide an opinion. Approximately 15% of respondents indicated that the effectiveness of actions in this area had improved, compared with 30% of respondents who indicated the situation had remained the same and with 17% of respondents who indicated that it had got worse. The largest group (39%) did not provide an opinion. **ASSESSMENT (GREEN – ON TARGET): The majority of Member States reported that policy options, programmes and external assistances were implemented in line with a balanced approach across demand and supply reduction. Available evidence (albeit limited) demonstrates continued implementation of actions included in relevant action plans with third countries and regions.**
33. Improve capacity and strengthen the role of EU Delegations to enable them to proactively engage on drug policy issues	2013–2016	EEAS COM MS	**Relevant expertise, training and policy guidance provided to EU Delegations** The 2015 Commission Progress Report noted that the staff of the EU Delegation in charge of following up the implementation of the drug-related strategies and projects in Central Asian countries developed some specific drug-related capacities, especially the EU Delegation in Kyrgyzstan. However, it is not clear who provided the training. The majority of surveyed EU Delegations (57%) indicated that the capacity of EU Delegations to engage with drug policy issues had increased. The remainder of respondents indicated it had stayed the same and no Delegation reported deterioration. About a third of Delegations (35%) also indicated there had been an improvement in the flow of information to Delegations, with the rest of respondents reporting no change. The evaluation's survey data however, show that most of the EU Delegations have relatively limited knowledge of the EU Drugs Strategy and Action Plan.

Action	Time	Responsible party	State of play
			Regional networking among EU Delegations on drug issues enhanced Most surveyed Delegations (79%) indicated that there had been no change to regional networking among Delegations on drug issues. The remaining respondents (21%) indicated the situation had improved somewhat. **Coordination with MS enhanced** According to the 2015 Commission Progress Report, good coordination takes places between the EU Delegation and Member States in Bolivia and Peru, where Member States are involved in the implementation of EU-financed projects. In addition, the Delegations covering Barbados, Antigua & Barbuda, Dominica, Grenada, St Lucia, St Kitts and Nevis, and St Vincent and the Grenadines discussed drug-related issues in meetings with the two Member States present in these seven countries. Interviews: There were insufficient interview data for this action. **ASSESSMENT (AMBER – SOME PROGRESS): There is some, albeit limited, evidence of capacity building among EU Delegations and of coordination with Member States. In contrast, regional networking among EU Delegations does not appear to have been enhanced.**
34. Ensure an appropriate level of EU and MS funding and expertise to further strengthen and support third countries' efforts in addressing and preventing illicit drug crop cultivation, through rural development measures, in order to deal with the challenges to public health, safety and security	Ongoing	MS EEAS COM	**Number of third country national policies, strategies and action plans that incorporate integrated approaches to the problem of illicit drug crop cultivation** Data pertaining to this indicator are discussed under Action 35.[87] **Improvements in human development indicators in drug-cultivating areas** All countries listed in the 2016 European Drug Markets as major source countries of cocaine, heroin or cannabis resin[88] recorded an increase in the UN human development index between 2013 and 2014.[89] In absolute terms, the increase was the highest for India and Laos. Taking a relative perspective, all countries either improved or kept their ranking from 2009 onwards, with the exception of Mexico, which fell two places. The improvement in rankings was most notable for Peru, which rose 15 places. **Number of rural development projects and programmes funded by the EU and MS in regions where illicit crop cultivation is taking place, or in regions at risk of illicit crop cultivation**

87 Given the relative dearth of widely accepted definitions and the fact that, as the 2015 WDR pointed out, alternative development can be understood to have built on previous integrated rural development efforts, it is impossible to make a clear distinction between various types of development programmes targeting illicit drug cultivation.

88 The selection of countries for this discussion focused on those listed in the 2016 European Drug Markets as major source countries of cocaine, heroin or cannabis resin.

89 UNDP (2015) *Human Development Report 2015*. New York, NY: UNDP.

Action	Time	Responsible party	State of play
			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. The main beneficiaries were Afghanistan, Myanmar, Laos, Bolivia, Colombia, Peru and Ecuador. In the fight against drug trafficking, the EU finances several projects and programmes, together with the UNODC or in the context of programmes such as COPOLAD or the Cocaine Route Programme at a regional level or bilaterally in countries such as Bolivia or Peru, with good cooperation between the EU and Member States. In the EEAS survey, four EU Delegations reported that EU provides assistance in addressing and preventing illicit drug crop cultivation to their respective countries. **Reported local decrease in illicit drug crop cultivation in the long term**[90] The 2016 WDR reported a 19% drop in opium cultivation in Afghanistan in 2015, although this was primarily attributable to a poor harvest in the country's south. This is a reversal of a previously upward trend in opium cultivation in Afghanistan – the values reported in 2014 were the highest since estimates became available. A smaller decrease in opium cultivation was reported Myanmar and Laos as well. This too followed a brief period of increases in the area under cultivation since 2006/2007, although the current extent of cultivation in both countries is approximately only half of the values reported in 2000/2001. Reported cultivation in Mexico has more than doubled since 2013 and the latest estimate represents the highest ever level, although Mexico is still estimated to account for less than 10% of global cultivation. The cultivation of coca bush increased by 44% in Colombia in 2014, although the current values are still lower than those reported in the 2000s. In the other two notable coca bush growing countries, Bolivia and Peru, the area under cultivation recently continued its downward trend, reversing previous increases recorded in the second half of the 2000s. No trend data are available on cannabis resin cultivation in Morocco since 2013. According to most recent estimates, current cultivation of cannabis resin in Morocco is approximately a third of the 2003 peak. Interviews: Only a few stakeholders commented on funding of rural development projects and programmes and most of the Member State stakeholders who commented on the issue indicated that no funding was put in place for these initiatives. One Member State indicated that funding for alternative development declined between 2009 and 2013, but that other countries are articulating the need for such initiatives. One stakeholder noted that EU-funding flows through local offices of international organisations, instead of through headquarters, as it was thought by the stakeholder that funding through headquarters would have been a strong political statement in support of the development of a health-based approach. **ASSESSMENT (AMBER – SOME PROGRESS): Only a few Member States funded rural development**

90 The selection of countries for this discussion focused on those listed in the 2016 European Drug Markets as major source countries of cocaine, heroin or cannabis resin.

Action	Time	Responsible party	State of play
			projects and programmes, although systematic numbers are not available. This is also confirmed by interviewee testimonies. The EU finances several relevant projects and programmes as well. There appears to have been some progress in human development indicators and in areas under drug cultivation in relevant third countries, with the exception of coca cultivation in Colombia. However, 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 be difficult to attribute to the implementation of the Action Plan.
35. Promote and implement the EU approach to alternative development (consistent with the EU Drugs Strategy 2013–2020; the EU Approach to Alternative Development and the United Nations Guiding Principles on Alternative Development 2013) in co-operation with third countries, taking into account human rights, human security and specific framework conditions, including: (a) incorporating alternative development into the broader agenda of Member States, encouraging third countries that wish to do so to integrate alternative development into their national strategies;	Ongoing	MS COM EEAS	**Number of third country national policies, strategies and action plans that incorporate integrated approaches to the problem of illicit drug cultivation and effectively organise alternative development initiatives** According to the 2015 World Drugs Report (WDR), a total of 23 third countries reported to the UNODC having implemented alternative development programmes between 2010 and 2013 and five more indicated they had plans to introduce alternative development activities. At least 13 third countries have expressly included alternative development in their policy strategy documents. These countries include both production countries (e.g. Afghanistan,[91] Bolivia,[92] Colombia,[93] Myanmar,[94] Peru[95]) and countries engaging in preventive alternative development (e.g. Ecuador,[96] Trinidad and Tobago[97]). Some countries, mostly in Latin America, operationalised alternative development in line with the definition agreed at the 1998 UNGASS; examples of other titles and definitions include alternative livelihood (Afghanistan), sufficiency economy (Thailand) and rural development (Philippines). Typically, the alternative development strategy forms part of the country's broader drugs strategy, although in a few instances it falls under other documents such as national development plans or poverty reduction strategies. **Number of evaluated projects that demonstrate positive outcomes relating to sustainable, legal and**

91 As of 16 September 2016: http://mcn.gov.af/Content/files/AL_En.pdf; As of 16 September 2016: http://polis.osce.org/library/f/4838/4326/GOV-AFG-RPT-4838-EN-4326.pdf

92 As of 16 September 2016: http://www.cicad.oas.org/fortalecimiento_institucional/planesnacionales/Bolivia_2011_2015.pdf

93 As of 16 September 2016: https://colaboracion.dnp.gov.co/CDT/PND/PND%202014-2018%20Tomo%201%20internet.pdf; As of 16 September 2016: http://www.consolidacion.gov.co/themes/danland/descargas/DPCI/COMPES_3669_2010.pdf

94 As of 16 September 2016: http://data.consilium.europa.eu/doc/document/ST-7849-2015-INIT/en/pdf

95 As of 16 September 2016: http://www.peru.gob.pe/docs/PLANES/11793/PLAN_11793_Estrategia_Nacional_de_Lucha_contra_las_Drogas_2012-2016_2012.pdf

96 As of 16 September 2016: http://www.cicad.oas.org/fortalecimiento_institucional/savia/PDF/2012_plan_prevenci%C3%B3n.pdf

97 As of 16 September 2016: http://www.nationalsecurity.gov.tt/Portals/2/Documents/The%20Operational%20Plan%20for%20Drug%20Control%20in%20Trinidad%20and%20Tobago%202014-2018.pdf; As of 16 September 2016: http://www.nationalsecurity.gov.tt/Portals/2/Documents/The%20National%20Drug%20Policy%20of%20Trinidad%20and%20Tobago%202014.pdf

Action	Time	Responsible party	State of play
(b) contributing to initiatives that aim to reduce poverty, conflict and vulnerability by supporting sustainable, legal and gender-sensitive livelihoods for people who were previously, or are currently, involved in illicit drug production			**gender-sensitive livelihoods** In the fight against drug trafficking, the EU finances several projects and programmes, including on alternative development, in the context of programmes such as COPOLAD (with several regional meetings to discuss alternative development having taken place) or together with the UNODC. At the Member State level, according to the 2015 Commission Progress Report, only a few countries funded projects on alternative development for illicit crop cultivation in drug producing countries in 2013–2014. The main beneficiaries were Afghanistan, Myanmar, Laos, Bolivia, Colombia, Peru and Ecuador. In the EEAS survey, five EU Delegations (out of 14 responses) reported that EU provides assistance in implementing alternative development measures to their respective countries. However, there is little information available on the number of evaluated projects that can demonstrate positive outcomes. More broadly, though, there is some indication of the effectiveness of alternative development projects. In a survey of alternative development experts undertaken for the 2015 WDR, the majority of respondents reported having seen evidence of successful projects. Similarly, the 2016 WDR notes the effectiveness of alternative development projects and their connection to positive outcomes such as reductions in areas under illicit cultivation, severance of population's ties with armed groups, and health outcomes such as infant vaccination rates. The contribution of alternative development programmes to reductions in the illicit cultivation of crops was also highlighted in CND's mid-term review of the implementation of the 2009 Political Declaration and Plan of Action.[98] There is no information on the extent to which these projects can be linked or attributed to the EU Drugs Strategy. **Improvements in human development indicators** All countries listed in the 2016 European Drug Markets as major source countries of cocaine, heroin or cannabis resin[99] recorded an increase in the UN human development index (HDI) between 2013 and 2014.[100] In absolute terms, the increase was highest for India and Lao PDR. Taking a relative perspective, all countries either improved or kept their ranking from 2009 onwards, with the exception of Mexico, which fell two places. The improvement in rankings was most notable for Peru, which rose 15 places. It should be noted, however, that there is no evidence that these improvements can be linked to the EU Drugs Strategy. **ASSESSMENT (AMBER – SOME PROGRESS): At least 23 third countries have carried out alternative development efforts, and at least 13 have formally included alternative development in their policy strategies, although there is no unified definition of what constitutes alternative development. The EU finances several projects and alternative development programmes in some countries and a small**

98 As of 16 September 2016: https://www.unodc.org/documents/hlr//JointStatement/V1403583_E_ebook.pdf

99 The selection of countries for this discussion was limited to those listed in the 2016 European Drug Markets as major source countries of cocaine, heroin or cannabis resin, because the EU market for herbal cannabis and with (meth)amphetamines is dominated by EU production.

100 UNDP (2015) *Human Development Report 2015*. New York, NY: UNDP.

Action	Time	Responsible party	State of play
			number of Member States have funded relevant projects as well. Systematic analyses of the effectiveness of these projects are not available, although there is some evidence of alternative developments in general. There appears to have been progress in human development indicators in relevant countries in recent years. However, the evaluation team notes this indicator may be of only limited use to the assessment of this action. This is because it is a variable that may take a long time to change and these changes may be difficult to attribute to the implementation of the Action Plan.
36. Support third countries, including civil society in those countries, to develop and implement risk and harm reduction initiatives particularly where there is a growing threat of transmission of drug-related blood-borne viruses associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis	Ongoing	MS COM EEAS	**Number and quality of risk and harm reduction initiatives developed** According to the 2015 Commission Progress Report, in 2013–2014 less than half of Member States supported third countries, including civil society in those countries, to develop and implement risk and harm reduction initiatives. The main beneficiaries were Latin America, Central and Southeast Asia, African countries, the Western Balkans, the south Mediterranean and Eastern European countries. The EU supports a wide range of programmes across the world following a comprehensive approach encompassing both demand and supply reduction. For example, as the majority of drug users in Central Asia are injecting drug users, the issue of infectious diseases, such as HIV and hepatitis C, was mainstreamed into the CADAP. Through a prison reform programme, the EU supported civil society organisations providing rehabilitation and re-socialisation services to released prisoners with a specific focus on drug users. As regards EU support to the ECOWAS Action Plan on Drugs, the overall expected results are: strengthen the ECOWAS Commission Drug Unit advocacy, monitoring and coordination capacity; harmonised information on drug abuse epidemiology and data collection are available; good practices on drug prevention and treatment are identified and disseminated; improved law enforcement against transnational organised crime related to drugs. COPOLAD supported capacity building both in the reduction of drug demand and drug supply. According to Latin American national drugs agencies, COPOLAD has helped to enhance changes in the way drugs policies are perceived and it has helped emphasise the need for a balanced approach between drug demand reduction and drug supply reduction and introduced acceptability for harm reduction approaches, which were rejected before. In the EEAS survey, three EU Delegations reported that the EU provides assistance in implementing risk and harm reduction initiatives to their respective countries. According to the CSF, the Brussels Regional Government started a three-year exchange project with Tunisia with the objective to help set up various structures such as substitution treatment and needle exchange. No information is available on the overall number and quality of developed initiatives. **Prevalence of drug-related deaths in third countries and drug-related blood-borne viruses including but**

Action	Time	Responsible party	State of play
			not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis As noted in the 2016 UNODC World Drug Report,[101] according to joint UNODC/WHO/UNAIDS/World Bank estimates for 2014, 14% (or 1.6 million) of PWID are living with HIV, 52% (or 6 million) of PWID are infected with hepatitis C and 9% (or 1.1 million) are infected with hepatitis B. HIV prevalence is particularly high in Southwest Asia and Eastern and Southeastern Europe. The reported prevalence of HIV is similar to the 2013 estimate reported in the 2015 WDR.[102] About 1.65 million (range: 0.92–4.42 million) PWID were estimated to be living with HIV worldwide in 2013, which would correspond to 13.5% of PWID being HIV positive. The 2013 estimate for hepatitis C was also similar at 52% for 2013, or 6.3 million PWID worldwide. According to the 2016 WDR, there were an estimated 207,400 (range: 113,700–250,100) drug-related deaths worldwide in 2014, corresponding to 43.5 (range: 23.8–52.5) deaths per million people aged 15–64. This is slightly higher than the estimate for 2013 reported in the 2015 WDR: the UNODC estimated that in 2013 there were 187,100 (range: 98,300–231,400) drug-related deaths worldwide, corresponding to a mortality rate of 40.8 (range: 21.5–50.5) drug-related deaths per million people aged 15–64. Interviews: A few examples of risk and harm reduction initiatives were mentioned by different stakeholders (a Member State, a third country and an international organisation). These included CADAP 6, which primarily focuses on drug demand reduction (e.g. supporting development of treatment options like opioid substitution treatment), and study visits and bilateral meetings with countries like Ukraine, Azerbaijan and Kazakhstan in 2015 and 2016. An EEAS representative provided an example, however, of how the EU's balanced approach does not work everywhere: a third country, which focuses primarily on supply reduction, has not accepted EU funds for drug demand-related programmes. **ASSESSEMENT (AMBER – SOME PROGRESS): The EU supports a wide range of programmes, including the ECOWAS Action Plan on Drugs. COPOLAD and CADAP have also supported capacity building in the reduction of drug demand and supply. In addition, less than half of Member States reported supporting third countries (and civil society in those countries). However, no information is available on the overall number and quality of developed initiatives. Trends in the prevalence of drug-related harms worldwide 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.**
37. Support third countries to tackle drug- related organised crime, including	Ongoing	MS EEAS	**Number and effectiveness of projects and programmes** As noted in the 2015 Commission Progress Report, only a few Member States funded projects and/or programmes

101 UNODC (2016) *World Drug Report 2016*. United Nations publication, Sales No. E.16.XI.7.

102 UNODC (2015) *World Drug Report 2015*. United Nations publication, Sales No. E.15.XI.6.

Action	Time	Responsible party	State of play
drug trafficking, by: (a) intelligence sharing and the exchange of best practices; (b) strengthening counter-narcotics capacity and developing expertise of source and transit countries; (c) working with international partners to tackle the enablers of drug trafficking such as corruption, weak institutions, poor governance and lack of financial regulatory controls; (d) strengthening cooperation in the field of asset identification and recovery, in particular through the creation of dedicated national platforms; and (e) intensifying regional and intra-regional cooperation		COM Europol	that tackled drug-related organised crime in third countries in 2013–2014. The main beneficiaries were Africa, the Caribbean, South America, the Western Balkans, Central Asia and Eastern Europe. Regarding regional cooperation, the EU funds one project in Central America – Support to the Central America security strategy. Regional cooperation with Latin America in the period 2014–2020 (€805 million) includes four focal sectors, of which one, the 'security and development nexus' (€70 million), directly tackles drug-related issues, such as security, justice, rule of law, human rights and migration. With respect to the Caribbean, the 11th European Development Fund Regional Indicative Programme for the period 2014–2020 includes three focal sectors, including one related to 'Crime and Security' (€44 million), encompassing crime prevention, risk reduction and enhancement of restorative justice, citizen and border security, compliance with international norms on financial crimes, terrorism financing and corruption, and with a focus on combatting root causes and the enabling environment of crime. In addition, regional political discussions take place within fora such as the EU–CELAC Summits. At the sub-regional level, they are carried out with relevant institutions, namely the Central American Integration System (SICA) for Central America or CARIFORUM for the Caribbean. Regular political meetings also take place at the national level. Regional support to Central Asia is provided through the Heroin Route Programme and through support to the Central Asian Regional Information and Coordination Centre for combating the illicit trafficking of narcotic drugs, psychotropic substances and their precursors (CARICC). The Cocaine Route Programme is also providing a good basis for regional cooperation, mainly with law enforcement and judiciary authorities ('supply side') from almost 40 partner countries in Latin America, the Caribbean and Africa. Regional support to Eastern Partnership (EaP) countries is provided via TAIEX, which funds numerous regional events and seminars with all EaP countries. Other relevant ongoing programmes include the Heroin Route Programme, the Eastern Partnership Cooperation Programme (2014–2018; €5 million budget), the IBM initiative focused on exchange of best practices, training and capacity building, and other training and seminars targeting drug trafficking, as well as money laundering, trafficking of humans, terrorism and cybercrime. Europol is an active participant in cooperation projects with third countries and since 2013 has concluded operational agreements with Albania, Serbia, Colombia, Liechtenstein, Moldova, Monaco, Montenegro and FYROM. The agency participates in the PARIS Pact, especially in relation to 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. The operation resulted in the seizure of 27.5 tonnes of drugs. 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.

Action	Time	Responsible party	State of play

			Sustained reduction in drug trafficking
			
			Overall, there is no information available on the extent to which undertaken activities may have affected the volume of drug trafficking. The 2015 and 2016 World Drug Reports offer data on global cocaine and heroin productions and seizures, which shed some light on the volume of and trend in drug trafficking. Latest data indicate that both global cultivation of opium poppy and global production of heroin fell notably in 2015 (by 11 and 38%, respectively) after several years of increases and the highest-ever recorded values in 2014. Global seizures of opiates decreased substantially in 2014 for morphine and opium (by 46 and 17%, respectively), but rose by 5% for heroin. By contrast, global cultivation of coca bush in 2014 increased by 10% and global production of cocaine rose by 38% in 2014, reversing previous decreases recorded since the late 2000s. The number of seizures of cocaine remained stable that year.
			
			Interviews:
			
			Interviewees mentioned several initiatives in this field:
			
			- Since 2014, Western Balkan countries have signed agreements for greater data exchange.
			- Operational activities in the framework of Interpol are supported by an EU agency.
			- A Member State supporting law enforcement in third countries to assist with information exchange at bilateral and regional level.
			- Cocaine Route Programme projects:
			  o on preventing the inflow of drugs at points of entry: 'Airport Communication Programme with Africa, the Caribbean and Latin America' (AIRCOP), and 'Sea Cooperation Project with West Africa and the Eastern Caribbean' (SEACOP);
			  o on preventing criminals from enjoying the proceeds of crime: 'Supporting Anti-Money Laundering and Financial Crime Activities' in West Africa (AML-WA) and in Latin America (GAFILAT-EU);
			  o on facilitating the exchange of information: 'Strengthening cooperation of law enforcement, judicial and prosecuting authorities in Latin America and the Caribbean' (AMERIPOL-EU) and 'Facilitating the collection, centralisation, management, sharing and analysis of police information in West Africa' (WAPIS);
			  o on prosecution: 'Strengthening criminal investigations and criminal justice along the Cocaine Route in Latin America, the Caribbean and Western Africa' (CRIMJUST), implemented by the UNODC in cooperation with INTERPOL and Transparency International;
			  o on precursors control: 'Prevention of the diversion of drugs precursors in the Latin American and Caribbean region' (PRELAC), some activities of which have been transferred to COPOLAD II.
			- Heroin Route Programme.
			- DG HOME projects in the neighbourhood region implemented through the Technical Assistance and Information Exchange Instrument of the European Commission (TAIEX) consisting of workshops, study

Action	Time	Responsible party	State of play
			visits and expert missions.[103] - Existence of Joint Investigations Teams. - Technical meetings between DG TAXUD and Russian authorities on drug precursors. - Baltic Sea Taskforce Programme (2017). **ASSESSMENT (GREEN – ON TARGET): There are numerous mechanisms in place through which the EU provides assistance to third countries to combat drug trafficking and drug-related organised crime. These have produced tangible results, for instance in terms of drug seizures or trained officers. Available data show that the global production of heroin fell notably in 2015, albeit from its highest level ever recorded in 2014. Global production of cocaine has continued its recent upward trend. The number of global seizures increased slightly for heroin and remained stable for cocaine. However, available information does not allow an assessment of whether these trends have translated into reductions in trafficking.**
38. Reinforce cooperation and update and implement dialogues, declarations and EU Drugs Action Plans with partners, including: (a) acceding countries, candidate countries and potential candidates; (b) European Neighbourhood Policy countries; (c) United States of America, the Russian Federation; (d) other countries or regions of priority notably: – Afghanistan and Pakistan, – Central Asian republics,	Ongoing	PRES Trio COM EEAS MS	**Relevant overarching indicator data** Within the information available on international dialogue and cooperation it is difficult to isolate particular developments and activities with the particular time frame of the current Drugs Strategy. However, the information available from the EMCDDA seems to suggest that international dialogue and cooperation by EU agencies and institutions in the field of drugs with other regions, third countries, international organisations and other parties remains strong. **Strengthened cooperation in the field of drugs with relevant partners** As noted in the 2015 Commission Progress Report, the rotating presidency of the Council informed that in 2013 and 2014 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. Information meetings with representatives of beneficiary states are regularly organized during missions in the field as well as in Brussels. Regular updates on the Cocaine and Heroin Route Programmes are also provided to the Dublin Group Meetings as well as to other EU Member State platforms (i.e. the Fontanot Group) and other international platforms (e.g. the G7+ Rome-Lyon Group). Information-sharing and coordination is also undertaken in the context of mini Dublin Group meetings where EU Delegations provide input on ongoing activities, achieved results and plans.

103 From January 2013 to May 2016 activities were organised in the following countries: Bosnia and Herzegovina (2 workshops and 1 expert missions), the Netherlands (2 study visits), Czech Republic (1 study visit), Moldova (1 workshop), Albania (1 expert mission), Spain (3 study visits), Montenegro (4 expert missions and 2 workshops), Georgia (1 workshop), Croatia (1 study visit, 1 expert mission and 5 workshops), the UK (1 study visit), Turkey (1 workshop), the former Yugoslav Republic of Macedonia (1 workshop), and Israel (1 workshop, 1 expert mission).

Action	Time	Responsible party	State of play
– China, – Latin America and the Caribbean (CELAC), – Africa, in particular West Africa			**Dialogues organised** The EU has in place nine international dialogues on drugs. Four represent bi-regional initiatives (Latin America and the Caribbean, Western Balkans, Eastern Partnership and Central Asia) and five exist at the bilateral level (USA, Russia, Brazil, Bolivia and Peru). According to the 2015 Commission Progress Report, the EU-Central Asia Action Plan on Drugs 2014–2020 was endorsed at the EU-Central Asia Senior Officials' Dialogue on Drugs held on 12 November 2013. Regular updates on the Cocaine and Heroin Route Programmes are provided to CELAC, specific African countries and to the US during the dialogues conducted with these countries. **Declarations agreed** The 2015 Commission Progress Report noted that the Joint Declaration on enhancing cooperation on drugs and renewing the commitments of the EU-Western Balkans Action Plan on Drugs (2009–2013) was endorsed at the EU-Western Balkans ministerial meeting held on 19–20 December 2013 in Budva. The Quito declaration and Athens declaration on EU-CELAC cooperation on tackling drugs were endorsed respectively at the EU–CELAC High Level Meeting held in Quito on 13–14 June 2013 and EU-CELAC High Level Meeting held in Athens on 17–18 June 2014. In 2015 the Montevideo Declaration was agreed at the February 2015 EU-CELAC High Level Meeting and in 2016 the Hague Declaration was adopted at the June 2016 EU-CELAC High Level Meeting. **Programmes and action plans implemented** According to the EU-CELAC 2014–2015 Annual Report,[104] which reflected on the programme's final evaluation, COPOLAD achieved notable positive results. Among other achievements, it consolidated the EU-CELAC Mechanism on Drugs by fostering political dialogue and information exchange and contributed to improved capacity in both demand and supply reduction efforts. In recognition of the programme's added value, its second phase was launched. Another initiative implemented in some CELAC countries is the Cocaine Route Programme, which includes a range of projects, such as PRELAC, AIRCOP, AMERIPOL-EU, GAFILAT-EU and SEACOP. Other programmes supported by the EU in relevant third countries and regions include the Heroin Route Programme (Central Asia, Caucasus, Black Sea region), CADAP (Central Asia), BOMCA (Central Asia), Paris Pact Initiative (worldwide), Heart of Asia – Istanbul Process (Asia), CARICC (Central Asia). At the Member State level, according to the 2015 Commission Progress Report, in 2013–2014 half of Member States entered into bilateral agreements, cooperation strategies and/or action plans that included cooperation in the field of drugs with third countries. 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. For one country it covered all areas except for drug demand reduction; for another it covered only information, evaluation, research and monitoring and for another only coordination and drug supply

104 As of 29 September 2016: https://www.parlament.gv.at/PAKT/EU/XXV/EU/07/14/EU_71434/imfname_10562449.pdf

Action	Time	Responsible party	State of play
			reduction. One country mentions that it did not enter any new agreements but continued actions through a series of long-running agreements. Interviews: Different stakeholders, primarily from third countries, commented on several initiatives that facilitated cooperation between the EU and partners. For example, CELAC embassy representatives take part in regular EU-CELAC meetings in Brussels, and these meetings were perceived as an efficient and a useful mechanism for exchange of information and best practices. The EU-CELAC dialogue enlarged the scope of collaboration with Caribbean countries, according to a third country stakeholder. Two third countries indicated that EU cooperation with that particular country primarily takes places through the EU-CELAC mechanism and COPOLAD. A stakeholder from a third country commented that the reliance on embassy representatives for those countries during the meetings was seen as a limitation, as they are not always experts on the topic and as such had to consult with their headquarters. Moreover, it was noted that CELAC countries do not have a mechanism to come up with common positions, and consensus between countries is not always reached. This was experienced as an obstacle in the EU-CELAC dialogue. Another example mentioned by a third country stakeholder is CADAP. The stakeholder found that one of the achievements of CADAP is that the EU engages with countries that are sometimes on the verge of mutual war, but that they are nevertheless willing to engage with the EU since the EU is regarded as a trustful partner. Since 2015, the Presidency of the Council has organised expert meetings with third countries, including with Russia and Latin American countries. These meetings are organised by the Presidency, but the core work is carried out by the Council. According to a third country stakeholder, cooperation between the EU and the USA has been very effective, with open lines of communications and discussions of areas where opinions diverge. The twice-yearly dialogue between these countries was considered helpful. Other dialogues mentioned by stakeholders from the Commission included the Action Plan on Drugs between the EU and the Western Balkans countries 2009–2013, which was renewed in 2013, the EU Eastern Partnership dialogue on Drugs, and programme updates of the Heroin Route Programme during dialogues with the United States, Russia and Central Asia. Finally, a representative from chemical industry indicated that EU–China cooperation has improved, and that the EU has signed an agreement that has helped improve the level of transparency and awareness in China. **ASSESSMENT (GREEN – ON TARGET): A series of dialogues and expert meetings were organised with third countries and a number of declarations have been agreed. EU programmes involving third countries have been progressively implemented with documented achievements. This is also supported by interviewees' testimonies. In addition, in 2013–2014, half of Member States entered into bilateral agreements, cooperation strategies and/or action plans that included cooperation in the field of drugs.**
39. Improve the Dublin Group consultative mechanism through intensified EU coordination and	Ongoing	Dublin Group COM	**Level of activity across Dublin Group structures including number of Dublin Group recommendations effectively implemented.**

Action	Time	Responsible party	State of play
participation, better implementation and dissemination of the recommendations of the Mini Dublin Group reports		EEAS MS	The Dublin Group and a number of mini Dublin Groups, the presidency of which has been held by some Member States, have continued their activities. Notable outputs produced by mini Dublin Groups include reports on the drug situation in selected countries and regions (e.g. the Western Balkans,[105] West Africa,[106] the Near East,[107] the Caribbean[108] and South America[109]). These reports typically build on input from EU Delegations in the region in question and on mini Dublin Group meetings held locally. The 2015 Commission Progress Report noted that a number of EU Delegations in Latin America and the Caribbean participated in such meetings, as did EU Delegations in other regions, based on available mini Dublin Group reports. The 2015 Commission Progress Report noted that two Member States report on implementing Dublin Group recommendations in 2013–2014, including: the involvement of the media and of the civil society in promoting the information about the risks and consequences of illegal drug trafficking and drug consumption; adjustment and harmonisation of the existing legal framework and of the new legislation projects in correspondence with the international agreed standards in this area; enhancement of the partnership between governments and civil society; provision of adequate resources to counter drug trafficking and reduce domestic demand; improving the collection of thorough and detailed statistics, that cover all social strata and which would be conducive to a better understanding of the drug phenomenon; and ensuring external support and assistance to the Eastern Partnership countries. One Member State points out that Dublin Group reports were taken into account when forming strategic goals and operational activities of the law enforcement. One Member State pointed out that reports of the Dublin or mini Dublin Groups have not tended to influence directly its engagement with third countries because the recommendations tend to not put forward proposals for concrete actions or activities. They would be more useful if focused on identifying capacity gaps and vulnerabilities and made specific recommendations about what needs to be done to address them and how they ought to be implemented. **ASSESSMENT (AMBER – SOME PROGRESS): There is some evidence, albeit limited, of the utilisation of the Dublin Group structures and of uptake of Dublin Group recommendations. However, data remain**

105 As of 29 September 2016: Council of the EU (2015) 'Regional Report on Western Balkans. 8396/1/15 REV 1 CORDROGUE 28 COWEB 26.' http://data.consilium.europa.eu/doc/document/ST-8396-2015-REV-1/en/pdf

106 As of 29 September 2016: Council of the EU (2015) 'Regional situation in West Africa. 7878/15 CORDROGUE 24 COAFR 137 COSI 43 GENVAL 11.' http://data.consilium.europa.eu/doc/document/ST-7878-2015-INIT/en/pdf

107 Council of the EU (2015) 'Regional Report on the Near East. 7801/15. CORDROGUE 20.' As of 29 September 2016: https://www.parlament.gv.at/PAKT/EU/XXV/EU/06/20/EU_62060/imfname_10543004.pdf; Council of the EU (2015) 'Regional Report on the Near East. 13947/15. CORDROGUE 86.' As of 29 September 2016: http://data.consilium.europa.eu/doc/document/ST-13947-2015-INIT/en/pdf

108 Council of the EU (2015) 'Regional report on the Caribbean. 15452/15. CORDROGUE 108 COLAC 122.' As of 29 September 2016: http://data.consilium.europa.eu/doc/document/ST-15452-2015-INIT/en/pdf

109 Council of the EU (2014) 'Regional report on South America. 13830/1/14 REV 1. CORDROGUE 75 COLAC 63.' As of 29 September 2016: http://data.consilium.europa.eu/doc/document/ST-13830-2014-REV-1/en/pdf

Action	Time	Responsible party	State of play
			very incomplete and the number of actual recommendations effectively implemented is not known.
40. Hold an annual dialogue on EU and Member State drugs-related assistance to third countries accompanied by a written update	From 2014	COM EEAS MS	**Annual dialogue on funding held** This dialogue did not take place in 2014, 2015 or 2016. **ASSESSMENT (RED – NO PROGRESS): This dialogue did not take place in 2014, 2015 or 2016.**
41. Ensure that the promotion and protection of human rights are fully integrated in political dialogues and in the planning and implementation of relevant drugs-related programmes and projects including through the development of a human rights guidance and impact assessment tool	Ongoing	COM EEAS MS	**Human rights effectively mainstreamed into EU external drugs action** The 2015 Commission Progress Report noted that the EU external cooperation programmes in the area of drugs aim to tackle the issue within a policy framework balancing supply and demand approaches through measures that promote and protect human rights. This is also exemplified by the 2014 COHOM report on human rights and democracy in the world, which makes an explicit reference to the EU Drugs Strategy and the Action Plan.[110] As noted in the 2013–2015 COHOM reports[111] and in the 2015 Commission Progress Report, the EU has also issued statements and communicated with foreign governments condemning the death penalty for drug offences in countries such as Iran, Indonesia, the Philippines[112] and Singapore, in line with the EU Guidelines on Death Penalty.[113] The statements and demarches were issued at different levels: by the High Representative herself or by the EU Delegation on the spot. Human rights challenges associated with drug-related crimes have also been noted as a priority for EU action in other national contexts, including Costa Rica and St Kitts and Nevis. **Human rights guidance and assessment tool developed and implemented** According to the 2015 Commission Progress Report, measures supported by EU external cooperation programmes incorporate a clear human rights perspective on the basis of the 2014 *Tool-box for a Rights-based Approach, encompassing all human rights, for EU development cooperation*[114] as well as relevant advice provided under the

110 Council of the EU (2015) 'EU Annual Report on Human Rights and Democracy in the World in 2014. 10152/15 COHOM 66 CFSP/PESC 293 CSDP/PSDC 373 FREMP 142 INF 116 JAI 490 RELEX 504.'

111 Council of the EU (2014) 'EU Annual Report on Human Rights and Democracy in the World in 2013. 11107/14 COHOM 109 PESC 653 CSDP/PSDC 383 FREMP 127 INF 227 JAI 540 RELEX 524'; Council of the EU (2015) 'EU Annual Report on Human Rights and Democracy in the World in 2014. 10152/15 COHOM 66 CFSP/PESC 293 CSDP/PSDC 373 FREMP 142 INF 116 JAI 490 RELEX 504'; Council of the EU (2016) 'EU Annual Report on Human Rights and Democracy in the World in 2015 – Thematic Part. 10255/16 COHOM 79 COPS 192 CFSP/PESC 485 CSDP/PSDC 344 FREMP 116 INF 110 JAI 579 RELEX 517.'

112 Communications on the death penalty with the government of the Philippines are not mentioned in COHOM Reports but represent a more recent development confirmed by a stakeholder from the European Commission.

113 Council of the EU (2013) 'EU Guidelines on Death Penalty. 8416/13 COHOM 64 PESC 403 OC 213.'

114 As of 8 August 2016: http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%209489%202014%20INIT

Action	Time	Responsible party	State of play
			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 by the EU.[115] Moreover, the Commission has been developing further operational guidance 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.[116] This was also confirmed during interviews with Commission representatives. The EU applies due diligence throughout the lifespan of drug-related actions. A risk assessment and situational analysis is undertaken prior to any engagement with particular focus on the application of the death penalty for drug offences and fair trial procedures. During implementation, close monitoring of activities allows for the undertaking of mitigating measures in cases of concerns, whilst regular evaluations feed into the overall assessment of these projects and future engagement in this area. Interviews: Representatives from a third country and the Heroin Route Programme indicated that the current EU Drugs Strategy does not sufficiently take human rights into account. It was found to be an important element in particular when working with third countries (through EU-funded projects, for example) where the death penalty is used to sentence drug offenders. **ASSESSMENT (GREEN – ON TARGET): Although some interviewees tend to disagree, EU external cooperation programmes seem to have incorporated a human rights perspective. Several supporting documents have been developed and implemented, including a human rights guidance and an assessment tool, and a human rights guidance specifically developed for the context of fight against organised crime, terrorism and cybercrime.**
Objective 11. Improve cohesiveness of EU approach and EU visibility in the United Nations (UN) and strengthen EU coordination with international bodies related to the drugs field (Actions 42–43)			
ASSESSMENT (GREEN – ON TARGET): The EU has been relatively effective in its contribution at CND and UNGASS sessions over the current Strategy's period. The approach has been cohesive and seems to have improved EU visibility in international fora. All EU-sponsored resolutions have been adopted by the CND, albeit some of them with modifications. Interviewees mostly agreed that that the EU speaks with one voice in international fora. In this context, the preparations for UNGASS 2016 in which countries worked together to develop a common and coherent position, could be considered a successful endeavour. And even though the outcome document did not include the abolition of the death penalty or mention harm reduction explicitly, as requested by the EU, it did reflect the main elements of the EU common position.			
42. Contribute to shaping the agenda on international drug policy, including through: (a) action by EU and MS Delegations at	Ongoing	EEAS PRES	**Relevant overarching indicator data** Within the information available on international dialogue and cooperation it is difficult to isolate particular developments and activities with the particular time frame of the current Drugs Strategy. However, the information available from the EMCDDA seems to suggest that the international dialogue and cooperation by EU agencies and

115 As of 8 August 2016: https://www.hri.global/files/2012/06/01/Barrett_-_Human_Rights_Impact_Assessments.pdf

116 As of 8 August 2016: http://ec.europa.eu/europeaid/sites/devco/files/manual-hr-guidance-ct-oc-cyber-20151105_en.pdf

Action	Time	Responsible party	State of play
the UN General Assembly and the Commission on Narcotic Drugs (CND); (b) preparation, coordination and adoption of EU common positions and joint resolutions in the UN General Assembly and the CND and ensuring that the EU speaks with one strong voice in these and other international fora; (c) the mid-term review process of the 2009 UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem; and (d) the 2016 UN General Assembly Special Session on Drugs		MS COM Council HDG	institutions in the field of drugs with other regions, third countries, international organisations and other parties remains strong. **Effective promotion of EU policies in the UN, including at the CND** The 2015 Commission Progress Report noted that the rotating Presidencies of the Council of the EU were responsible in 2013–2016 for preparing and coordinating EU positions ahead of and during the sessions of the Commission on Narcotic Drugs (CND). When relevant for this preparation and coordination, EU representatives and the EU Delegations in Vienna participate in meetings of the Horizontal Drugs Group in Brussels. In general, EU statements for the CND were prepared and negotiated by the EU Delegation in Vienna, while resolutions were either drafted (in the case of EU initiatives) or discussed in the HDG in Brussels prior to the CND meetings. Additionally, EU positions for the Special Segments held during the annual sessions are prepared and presented by the Council Presidencies. At their request, the EU Presidencies can be supported by other Member States and by the EU Delegation in Vienna during these proceedings. The 57th CND session, held in 2014, resulted in the adoption of the 'Joint Ministerial Statement of the 2014 high-level review by the Commission of Narcotic Drugs of the implementation by Member States and the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'. During the 58th and 59th CND sessions (2015 and 2016, respectively) the Special Segments covered the preparation of the special session of the UN General Assembly on the world drug problem. Both the Joint Ministerial Statement and the outcome document of the Special Segment on the preparation of UNGASS 2016[117] 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. In both instances, the EU and its Member States, together with other aligning countries representing different regions, expressed their regret that the documents did not include language on the death penalty (explanation of position). The phrase 'risk and harm reduction' was not mentioned in the texts, but the concept was reflected in the documents. **Number of EU common positions supported by other regions and international bodies** As outlined in the 2015 Commission Progress Report, after the adoption of the Joint Ministerial Statement at the High Level Segment of the 57th CND session in 2014, 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. A number of countries aligned with this statement, including the Former Yugoslav Republic of Macedonia, Montenegro, Iceland, Serbia, Albania, Bosnia and Herzegovina, Liechtenstein, Ukraine, Moldova, Armenia, Andorra, Switzerland, San Marino, Monaco, Chile, El Salvador, Costa Rica, Mexico, Uruguay, Australia, Haiti, Panama, Uzbekistan, Argentina, Colombia, New Zealand and Kazakhstan. Similarly, following the adoption of the preparation document for UNGASS 2016 during the 59th CND session, the Netherlands expressed regret on behalf of EU Member States and other states (Argentina, Canada, Colombia, Costa

117 Titled 'Our joint commitment to effectively addressing and countering the world drug problem.'

Action	Time	Responsible party	State of play
			Rica, El Salvador, Mexico, Serbia, Switzerland, Turkey and Uruguay) that the document did not contain any reference to the abolition of the death penalty. This statement was supported by Brazil, Chile, New Zealand, Australia, Norway and Romania during the round table. **Frequency with which EU speaks with a single effective voice in international fora and in dialogues with third countries** No information was available on the frequency of EU contributions made with a single effective voice. As discussed above, even in international fora where the EU does not hold membership, the statements and positions of the EU are previously discussed and agreed upon within the HDG. The proposed resolutions as well as the opening statements are therefore prepared and presented by the country that is holding the Council Presidency at the time. The following statements are usually coordinated and prepared by the EU Delegation to the corresponding international organisation. As the majority of interviewees highlighted, the EU Drugs Strategy has facilitated the functioning of this system. In fact, it was stated that the main added value of the text is that it comprises the EU position in the field and serves as a starting point in every international negotiation, strengthening the EU single voice. The evaluation found no evidence of the EU failing to speak with a single voice. **Level of successful adoption of EU resolutions at UN including at the CND** The 2015 Commission Progress Report noted that the EU was active in submitting resolutions for the CND sessions. During the 56th CND session in 2013 the EU submitted six draft resolutions that were subsequently adopted by the CND.[118] During the 57th CND session in 2014 the EU submitted three draft resolutions that were subsequently adopted by the CND.[119] During the 58th CND session in 2015 the EU submitted six draft resolutions that were subsequently adopted by the CND.[120]

118 Proposals for CND resolutions on enhancing International cooperation in the identification and reporting of new psychoactive substances (Resolution 56/4); on promoting the development and use of the international electronic import and export authorization system for licit international trade in narcotic drugs and psychotropic substances (Resolution 56/7); on promoting the sharing of expertise and knowledge in forensic drug profiling (Resolution 56/5); on raising awareness on the diversion of non-scheduled substances as substitutes for scheduled substances in international trade for the illicit manufacture of narcotic drugs and psychotropic substances (Resolution 56/13); on intensifying our efforts to reduce HIV/AIDS effects for achieving the targets of the 2011 Political Declaration on HIV/AIDS (Resolution 56/6); and on enhancing International cooperation to combat illicit drug trafficking and other criminal activities related to drugs in West Africa (Resolution 56/16).

119 Proposals for CND resolutions on promoting the implementation of the United Nations Guiding Principles on Alternative Development and proposal to organize an international seminar on the implementation of the Guiding Principles (Resolution 57/1); on protecting public health by ensuring adequate services for drug abusers regardless of limited resources (Resolution 57/7); and on education and training on drug use disorders (Resolution 57/6).

120 Proposals for CND resolutions on supporting the availability, accessibility and diversity of scientific evidence-based treatment and care for children and young people with substance use disorders (Resolution 58/2); on promoting the role of drug analysis laboratories worldwide and reaffirming the importance of the quality of the analysis and results of

Action	Time	Responsible party	State of play
			During the 59th CND session in 2016, the EU submitted three draft resolutions that were subsequently adopted by the CND[121] as well as a draft resolution for approval by the General Assembly that was recommended for approval by the CND.[122] During the 56th CND session in 2013 the EU also organised a side event to present the new EU Drugs Strategy 2013–2020. During the 57th CND session in 2014 a side event on a new EU tool – EU Policy Cycle for organised and serious international crime – was organised. **Outcome of the mid-term review of the 2009 UN Political Declaration and Action Plan on International Co-operation towards an Integrated and Balanced Strategy to Counter the World Drug Problem** The mid-term review of the 2009 UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem was conducted by the CND during the 57th annual CND session in 2014.[123] The document is built around three elements: demand reduction, supply reduction, and countering money laundering and promoting judicial cooperation to enhance international 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 in the previous five years, but noted that trends and developments were unequal across regions and that the emerging challenges (e.g. polydrug use, the shifting trafficking routes, the use of amphetamine-type stimulants, etc.) require a rapid and effective response. The text stresses the importance of further developing a comprehensive, integrated and balanced approach to drug issues across regions. With regard to demand reduction, the CND noted positive developments (e.g. introduction of demand reduction measures by many countries, the expansion of prevention and treatment services in some states, and the remarkable reduction in HIV infections in most regions) but emphasised the need to pay attention to particularly vulnerable groups and to further promote evidence-based actions. It also acknowledged the need to acquire a deeper understanding of the challenges posed by NPS and to ensure the availability of controlled drugs for medical and scientific purposes in some countries.

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such laboratories (Resolution 58/9); on promoting the protection of children and young people, with particular reference to the illicit sale and purchase of internationally or nationally controlled substances and of new psychoactive substances via the Internet (Resolution 58/3); on promoting the implementation of the United Nations Guiding Principles on Alternative Development (Resolution 58/4); on supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature (Resolution 58/5); and on promoting international cooperation in responding to new psychoactive substances and amphetamine-type stimulants, including methamphetamine (Resolution 58/11).

121 Proposals for CND resolutions on promoting proportionate sentencing for drug related offences of an appropriate nature in implementing drug control policies (Resolution 59/7); on developing and disseminating international standards for the treatment of drug use disorders (Resolution 59/4); and on promoting prevention strategies and policies (Resolution 59/6).

122 Proposal for General Assembly resolution on promoting the implementation of the United Nations Guiding Principles on Alternative Development.

123 As of 16 September 2016: https://www.unodc.org/documents/hlr//JointStatement/V1403583_E_ebook.pdf

Action	Time	Responsible party	State of play
			In relation to supply reduction, three main topics were addressed: (i) crop cultivation and alternative development; (ii) information-sharing; and (iii) control of drug precursors. The CND noted that various Member States have significantly reduced the illicit cultivation of crops used for the production of narcotic drugs, which has been mainly attributed to alternative development and crop cultivation programmes. In this regard, the adoption of the United Nations Guiding Principles on Alternative Development was welcomed and the CND stressed that actions on this front should be based on best practices. The Statement also noted the increasing links between drug trafficking, corruption and other forms of organised crime and highlighted the need to promote information-sharing between law enforcement agencies. Finally, the CND noted that despite good progress in controlling drug precursors, the diversion of these substances continues to be a major challenge. Regarding international cooperation, the CND paid particular attention to the challenges posed by money laundering activities and urged Member States to strengthen international networks for the exchange of operational information and to foster international cooperation and coordinated action in order to effectively tackle the laundering of criminal proceeds. The document reflects all of the EU benchmarks and covers all the issues that the EU addressed in its opening statement at the High Level Review session, except for the reference to the death penalty. Reflecting this omission, the representative of Greece expressed, on behalf of the European Union and 30 other states, deep regret during the round table. **Adoption of an EU Joint Position Paper for the 2016 UNGASS and reflection of the EU positions in the UNGASS outcome** According to the 2015 Commission Progress Report, the EU also prepared and presented the EU positions for the meetings related to UNGASS 2016 preparation, including for the intersessional meeting held on 23 October 2014 and the Special Segment on the preparations for the UNGASS held on 3 December 2014. The EU Joint Position Paper for the 2016 UNGASS was prepared by the Dutch Presidency. Several HDG representatives mentioned that the preparation process proved to be comparatively easier than it had been in the past, and partly attributed this success to the EU Drugs Strategy. The first draft of the document was drafted by the Dutch Presidency and circulated among the HDG representatives from other Member States, who submitted their comments. The UNGASS 2016 outcome document once again reflected the main elements of the EU common position, with the exception of the abolition of the death penalty. Furthermore, 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. <u>Public consultation:</u> Approximately a fifth of respondents (21%) indicated that the effectiveness of actions to improve the visibility of the EU approach to drug policy in the international arena had improved. A somewhat greater proportion of respondents indicated that the situation had remained the same (23%) or that it had got worse (26%).

Action	Time	Responsible party	State of play
			When offered several options as to what the EU Drugs Strategy's added value may be, respondents most frequently agreed that it helped to raise important debates on drug policies on the international agenda. Interviews: A key point raised across different stakeholder groups (Commission, civil society, 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. In this context, stakeholders primarily pointed to the preparations for UNGASS, in which countries worked together to develop a common and coherent position. A third country stakeholder valued the bilateral meetings in the run-up to various international fora. Although still in early stages, a CELAC country also valued these meetings in the run-up of international fora. Another third country stakeholder, however, indicated that cooperation with this particular country and the EU is relatively weak at international fora. Instead, this country cooperates with individual countries and Member States at international fora. A Council representative stressed the importance of following up on international meetings such as UNGASS, to ensure agreements on paper are put into practice. The Council representative also argued that the actions of the EU in third countries partially contributed to the shift in global policy towards a balanced and health-focused approach. **ASSESSMENT (GREEN – ON TARGET): The EU has made a concerted and coordinated contribution at CND and UNGASS sessions and has proposed a series of resolutions at the UN. There is good evidence of effective promotion of EU policies in joint statements; CND documents indicate that all EU-sponsored resolutions have been adopted by the CND, albeit some of them with modifications. Data collected through desk research and interviews indicate that the EU speaks with one voice in international fora.**
43. Strengthen partnerships with the UNODC, WHO, UNAIDS and other relevant UN agencies, international and regional bodies and organisations and initiatives (such as the Council of Europe and the Paris Pact Initiative)	Ongoing	Council EEAS COM PRES HDG	**Relevant overarching indicator data** Within the information available on international dialogue and cooperation it is difficult to isolate particular developments and activities with the particular time frame of the current EU Drugs Strategy. However, the information available from the EMCDDA seems to suggest that the international dialogue and cooperation by EU agencies and institutions in the field of drugs with other regions, third countries, international organisations and other parties remains strong. **Number of information exchanges and activities between the EU and relevant international and regional bodies and organisations and initiatives** The EU maintains a close working relationship with the UNODC and, along with individual Member States, represents one of its major donors. As of August 2016, the EU worked with the UNODC on 24 projects, of which 10 were explicitly focused on drugs (with a combined value of €83.5 million). Relevant Joint UNODC-EU projects completed since 2013 include PRELAC II on the diversion of drugs precursors in CELAC countries, Container Control along the heroine route in the Black Sea region, support to real time communication in West Africa along the cocaine route, and response to combat drug use in the Maldives. As noted in the 2015 Commission Progress Report, the representative of the UNODC was invited to the HDG meeting in November 2014 to present the preparation for UNGASS 2016.

Action	Time	Responsible party	State of play
			The Commission, through DG SANTE, contributes twice a year to the discussions of the WHO mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products (SSFFC). 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. The World Customs Organization 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 includes the Container Control Protocol, Project Aircop, the Global Forum on Combating Illicit Drug Trafficking and Related Threats, the Global Canine Fora and various other operational activities. Data are not available on the overall number of information exchanges and activities between the EU and other relevant third parties. **Effectiveness of partnerships with relevant bodies** According to the 2015 Commission Progress Report, the EU is very much involved with international organisations. However, despite the entry into force of the Lisbon Treaty, the EU is not yet recognised as an official representative entity in the UN system as 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 that acts as coordinator. Public consultation: The proportion of respondents who indicated that measures had been implemented to cooperate with international organisations (36%) was broadly similar to those who disagreed (35%). Only 16% of respondents indicated that the effectiveness of actions in this area had improved. The largest group (36%) indicated that the situation had remained the same while 17% indicated it had got worse. Interviews: A few stakeholders from the EU, international organisations and a Member State reported strong partnerships or increased partnerships with organisations like the UNODC and WHO. **ASSESSMENT (GREEN – ON TARGET): The EU is involved with international organisations and has undertaken a series of activities with relevant third parties, including the delivery of international projects in the drugs field and information exchange. Stakeholder testimonies also indicate that EU partnerships with international organisations are either strong or in the process of strengthening.**
Objective 12. Support the process for acceding countries, candidate countries, and potential candidates to adapt to and align with the EU acquis in the drugs field, through targeted assistance and monitoring (Action 44)			

Action	Time	Responsible party	State of play
ASSESSMENT (GREEN – ON TARGET): The EU and Member States provide assistance to candidate countries in order to facilitate their compliance with the EU acquis.			
44. Provide targeted technical assistance, and other assistance and support as necessary, to acceding, candidate and potential candidate countries to facilitate their adaptation to and alignment with the EU acquis in the drug field	Ongoing	COM MS EMCDDA Europol Eurojust FRONTEX EEAS	**Increased compliance by countries with EU acquis** Regarding candidate and potential candidate countries' compliance with EU acquis, the EMCDDA contributed to eight progress reports covering all countries in 2013–2015. In addition, the agency prepared an internal assessment of these countries' readiness to participate in EMCDDA. According to regular EU monitoring, candidate countries have made progress in their ability to assume obligations of EU membership in the area of illicit drugs. Most frequently mentioned achievements include continued and/or deepened collaboration with the EMCDDA and law enforcement authorities. Nevertheless, the latest DG NEAR reports from 2015 found a varying level of candidate countries' preparedness to implement EU acquis in the area of justice, freedom and security (no drug-specific assessment is available). FYROM,[124] Montenegro[125] and Turkey[126] were considered moderately prepared, Serbia at 'some level' of preparation[127] and Albania at an 'early stage' of preparedness.[128] Similarly, while some progress was made by both potential candidate countries, Bosnia and Herzegovina was considered to have 'some level' of preparation[129] for the implementation of EU acquis, and Kosovo was deemed to be 'at an early stage'.[130]

124 European Commission (2015) 'The Former Yugoslav Republic of Macedonia: Report 2015. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 212 final.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_the_former_yugoslav_republic_of_macedonia.pdf

125 European Commission (2015) 'Montenegro: Report 2015. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 210 final.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_montenegro.pdf

126 European Commission (2015) 'Turkey: 2015 Report. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 216.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_turkey.pdf

127 European Commission (2015) 'Serbia: 2015 Report. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 211.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_serbia.pdf

128 European Commission (2015) 'Albania: 2015 Report. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 213.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_albania.pdf

129 European Commission (2015) 'Bosnia and Herzegovina: 2015 Report. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 214.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_bosnia_and_herzegovina.pdf

Action	Time	Responsible party	State of play
			Number and quality of completed projects Between 2013 and 2014, the EMCDDA successfully implemented IPA 4 technical assistance projects intended to provide capacity building and technical support to seven IPA beneficiary countries to prepare them for participation in the EMCDDA. These activities included several multi-country or national Reitox Academies implemented by the EMCDDA. The Commission has also been supporting short-term targeted activities (study seminars, education and awareness initiatives, expert meetings and conferences) under the TAIEX and TWINNING Programmes. Eurojust has established judicial contact points in 40 third countries to facilitate operational cooperation. These cover all candidate and potential candidate countries with the exception of Kosovo. Building on this assistance, general population surveys were carried out for the first time in Serbia, Albania and Kosovo and a pilot version was undertaken in Montenegro, with a view to prepare the first full survey. National reports were received from all project's beneficiaries (except Montenegro) and, on the basis of these reports, the EMCDDA published the first regional report on the use of drugs in the Western Balkans.[131] In 2015, technical assistance to six beneficiary countries continued under a new IPA 5 project. In the EEAS survey, three EU Delegations reported providing assistance to their respective countries in adapting and aligning with the EU acquis in the drugs field, although none of those was a candidate or a potential country. **National Drugs Strategies and national drugs coordinating structures established** Regarding strategy development, since 2013 four CCs or PCCs adopted a new or updated version of a national drugs strategy – Turkey (2013–2018), Montenegro (2013–2020), FYROM (2014–2020) and Serbia (2014–2021). In addition, according to the EMCDDA, some countries have begun evaluations of their strategies to inform the development of the next ones. Some regular reports on candidate countries also comment on the implementation of their drugs strategies and action plans. Activities and/or progress explicitly related to national strategies were noted in reports on FYROM,[132] Montenegro,[133] and Turkey.[134]

130 European Commission (2015) 'Kosovo: 2015 Report. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_kosovo.pdf

131 As of 21 July 2016: http://www.emcdda.europa.eu/publications/2015/western-balkans-report

132 European Commission (2015) 'The Former Yugoslav Republic of Macedonia: Report 2015. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 212 final.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_the_former_yugoslav_republic_of_macedonia.pdf

133 European Commission (2015) 'Montenegro: Report 2015. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 210 final.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_montenegro.pdf

<table>
<tr><th>Action</th><th>Time</th><th>Responsible party</th><th>State of play</th></tr>
<tr><td></td><td></td><td></td><td><u>Interviews:</u>

A stakeholder from the Commission indicated that the EU and Member States provide assistance to candidate countries in order to facilitate their alignment with the EU acquis. Two Member States indicated that this involved sharing examples of good practices, such as an early warning system, and holding expert missions.

ASSESSMENT (GREEN – ON TARGET): Cooperation with candidate and potential candidate countries has informed the development of their national strategies and has contributed to the strengthening of their technical capacities in the area of drug policy. According to regular EU monitoring, candidate and potential candidate countries have made some progress in their ability to assume obligations of membership, although countries differ in their level of preparedness to implement relevant EU acquis. Available data do not allow an assessment of the number and quality of completed projects.</td></tr>
<tr><td colspan="4">V. Information, research, monitoring and evaluation

Contribute to a better understanding of all aspects of the drugs phenomenon and of the impact of measures in order to provide sound and comprehensive evidence for policies and actions</td></tr>
<tr><td colspan="4">Objective 13. Ensure adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon (Actions 45–47)</td></tr>
<tr><td colspan="4">ASSESSMENT (AMBER SOME PROGRESS): The EU has provided support to several research projects under a variety of funding mechanisms (including FP7, Horizon 2020 and Health Programme 2014–2020) spanning various aspects of the drug issue and related disciplines. However, more could be done to reflect the priorities of the EU Drugs Strategy and Action Plan in research calls, and to ensure coherence between calls. At EU, national and international level there appear to be various evaluations of policies and interventions. Whether the investment in the areas of research, data collection, monitoring, evaluation and information exchange is adequate remains uncertain.</td></tr>
<tr><td>45. Promote appropriate financing of EU-level drug-related multi-disciplinary research and studies including through EU-related financial programmes (2014–2020)</td><td>2014–2016</td><td>MS

COM

EMCDDA</td><td>Amount and type of EU funding provided across the different programmes and projects

The 2015 Commission Progress Report highlighted a range of mechanisms through which funding for drug-related research projects is allocated at the EU level.

Under the FP7 Socio-Economic Sciences and Humanities programme, which covered the period 2007–2013, the two main projects on drug-related research initiatives (ALICE RAP and ERA-NET ERANID)[135] were awarded a combined €10 million. Eight other FP7 projects were launched in 2013–2014 with a combined funding of €18 million. Overall financial support to FP7 research on illicit drugs was approximately €60 million. FP7 was replaced by Horizon 2020, which represents the main route of research funding, with approximately €14 million allocated to drug-related projects. Funding for drug-related research projects under H2020 is managed either by DG Research & Innovation or</td></tr>
</table>

134 European Commission (2015) 'Turkey: 2015 Report. Commission Staff Working Document Accompanying the Document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Enlargement Strategy. SWD(2015) 216.' As of 4 November 2016: http://ec.europa.eu/enlargement/pdf/key_documents/2015/20151110_report_turkey.pdf

135 For more details please see Action 28.

Action	**Time**	**Responsible party**	**State of play**
			through the European Research Council. In addition, under the Health Programme 2014–2020, drug-related harm is a Thematic priority 1.2. of Annex I to the Programme Regulation.[136] A number of programmes managed by DG Justice and DG Home have also funded studies on drug-related issues. A total of €5 million was provided under the Prevention of and Fight against Crime Programme 2007–2013 (ISEC), Drug Prevention and Information Programme (DPIP) 2007–2013, ISF Police and, more recently, the Justice Programme 2014–2020,[137] which has replaced the DPIP and the Criminal Justice and Civil Justice Programmes. It is noteworthy that these programmes have a strong operational focus and their research component is limited. While the EMCDDA does not have a research programme to distribute research funding, the agency disseminates information on EU funding calls, advises the HDG on drug-related research priorities and provides technical input to all drug-related FP7 and Horizon 2020 research projects. Public consultation: Nearly half of respondents (48%) indicated 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 that no such measures had been implemented was 31%. The largest group of respondents (33%) indicated that the effectiveness of investments in research, data collection, monitoring, evaluation and information exchange had remained the same, followed by 26% who indicated that it had got worse. The proportion of respondents who indicated the effectiveness had improved and those who did not provide any opinion was the same – 21%. When asked what steps could be taken to improve drug demand reduction and drug supply reduction policies in the EU, in both instances improvement of research, monitoring, collecting data and evaluation activity in the drugs field was the second most frequently mentioned item by respondents. Interviews: An interviewee from the European Commission indicated that insufficient budget for drug-related research is currently available due to a decrease in resources under Horizon 2020. Under Horizon 2020, more focus is placed on other areas such as migration. An interviewee from an EU-funded project pointed to insufficient resources for this particular project, leading in turn to the need to top this up with internal resources. A similar point was also raised by a stakeholder from a Member State, who considered it to be difficult for NGOs to bid for EU funding for research

136 Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014–2020).

137 According to the 2016 Annual Work Programme of the Justice Programme, a total of €8.5 million has been allocated to the 'Drugs' component from 2014 to 2016. Information available at: http://ec.europa.eu/justice/grants1/programmes-2014-2020/files/awp_2016/annex_en.pdf [as of 28 November 2016]. There is currently an open call for proposals with a budget of €2 million – see: http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/just/topics/just-2016-ag-drug.html [as of 4 October 2016]

Action	Time	Responsible party	State of play
			when projects required co-funding from the bidding party. **ASSESSMENT (GREEN – ON TARGET): EU-level financial support has been provided to a range of research and public health projects under a variety of funding mechanisms spanning various aspects of the drug issue and related disciplines. However, data are not available to assess the appropriateness of the level of funding.**
46. Ensure that EU-supported projects: (a) take account of the priorities of the EU Drugs Strategy and Action Plan on Drugs; (b) take account of gaps in policy formulation; (c) deliver clear added value and ensure coherence and synergy; and (d) avoid duplication with research under other programmes and bodies; (e) take account of the importance of behavioural and neuroscience studies	2014–2016	COM EMCDDA	**Annual debate at the HDG on drug-related research projects funded by the EU** The EMCDDA provides input to the EU debate on gaps in policy formulation through regular recommendations to the HDG's Annual Dialogue on Research. In prioritising research areas, the EMCDDA utilises the following criteria: (i) appropriateness, (ii) relevancy, (iii) chance of success, and (iv) impact of the research outcome. **The inclusion of the priorities of the EU Strategy and Action Plan on Drugs in the funding and assessment criteria of EU-funded drug-related research** The 2015 Commission Progress Report noted that calls for proposals published under the relevant research programmes (ISEC, DPIP, Justice Programme, FP7) are invariably consistent with the priorities of the EU Drugs Strategy and Action Plan. Similarly, a stakeholder from an EU-funded project commented that the project was a mirror of the EU Drugs Strategy in terms of providing a balanced approach between drug demand and supply reduction. Two representatives from the Commission argued that more could be done to reflect EU Strategy and Plan's priorities in research calls, for instance through enhanced coordination between DG Migration and Home Affairs and DG Research and Innovation. With respect to research coherence and avoidance of duplication, the EMCDDA's Scientific Committee suggested in 2014 that a coordinating mechanism be set up covering the following areas: (i) information exchange on annual priorities; (ii) consultation on calls for proposal, (iii) assessment and selection of research projects, (iv) agreement on EMCDDA's involvement, (v) access to deliverables, and (vi) online dissemination. No feedback was received but the EMCDDA was invited to join the evaluation committee for the 2015 calls for proposals under the Justice Programme. As part of the application process, proposals need to demonstrate knowledge of and reference to previously conducted research in the area. Each of the funding programmes includes a provision that proposals that would duplicate previously undertaken work could not be selected for funding. In addition, the EMCDDA hosts a yearly Reitox Forum on Research to promote exchange of information and runs a scientific paper award to select and give recognition to high-quality research on illicit drugs. **Number, impact, complementarity and value of EU-funded drug-related research grants and contracts awarded** The FP7 scheme provided funding for the two main drug-related research projects, 'Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project' (ALICE RAP) and the 'European Research Area Network on Illicit Drugs' (ERANID). While both programmes seek to strengthen evidence about the factors and consequences of addictive behaviours, ALICE RAP covers a wide range of addictions whereas ERANID is focused on aspects of illicit

Action	Time	Responsible party	State of play
			drug use. The other drug-related research projects under FP7 and H2020 examine mainly the biological factors leading to addiction and consumption of licit and illicit substances, but also innovative systems of detection of substances, the biological consequences of drug consumption, and systems of prevention. Additionally, one of the projects funded under FP7 (LINKSCH) looked at the 'unintended consequences' of international counter-narcotics measures for the EU and provided policy recommendations on how to design policies to eradicate illicit drug crops cultivation. In regards to complementarity, it is worth mentioning that the 'ERA-NET' scheme, through which ERANID has been funded, was created under FP6 with the aim of ensuring the complementarity of research in the field of drugs, on both the supply and the demand side. Notwithstanding the recentness of EU-funded projects on illicit drugs, according to representatives from the Commission there is no system in place to measure the real impact of these projects, although the evaluation team note the existence of ex-post evaluations of research projects. Similarly, an EU-funded project indicated that while the research undertaken has provided useful information that has been used by the EMCDDA, its impact in drug policy is still difficult to measure. Through the Drug Prevention and Information Programme, the Commission has contributed to the financial support of two drug-related research projects, 'European Drug Emergencies Network' (Euro-DEN) and 'Internet Tools for Research in Europe on New Drugs' (I-TREND). Euro-DEN seeks to address a gap in drug-related research by collecting information on acute toxicity of drugs, while I-TREND is concerned with monitoring the online market for illicit drugs and NPS.[138] Other research funded by the programmes managed by DG HOME and DG JUSTICE is constituted by studies that provide information about the situation of the market or a specific problem of interest for policymakers (e.g. the situation in the market of illegal substances). According to a representative from the Commission, the main value of EU-funded research is that it allows for a comparison of data across Member States. **Number of EU-funded drug-related articles and research reports published in peer-reviewed journals with high impact factors** ALICE RAP produced a total of 160 publications in peer-reviewed journals, journal supplements and books. Given that ERANID has started very recently, the projects have not led to any publication yet. The rest of drug-related research projects funded under FP7 have produced a total of 143 journal articles. It was noted by a representative of the Commission that the different funding streams and projects made it difficult to disseminate all projects properly. Similarly, another stakeholder from the Commission suggested that rather than investing in more funding for these projects, 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. There are no publications under the H2020 drug-related research projects to date. **ASSESSMENT (AMBER – SOME PROGRESS): There is a mechanism in place to identify research and public**

138 Further information about I-TREND and Euro-DEN is provided in Annex C.

Action	Time	Responsible party	State of play
			health priorities. But Commission interviewees argued that more could be done to reflect the EU Drugs Strategy and Action Plan's priorities in research and public health calls. There is a risk that the number of funding streams for drug-related research can create challenges in dissemination, identification of gaps and synergies. Duplication of work is not likely as applicants need to acknowledge work that has been done in the area and proposals that would duplicate earlier work cannot be selected for funding. Interviewees suggested that EU-funded research projects may have added value in their ability to produce comparisons of data across Member States. Although the evaluation team note the existence of ex-post evaluations of research projects, stakeholders pointed out the absence of a robust system to measure the impact of EU-funded projects.
47. Promote scientific evaluations of policies and interventions at national, EU and international level	2013–16	COM MS EMCDDA	**Relevant overarching indicator data** Nearly all Member States have national drugs strategies, either as part of a wider licit and illicit strategy or specifically focused on illicit drugs. All countries had conducted a final evaluation of their national drugs strategy, or were planning to conduct one. The most recent EMCDDA information dates back from 2013 and a new analysis covering the Strategy period 2013–2015 will be available in early 2017. EMCDDA information suggests that at the outset of this strategy, the coordination and governance of drug policy at national and sub-national level was relatively well developed in most Member States. There is no reason to assume that the situation has deteriorated in recent years. **Regular progress review to the Council and European Parliament on Strategy and Action Plan implementation** A progress review on the Strategy and the Action Plan implementation was conducted in 2015. **External mid-term assessment of the Strategy/Action Plan completed – 2016** Regarding the external assessment of the Strategy and Action Plan, the 2015 Commission Progress Report stated that the EU will run the mid-term assessment of the Strategy and the final assessment of the Action Plan 2013–2016, to be completed in 2016. The current evaluation will provide this interim assessment of the Strategy and of the first Action Plan. **European guidelines for the evaluation of national drugs strategies and action plans published** As noted in both the 2015 Commission Progress Report and by the EMCDDA, the EMCDDA launched a study in 2015 to design EU guidelines for the evaluation of national drugs strategies and action plans. In addition, the EMCDDA Scientific Committee is preparing a contribution on the evaluation of national drug policies. The working document is structured around the topics of: (i) evolving towards scientific evaluations of policies; (ii) what scientific evaluation of drug policies is about; (iii) defining key indicators for scientific evaluation purposes; and (iv) an overview of existing evaluation methods. **Delivery of dedicated studies into the effectiveness and impacts of EU and international drug policies** According to the 2015 Commission Progress Report and the EMCDDA, the EU and an increasing number of countries

Action	Time	Responsible party	State of play
			have conducted a final evaluation of their drugs strategy or action plan in recent years. As of 2013, 19 Member States reported undertaking an evaluation. Most evaluations have been conducted internally, but an increasing number of countries have commissioned joint or external evaluations. The 2015 Commission Progress Report and the EMCDDA note that currently most European countries have plans to conduct a final evaluation of their ongoing drugs strategy. **Completed evaluation of the implementation of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence** An evaluation of the state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence was completed and published in April 2013.[139] <u>Interviews:</u> A third country stakeholder indicated that the EU-funded CADAP project ensures that Central Asia continues to be exposed to evidence-based policy. **ASSESSMENT (GREEN – ON TARGET): The external mid-term assessment of the EU Drugs Strategy and final assessment of the Action Plan 2013–2016 have been launched by the Commission. The EMCDDA has launched a study to design EU guidelines for the evaluation of national drugs strategies and action plans, and is preparing a contribution on the evaluation of national drug policies. Scientific evaluations of policies at the national and EU level have been completed, are ongoing or are currently planned. An evaluation of the state of play on the prevention and reduction of health-related harm associated with drug dependence was completed.**
Objective 14. Maintain networking and cooperation and develop capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly illicit drugs (Actions 48–53)			
ASSESSMENT (GREEN – ON TARGET): The evidence collected suggests that Europol, 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 new psychoactive substances (NPS). The existence and operation of the Early Warning System for NPS is a reflection of improved sharing of forensic and toxicological data at EU level over the past years. This early warning activity seems to allow the EU to swiftly identify and assess changes in drug consumption.			
48. In collaboration with relevant parties as appropriate, continue to provide comprehensive analyses of: (a) the EU drug situation; (b) the dynamics of drug use within	Ongoing	EMCDDA Europol MS	**Current deficits in the knowledge base established and an EU-level framework developed to maximise analyses from current data holdings** Regarding establishing the current deficits in the knowledge base, the 2015 Commission Progress Report and the EMCDDA noted that a revised annual overview of the European drug situation, the European Drug Report (EDR), was published for the first time in 2013, following the previous publication of reports on the state of drugs in Europe. The EDR package provided more timely, interactive and interlinked information than its predecessors (the annual

139 As of 28 November 2016: http://ec.europa.eu/chafea/documents/health/report-drug-dependence_en.pdf

Action	Time	Responsible party	State of play
general populations and target groups; and (c) responses to drug use			EMCDDA reports on the state of drugs problem in Europe produced since 1996). The EDR package included the Trends and Developments Report; a new series of online analyses on specific topics called Perspectives on Drugs (PODs); Country Overviews of national data; the Statistical Bulletin; and profiles on health and social responses. According to the 2015 Commission Progress Report and the EMCDDA, 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. The report combined EMCDDA's ongoing monitoring and analysis of the drug phenomenon with Europol's strategic and operational understanding of trends and developments in organised crime. The 2015 Commission Progress Report and the EMCDDA 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 collected by the EMCDDA provides information on drug demand, including the prevalence of use of a range of drugs in both the general population (recreational drug use and high-risk drug use) and the prison setting. The EMCDDA noted that in 2013 the list of drugs was extended and harmonised in the data collected on both prevalence and treatment. Moreover, the 2015 Commission Progress Report and the EMCDDA stated that following a comprehensive review, a substantial and collaborative development occurred in the collection of data on entrants into treatment, resulting in a new protocol (treatment demand indicator (TDI) 3.0) in 2013 and data submission in 2014. To address the diversity of drugs currently used, data are mainly reported by drug rather than sex, improvements have been made in the collection of information on the patterns of drug use, information on methodology has been enhanced, and where possible categories have been harmonised with international practice. The majority of Member States responded to the new data collection in 2014. In addition, the EMCDDA collects information in a more qualitative way on demand reduction activities, such as the total number of people in treatment, and on treatment and prevention availability in Member States. In terms of drug supply, both the 2015 Commission Progress Report and the EMCDDA stated that information is available on seizures, offences, prices, purity and potency. The data collection instruments are reviewed as necessary to respond to changes in drug use, and the responses from Member States are collected and reviewed annually. This was confirmed through interviews, where new data collection tools developed by Europol and made available to Member States in order to respond to growing trends (i.e. cannabis) were noted. In relation to prisons and prisoners, the EMCDDA reports that a common European Questionnaire on Drug Use among Prisoners was published on the EMCDDA website in 2014 and is currently in its piloting phase. **Number of overviews and topic analyses on the drug situation** Regarding the number of overviews and topic analyses on the drug situation, since 2013, four EDRs have been published – the latest EDR 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. **ASSESSMENT (GREEN – ON TARGET): The EMCDDA and Europol have continued to provide comprehensive analyses of the EU drug situation, the dynamics of drug use within general and specific populations, and responses to drug use. Most Member States have continued to contribute to these**

Action	Time	Responsible party	State of play
			analyses. Note that while all overarching indicators are listed as applicable for the assessment of this action, the data provided may be of very limited value in evaluating the implementation of this action. Their main contribution may be in highlighting the quality of underlying data and the evidence base.
49. Enhance training for those involved in responding to the drug phenomenon	2014–2016	MS EMCDDA CEPOL	**Number of initiatives at MS and EU level to train professionals in aspects of drug demand reduction and drug supply reduction** According to the EMCDDA, data collected by the agency 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. These courses may be organised by national agencies, non-governmental organisations (NGOs) and professional societies, and in some cases involve collaboration with universities. Ad hoc training events have been organised in eight Member States, for example for those working in the area of prevention. Most Member States tend to adopt a multi-component strategy simultaneously targeting a range of professionals active in the field. 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. The type of initiatives provided included: annual conferences on addiction prevention; quality circles and conferences on addiction treatment; webinars; distance 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. According to the EMCDDA and the 2015 Commission Progress Report, the EMCDDA has used training and capacity-building activities to disseminate knowledge and best practice. In 2014, an Options paper on an Integrated Training Strategy for External Audiences explored three main areas for further development: (i) exchange knowledge and practices on monitoring drug situation; (ii) promote best practice relevant to responding to drug problems; and (iii) the integration into academic training programmes on addictions for graduate and post-graduate students. In 2013, 2014 and 2015, the EMCDDA and the Instituto Superior das Ciências do Trabalho e da Empresa – Instituto Universitário de Lisboa (ISCTE-IUL) co-organised the annual summer school 'Drugs in Europe: Demand, Supply and Public Policies'. Further ties have been built with several academic institutions across the EU to support their graduate education programmes within the framework of EU projects. EMCDDA staff members supervise the projects and theses of European postgraduate students based at the London School of Hygiene and Tropical Medicine, Maastricht University, the University of Bergen, the University of Turin and others. The EMCDDA has a longstanding collaboration with the European Masters in Drugs and Alcohol Studies, a programme that was developed through the European Commission's Lifelong Learning Programme and brings

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			together three different European universities: Århus (Denmark), Universidad Miguel Hernández de Elche (Spain) and Piemonte Orientale 'A. Avogadro' (Italy).[140] The EMCDDA has contributed courses to their programmes. In collaboration with European projects on training such as the European Masters in Drug and Alcohol Studies, the European Society for Addiction Prevention and the SEWPROF ITN[141] and the European Graduate School in Addiction Research, University of Granada, the EMCDDA has been involved in 11 training events in 2013, 15 in 2014 and 8 in 2015. Under the framework of the Reitox Academy training programme (the main vehicle for EMCDDA targeted training for Member States), EMCDDA provided the following residential courses related to aspects of drug demand reduction and drug supply reduction: 2013: three training activities (prevention of drug-related infectious diseases; best practice in harm reduction; best practice in prevention); 2014: two training activities (prevention of drug use; harm reduction in prisons); 2015: one training activity (peer involvement in drug treatment) The EMCDDA responded to the needs of Member States by taking part in the training activities organised by the national focal points or Member States, as well as other EU agencies. In 2013 and in 2014 the EMCDDA participated in four CEPOL-organised activities. In 2015 the agency supported two Europol and three CEPOL training activities. In the framework of TAIEX, the EMCDDA supported capacity building in Croatia through three events in 2013 and eight in 2014 The EMCDDA stated that the agency's staff have also taken part in the elaboration of the Universal Prevention Curriculum and related training sessions for professionals in the western hemisphere. According to the EMCDDA, the agency drafted a training strategy in 2014 that is expected to be published in 2016 as part of the EMCDDA's broad strategy horizon 2025. CEPOL's training activities in the field of drugs in the period 2013–2014 are reported under Action 12. **Number of initiatives at MS and EU level implemented to train professionals related to data collection and reporting of drug demand reduction and drug supply reduction** While the 2015 Commission Progress Report indicated that almost all Member States initiated or implemented initiatives to train professionals in aspects of drug demand and supply reduction in 2013–2014, none of these initiatives appeared to be related to data collection and reporting of drug demand reduction and drug supply

140 Two more universities were involved in earlier stages of the project: the University of Ljubljana (SI) and Middlesex University (UK).

141 As of 8 August 2016: https://sewprof-itn.eu/

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			reduction. According to the 2015 Commission Progress Report and the EMCDDA, under the framework of the Reitox Academy training programme, EMCDDA provided the following residential courses related to data collection and reporting of drug demand reduction and drug supply reduction: 2013: one training activities (contemporary approaches to drug monitoring); 2014: two training activities (early warning system; supply reduction and indicators); 2015: one training activity (on monitoring NPS) At the Member State level, according to the EMCDDA, half of Member States initiated/implemented initiatives to train professionals related to data collection and reporting of drug demand reduction and drug supply reduction in 2013–2014. The type of initiatives provided included: e-guides, Reitox Baltic Academy, and training. The professionals targeted by the training initiatives included: police officers, substance abuse therapists, social workers, professionals participating in projects under the programme of evidence-based treatment methods, regional and city experts, Reitox network members, treatment centre managers and employees, therapeutic communities, services for mental health and addiction prevention, healthcare professionals, psychologists and data reporting providers. **ASSESSMENT (GREEN – ON TARGET): The EMCDDA, CEPOL and Member States have organised or contributed to initiatives at the Member State and EU level to train professionals in aspects of drug demand reduction and drug supply reduction. The EMCDDA has provided training activities in aspects related to data collection and the reporting of drug demand reduction and drug supply reduction. Training initiatives were also reported to have been put in place by half of the Member States.**
50. Enhance data collection, research, analysis and reporting on: a) drug demand reduction; b) drug supply reduction; c) emerging trends, such as polydrug use and misuse of prescribed controlled medicines, that pose risks to health and safety; d) blood-borne viruses associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis;	Ongoing	MS COM EMCDDA Europol ECDC EMA	**Increased availability and implementation of evidence-based and scientifically sound indicators on drug supply reduction and drug demand reduction** Drug supply reduction As discussed under Action 16, building on the data from the EMCDDA and Europol progress has been made since 2013 in three related areas of data collection and indicator development pertaining to drug supply reduction – drug markets, drug supply and drug-related crime. Drug demand reduction The EMCDDA explained that its data collection on drug demand provided information on the prevalence of use of a range of substances for both recreational and high-risk drug use. Information on treatment demand, drug-related deaths and infectious diseases focuses on the consequences of drug use, and indirectly reflects the level of demand, in particular in the case of high-risk drug use. The EMCDDA explains that in 2013 the list of substances was extended and harmonised in both the prevalence and treatment data collections. A substantial development occurred in the collection of data on entrants into treatment as a result of a comprehensive review, involving Member States and experts, and coordinated by the EMCDDA, culminating in a new protocol (TDI 3.0) in 2013 and

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e) psychiatric and physical co-morbidity; f) drug problems among prisoners and the availability and coverage of drug demand reduction interventions and services in prison settings; and g) other drug-related consequences			data submission in 2014. Entrants into treatment are also used as a proxy for trends in high-risk drug use, although there are other factors that may drive this as well (e.g. changes in eligibility). The EMCDDA reports that improvements have been made in the collection of information on the patterns of drug use. Information on methodology has been enhanced and, where possible, categories have been harmonised with international practice. The majority of Member States submitted the new data collection in 2014. EMCDDA also collects more qualitative information on treatment and prevention availability in Member States. **At MS level, extent of new research initiated on emerging trends such as polydrug use and the misuse of prescribed controlled medicines; blood-borne diseases associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis; psychiatric and physical co-morbidity; and other drug-related consequences** Emerging trends The EMCDDA offers a number of data sources and methods capable of identification and reporting on emerging trends. These include wastewater monitoring in collaboration with the SCORE group, monitoring emergency room presentations with the Euroden project, Internet monitoring and undertaking annual Trendspotter studies. In 2013 and 2014 studies were published on fentanyl outbreaks and methamphetamine trends. In 2015 and 2016 Trendspotter studies were published on Internet drug markets and the MDMA market, respectively. In 2016 the EMCDDA multi-author Insights publications were published on Internet drug markets and wastewater monitoring. In 2014, a review of the health consequences of cocaine use in Europe was published, pointing to the heavy burden of cocaine-related cases on emergency settings, and to the potential for referral of some patients. In collaboration with the drug-related deaths expert network,[142] the EMCDDA has also embarked on ad hoc data collection and analyses of the use of tramadol and fentanyls (2013, see Mounteney et al. 2015)[143] and on benzodiazepines (2014). Additionally, when available, the EMCDDA also collects data on an ad hoc basis on overdose cases, based on post-mortem toxicology (including presence and implications of drugs and medicines). In some countries data are also available on the presence of drugs and medicines among presentations at emergency settings. At the national level, where interviewees were able to comment, it was outlined that most of Member States published new studies in 2015 and 2016 on drug trends to complete their available data. Blood-borne viruses associated with drug use The EMCDDA highlighted that drug injection continues to play a key role in the transmission of blood-borne infections such as HCV and HIV. The 2015 Commission Progress Report indicated that in 2013–2014 new key

142 Expert meetings on drug-related harms and responses, 16–18 October 2013, Lisbon, and 14–17 October 2014, Lisbon. As of 28 November 2016: http://www.emcdda.europa.eu/activities/expert-meetings/2013/drd-drid; as of 28 November 2016: http://www.emcdda.europa.eu/expert-meetings/2014/drd-drid

143 Mountenay, J., Giraudon, I., Denissov, G., & P. Griffiths (2015) 'Fentanyls: are we missing the signs? Highly potent and on the rise in Europe.' *International Journal of Drug Policy*. As of 28 November 2016: http://www.ijdp.org/article/S0955-3959%2815%2900097-3/abstract

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			research carried out in Member States focused mainly on blood-borne diseases associated with drug use (alongside drug demand reduction). The EMCDDA reported that while the recent increase in the number of new HIV diagnoses resulting from outbreaks in Greece and Romania has halted, and the EU total has returned to pre-outbreak levels, a relatively high number of new diagnoses in Bulgaria, Latvia, Greece and Romania suggests that AIDS prevention and HIV treatment responses in these countries require strengthening. During the reporting period, a project on CHEMSEX was ongoing between the ECDC and EMCDDA. The EMCDDA and ECDC also collaborated on data collection efforts related to blood-borne viruses associated with drug use including, but not limited to, HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis.[144] Psychiatric and physical co-morbidity The EMCDDA stated that a study on psychiatric co-morbidity in European countries was carried out in 2013. The study included a discussion of the definitions, concepts and diagnostic instruments to identify psychiatric co-morbidity, an analysis of epidemiological data from different target groups, a description of available treatment for patients suffering from psychiatric co-morbidity in Europe, and recommendations for treatment. The study was published as an EMCDDA Insights publication in 2015. The 2015 Commission Progress Report indicated that fewer than half of Member States carried out research on psychiatric and physical co-morbidity. Other drug-related consequences Regarding other drug-related consequences, the EMCDDA stated that emergencies related to drug use are increasingly monitored by the agency. A review of the health consequences of cocaine use in Europe was published in 2014, highlighting the heavy burden of cocaine-related cases on emergency settings, and the potential for referral of some patients. The report also reviewed the monitoring of drug-related acute emergencies in 30 European countries. It showed the limitations as well as the potential of this indicator to monitor morbidity related to drug intoxication. The EMCDDA also has a collaboration mechanism in place to share country reports under the Health Programme. **EU-wide study carried out on drug-related community intimidation and its impact on individuals, families and communities most affected and effective responses to it** There is no evidence indicating that this study has been executed. **Adoption of evidence-based and scientifically sound indicators on drug problems among prisoners** The EMCDDA indicated that the agency promotes a standardised approach to monitoring drug use and drug-related

144 As of 4 November 2016: http://www.emcdda.europa.eu/about/partners/ecdc

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			health responses in prison. A first methodological framework for monitoring on drug and prison in Europe was agreed among a group of European prison experts and discussed in the HDG in February 2013 (EMCDDA 2014).[145] In 2014, a common European Questionnaire on Drug Use among Prisoners (EQDP) was published, to promote the harmonisation of the collection of data across EU countries. The EMCDDA's efforts in this area are outlined in the 2014 'Drug use in prison: Assessment report'.[146] However, the agency explains that currently available data on drug use among prisoners are insufficient to provide accurate, up-to-date or reliable comparisons across Member States. Work continued to be ongoing in relation to the EMCDDA's study on prisons. The ECDC and EMCDDA have jointly undertaken research into prevention measures in prison, with the aim of keeping infection rates down in prison. **ASSESSMENT (GREEN – ON TARGET): The EMCDDA has made considerable efforts towards enhancing data collection on various aspects of drugs and drug markets, including the development of new relevant indicators and reporting mechanisms and the harmonisation of existing data collection efforts. Some room for improvement persists, however, for instance in the domains of research on physical co-morbidity or drug use among prisoners. In addition, a planned study on drug-related community intimidation has not been carried out.**
51. 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	Ongoing	COM MS EMCDDA Europol	**Relevant overarching indicator data** 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. It is not possible to assess this indicator according to the traffic light system used elsewhere. On the 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 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 first-time users' ability to engage with treatment services, but on the other it may be a sign of unsuccessful previous treatment journeys among existing users. **Extent of new epidemiological, pharmacological and toxicological research initiated on new psychoactive substances and supported by MS and EU research programmes** According to the EMCDDA, in the period 2013–2015 the agency issued 330 risk communications to the EU EWS network. Of these, 280 were formal notifications of NPS and 50 were public health alerts concerning adverse events with potential to cause serious harm. During the same period, the EMCDDA and Europol produced ten Joint Reports on NPS with the aim of raising awareness at EU and national levels and to inform EU's decisionmaking with respect to NPS. On the basis of these

145 EMCDDA (2014) *2014 European Drugs Report*.

146 EMCDDA (2014) *Drug use in prison: Assessment report*. Technical Report, Lisbon, February 2014. As of 28 November 2016: http://www.emcdda.europa.eu/publications/drug-use-in-prison-assessment-report

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			reports, the Council of the EU asked the Scientific Committee of the EMCDDA to produce nine NPS risk assessments,[147] which further contributed to awareness-raising efforts. The Joint Reports and Risk Assessments were developed building on a review and an analysis of responses provided in 252 Joint Report questionnaires. The European Union has provided support to research on NPS through its financial programmes – DPIP, ISEC, the Health Programme and FP7. Areas covered by projects funded through these programmes included the detection and identification of NPS, along with their effects and risks, patterns and prevalence of use, and innovative prevention methods.[148] In addition, under the 2014 Work Programme, the JRC created an activity to further expand knowledge on NPS and to promote the exchange of data and expertise between the different actors involved in the fight against designer drugs. The JRC also supports customs laboratories regarding NPS via the CLEN network funded by DG TAXUD. In interviews, two EU-funded projects were mentioned in relation to NPS: Euro-DEN and I-TREND. Euro-DEN aimed to address the deficiencies in the information on acute harm related to recreational illicit and licit substances to ultimately provide a better picture on drug toxicity in Europe. Project I-TREND was launched in 2013 and completed in 2015, and collected data about the most available and consumed NPS but evolved over time with the main output being the development of tools to measure the phenomenon of selling NPS online. No systematic data are available on the extent to which new research on NPS is supported by Member State research programmes. **Extent of information, best practice and intelligence exchange** In 2013–2015 the EMCDDA strengthened the toxicovigilance system of the EU EWS, allowing it to detect and respond to serious adverse events – such as serious poisonings and deaths – in a more timely manner. **Extent of sharing by toxicology laboratories and by research institutes of toxicological and health data analyses on new psychoactive substances** The 2015 Commission Progress Report noted that issues related to NPS are regularly presented the meetings and workshops of customs and forensic laboratories (e.g. Customs Laboratory European Network (CLEN) and European Network of Forensic Science Institutes (ENFSI)). The European Commission has undertaken actions to set up scientific and analytical support to Customs laboratories to help them to identify NPS more quickly. Following a pilot and feasibility study run in 2013, 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

147 As of 8 July 2016: http://www.emcdda.europa.eu/html.cfm/index16776EN.html

148 European Commission (2014) 'New Psychoactive Substances: Projects, Studies and Research funded by the European Commission.' As of 4 November 2016: http://ec.europa.eu/justice/anti-drugs/files/nps_report_2014_en.pdf

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			harmonised analytical methods for identification of NPS. In 2013–2014 the EMCDDA received and analysed 1,582 EMCDDA–Europol Reporting Forms from the EWS Network from a range of data providers, including forensic/customs/toxicology laboratories, research institutes, drug testing programmes, etc. These forms capture data relating to an important event such as law enforcement seizures and serious adverse events linked to NPS. The information was made available on EDND, the EU's information hub on NPS, offering the EU and Member States the most up-to-date information on NPS from Europe and other locations. The EMCDDA, in collaboration with Europol, publishes an annual report on the implementation of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances. Its latest edition, covering, 2015[149] noted a persistent upward trend in the number, type and availability of NPS detected in Europe. According to the report, 365 different NPS were detected in 2014 across Europe, including many of those seen in previous years. There was also an increase in both the number of seizures and the amount of NPS seized in Europe. The report argued that this stretched the capacity of the EWS network, which, as described above, continued to provide a rapid response to emerging threats. **ASSESSMENT (GREEN – ON TARGET): The EMCDDA has continued to conduct research and disseminate information on NPS. Mechanisms exist to share analytical data among relevant parties and the Commission has worked to increase support to laboratories. The European Union has provided support to research on NPS through its financial programmes. No information is available on support provided to new NPS research by Member State research programmes.**
52. Strengthen efforts to share forensic science data, including laboratory reference standards, on new psychoactive substances, by enhancing cooperation through existing networks, such as the Drugs Working Group of the European Network of Forensic Science Institutes in the framework of the JHA Council Conclusions on the Vision for European Forensic Science 2020	2016	COM MS EMCDDA	**Relevant overarching indicator data** The exponentially growing number of new NPS detected over the 2009–2012 period may not necessarily have been due to the quickly growing and evolving markets for NPS. It may also have been an artefact of improvements in the detection process and mechanisms. In recent years, the number of newly detected NPS seems to have stabilised with a slight drop between 2014 and 2015. This may indicate the success of EU- and Member State-level measures to curb NPS; however, it is too early to tell if this is the case and the available information does not allow us to establish any causal link between these trends and the actions and objectives in the EU Drugs Strategy and its Action Plan. **Extent of sharing of forensic science data on new psychoactive substances** The EMCDDA claimed it continues to strengthen its collaboration with the European Network of Forensic Science Institutes (ENFSI) and with informal forensic science and toxicology networks. For example, the agency organised a meeting in 2013 with a forensic drug experts on drug purity and the composition of illicit tablets. In 2014, the EMCDDA organised the first expert meeting on the toxicovigilance of NPS. The second meeting of the CLEN, prepared and co-organised by the EMCDDA, took place in early 2015.

149 As of 5 August 2016: http://www.emcdda.europa.eu/system/files/publications/2880/TDAS16001ENN.pdf

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			The Early Warning System on NPS is set up to collate data from the forensic and toxicology laboratories through national systems. Each of these NPS reported to the EWS (81 in 2013, 101 in 2014, and 98 in 2015) relates to a specific event – such as law enforcement seizures and serious adverse events linked to NPS – and may come from different sources within Member States, for example forensic/customs/toxicology laboratories, research institutes, or drug-testing programmes. The 2015 Commission Progress Report explains that the EWS also collects updated analytical information on substances notified in previous years, including data from scientific literature, and provides technical assistance to the labs when requested. **Ease of access to laboratory reference standards by forensic science laboratories and institutes** No systematic overview of information on access to laboratory reference standards is available. However, the EMCDDA noted that one of the main challenges of forensic science, custom and toxicology laboratories is to have access to reference standards for NPS. These standards may not be available for some of the substances shortly after they are detected for the first time and, if available, they are usually very expensive. **ASSESSMENT (GREEN – ON TARGET): The existence and operation of the EWS is a reflection of improved sharing of forensic and toxicological data at EU level over the past years. The EMCDDA indicates that it has continued to strengthen its collaboration with the European Network of Forensic Science Institutes (ENFSI). No systematic information is available on the improvement of access to laboratory reference standards although the EMCDDA noted possible obstacles that laboratories may face with respect to standards for NPS**.
53. Improve the ability to identify, assess and respond at MS and EU levels to: (a) behavioural changes in drug consumption; and (b) epidemic outbreaks	Ongoing	MS EMCDDA ECDC EMA	**Number and effectiveness of new drug-related public health initiatives developed and implemented** No data are available to the evaluation team. **Number and effectiveness of existing initiatives that are adjusted to take account of drug consumption or 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 and Romania in 2011. This assessment was updated in 2013.[150] Based on a set of EMCDDA indicators and data on HIV notifications from the ECDC, a report was produced that identifies areas where a scale-up of evidence-based preventive measures is needed to avoid further outbreaks. The EMCDDA reports that the multi-indicator assessment on the potential elevated risk for HIV infections has become a routine exercise, with regular updates published in the 2014, 2015 and 2016 European Drug Reports. There is no information available on the extent to which these developments have influenced the effectiveness of existing initiatives. Another example includes joint country visits as undertaken by 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.

150 As of 28 November 2016: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20648

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			Number and impact of early warning reports, risk assessments and alerts According to the EMCDDA, the agency issued 330 risk communications in the period 2013–2015 to the EWS Network in order to highlight emerging risks and threats and to help inform planning/preparedness at the national and EU levels. A total of 280 of these communications concerned formal notifications of NPS – identification and potential hazards posed by the appearance of new substances within the EU that are available to consumers. It was confirmed through interviews that Member States continue to implement and support the Early Warning Reports. The EMCDDA stated that 50 risk communications were issued that included public health alerts which concerned serious adverse events, particularly deaths, and/or hazards that had the potential to cause serious harm. According to the EMCDDA, this early warning activity allows the EU to identify, assess and respond in a timely manner to changes in drug consumption as well as epidemic outbreaks. The EMCDDA also provides technical assistance, advice and feedback to Member States on a daily basis and engages in many training activities designed to strengthen early warning activities within the EU in respect to NPS. In 2014, the EMCDDA participated in seven training activities focused on NPS. The EMCDDA reports that these activities have sought to improve the ability to identify, assess and respond to changes in drug use and epidemic outbreaks related to the NPS market at the national and EU levels. There is no information available on the impact of these activities. It was confirmed through interviews that joint country visits have been undertaken by the EMCDDA and ECDC in order to examine harm reduction actions and the reasons for their lack of success in implementation. This was the case, for example, in Latvia and Estonia. **ASSESSMENT (GREEN – ON TARGET): The EMCDDA seems to have the mechanisms in place to carry out risk assessments in response to behavioural changes or epidemic outbreaks. The EMCDDA has also implemented mechanisms to prepare early warning reports, risk assessments and alerts with the aim of responding to behavioural changes in drug consumption and epidemic outbreaks. According to the EMCDDA, this early warning activity allows the EU to identify, assess and respond in a timely manner to changes in drug consumption as well as epidemic outbreaks. However, the available data generally do not allow for an assessment of the effectiveness and impact of activities undertaken under this action.**
Objective 15. Enhance dissemination of monitoring, research and evaluation results at EU and national level (Action 54)			
ASSESSMENT (AMBER – SOME PROGRESS): The EMCDDA continues to play a crucial role in the dissemination of monitoring, research and evaluation results at the EU level, complemented by open-access publications produced through EU-funded research projects. There are concerns about the capacity and resources available to maintain the Reitox network. Budget constraints may have hampered the dissemination of monitoring, research and evaluation results at national level.			
54. Member States continue to support EU monitoring and information exchange efforts, including cooperation with, and adequate support for, Reitox	Ongoing	EMCDDA MS	**Open-access outputs from EU-funded studies disseminated** A systematic assessment of open-access outputs is not available, though evidence of the utilisation of open-access platforms exists. For instance, the EU-funded project ALICE RAP has 14 open access publications on the OpenAire portal, and the project ERANID, while listed on the portal, does not have any publications available. The rest of FP7-

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national focal points			funded drug-related research projects have 208 open-access publications. On the other hand, H2020-funded drug-related research projects have not produced any open-access publications yet. **Extent to which Reitox national focal points funding and other resources match requirements** The 2015 Commission Progress Report indicated that due to budgetary constraints, the EMCDDA's Management Board adopted measures in 2013, including a substantial reduction in the maximum amount available for EU Member States for the Grant Agreements as part of the co-financing system of the national focal points. According to the EMCDDA, the decision also underlined that the co-financing system was directed only to the tasks of the national focal points that were related to their role towards the EMCDDA, without prejudice of their national tasks, nor the financing of data collection that is the responsibility of Member States. Following a consultation of all national focal points by the Reitox Spokespersons in 2014 about the impact of those measures on the operational capacity of the national focal points, the EMCDDA concludes that there is an impact for all national focal points, to a lesser or greater extent: • lower capacity to implement tasks for the EMCDDA and/or their countries; • direct impact on national focal point staff, potentially leading to redundancies or reallocation of staff to other tasks, i.e. not national focal point activities; • lowering of the operational budget of national focal points (role in the field of research and monitoring and implementation of the key epidemiological indicators and other standards), and which also emphasises the national role of the national focal point; • fewer research projects and expert reports, and reduction in the national focal points' capacity to commission part of the work or complementary studies to external experts/institutions; • reduction of national contributions, which means that in some countries budget cuts might affect regional cooperation; • perception of the role and position of the national focal points at national level to become more a simple observer/provider of data rather than a key contributor to the analysis and understanding of the situation. The EMCDDA reported that the amount of the total appropriations for Reitox co-financing remained the same in 2015. Some countries have suffered a budget cut at the national level, which has obliged the EMCDDA to revise its maximum co-financing part – the rule being a 50–50% co-financing basis. In other countries, the national focal point had been relocated to other 'mother' institutions, which has in some cases slowed down or even disrupted some core activities. According to the EMCDDA, the new situation might have a negative impact on the added value of the work of national focal points in some countries. It also poses the risk of taking a step backwards in the development of the European information system, as it was put in one communication. Six Member States indicated that they experienced cuts in resources for national focal points, of which three

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			explicitly mentioned that both national- and EU-level resources impacted on the work of national focal points. This led to, for example, decreased numbers of staff, and fewer resources to carry out activities like national surveys. An EU agency also commented on the lack of funding for data collection and research, which hinders the implementation of an evidence-based approach. **Number and effectiveness of Reitox national focal points dissemination initiatives** The EMCDDA does not specifically collect data on national focal points dissemination activities but provides these national focal points with an opportunity to inform the agency of these, for instance through yearly activity reports and two yearly meetings with the heads of national focal points. Through interviews, it was confirmed that a quarterly Drugs Bulletin is circulated in Ireland each year, taking the form of a research and policy bulletin 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. Public consultation: Asked about the trends in effectiveness of dissemination of research, monitoring and evaluation results, the largest group of respondents (36%) indicated that the situation had remained the same. Less than a fifth of respondents (19%) indicated that the effectiveness had improved while 22% indicated that it had worsened. **ASSESSMENT (AMBER – SOME PROGRESS): 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. Budget constraints at the national level have reduced financial support for Reitox Focal Points. This may have had some negative implications for their operations and capability to deploy dissemination activities**.

Data for overarching indicators

The data available on the overarching 15 overarching indicators specified in the EU Action Plan are collated below. The information is primarily based on the Briefing Note provided by the EMCDDA and, where necessary, is complemented by data from other sources and publications.

1. Percentage of population who use drugs currently (within last month), used drugs recently (within last year), and who have ever used (lifetime use) by drug and age group (EMCDDA general population survey)

Lifetime use: With respect to lifetime use, according to the 2016 European Drug Report (EDR), based on 2014 data, over 88 million adults, or more than a quarter of the adult population of the EU, are estimated to have tried illicit drugs at some point in their lives, with drug use reported more frequently by males (54.3 million) than females (34.8 million). Cannabis is by far the most frequently used drug (81.3 million), followed by substantially lower estimates for cocaine (17.1 million), MDMA (13 million) and amphetamines (12 million). For comparison, the 2014 European Drug Report estimated lifetime prevalence at over 80 million adults.

Last year use: The EMCDDA notes that use in the last year is concentrated predominantly among young adults (15–34), with an estimated 17.8 million having used drugs in the last year. Males account for approximately two thirds of this group. As with lifetime use, cannabis is the illicit drug most likely to have been used in the past year by all age groups.

Last year cannabis use: An estimated 16.6 million young Europeans (aged 15–34), or 13.3% of this age group, used cannabis in the last year, of which 9.6 million were aged 15–24 (16.4% of this age group). This is somewhat higher than the baseline for 2013 included in the contribution from the EMCDDA, which reported last year prevalence for young adults of 11.7%. Similarly, according to a 2014 Flash Eurobarometer, there has been a slight increase in lifetime prevalence of cannabis use since 2011 (+5 percentage points). Some 13 countries have produced surveys of cannabis use since 2013, which allows an assessment of recent short-term trends. Of the 13 countries, eight reported higher estimates, four reported stable figures and one reported a lower estimate than in a previous survey. Cannabis also accounts for the majority of drug use among 15–16 year olds, according to the latest round of the European School Survey Project on Alcohol and Other Drugs (ESPAD), conducted in 2015. Its use was reported on average by 16% of respondents (ranging from 4–37% across Member States). Insights are also provided by the Health Behaviour in School-aged Children (HBSC) study, which collects data on schoolchildren aged 15. Its latest 2013/2014 report revealed that lifetime use of cannabis ranged substantially across Member States, from 5% among girls and 7% among boys in Sweden to 26% among girls and 30% among boys in France.

Last year cocaine use: Cocaine is the most commonly used illicit stimulant drug in Europe, although most users are predominantly located in a subset of countries in the west and south of the continent. According to the 2016 EDR, about 2.4 million young adults aged 15–34 (1.9% of this age group) used cocaine in the last year. Some 12 countries have produced surveys since 2013 to enable an assessment of recent trends. Of these, six reported higher estimates, two reported a stable trend and four reported lower estimates than in the previous comparable survey.

Last year MDMA use: Historically, most European surveys have collected data on ecstasy rather than MDMA use, although this has started to change. According to the 2016 EDR, it is estimated that 2.1 million young adults (15–34) used MDMA/ecstasy in the last year (1.7% of this age group). The ratio of males to females is 2.4 to 1 and national estimates of MDMA/ecstasy use range from 0.3–5.5%. Results from surveys produced by Member States since 2013 suggest an overall increase in prevalence of MDMA use in Europe. Nine countries reported higher estimates and three reported lower estimates than in the previous comparable survey.

Last year amphetamine use: Amphetamines are estimated to have been used during the last year by an estimated 1.3 million (1.0%) young adults (15–34). National-level prevalence ranges from 0.1–2.9%. Twelve countries have produced surveys since 2013. Of these, seven reported higher estimates, one reported a stable trend and four reported lower estimates than in the previous comparable survey.

Last year use of other substances: With respect to other substances with hallucinogenic, anaesthetic, dissociative or depressant properties, the 2016 EDR report noted that national estimates of the prevalence of GHB and ketamine use in both adult and school populations remain low. The same is the case for LSD and hallucinogenic mushroom use, which have been generally

low and stable for a number of years. National surveys of young adult (15–34) use report last year prevalence estimates of less than 1% for both substances.

Use of new drugs: The 2014 Flash Eurobarometer on young people and drugs provides insights into the use of new drugs. In the survey, 8% of respondents reported lifetime use of such substances, with 3% reporting use in the last year. This is higher than the 5% reporting lifetime use in a similar survey in 2011.

2. Estimated trends in the prevalence of problem and injecting drug use (EMCDDA problem drug use)

Among illicit opioids, heroin remains the most commonly used drug. According to the 2016 EDR, based on 2014 data, high-risk opioid use among adults (15–64) is estimated at 0.4%, which equals to 1.3 million high-risk opioid users in Europe. National prevalence estimates range from 1 to around 8 cases per 1,000 population and approximately three quarters of all high-risk heroin users in Europe are located in five countries: France, Germany, Italy, Spain and the United Kingdom. Repeated estimates of high-risk use produced by ten Member States and Turkey between 2008 and 2014 show statistically significant decreases in two cases (Spain and Turkey) and stable trends in the other nine countries.

The 2016 EDR notes recent estimates of the prevalence of injecting drug use are available for 15 Member States and Turkey, where they range from less than 1 to more than 9 cases per 1,000 population aged 15–64. This is the same as the 2013 baseline reported in the contribution from the EMCDDA, although that was based on a smaller number (n=13) of reporting countries.

Injecting was the primary route of administration for 33% of clients entering treatment for the first time in 2014 with heroin as their primary drug, although there was notable variation across countries (ranging from 11% in Spain to more than 90% in Latvia and Romania). This represents a decrease from 43%, recorded in 2006. For users accessing treatment with amphetamines as their primary drug, the proportion injecting as the main route of administration was 47%, which was a small increase on the values recorded in 2006. Injecting rates for heroin, amphetamines and cocaine combined among first-time entrants to treatment in 2014 were 20%, representing a decline from 28%, recorded in 2006.

3. Trends in drug-induced deaths and mortality amongst drug users (according to national definitions) (EMCDDA drug-related deaths)

According to the 2016 EDR, it is estimated that at least 6,800 overdose deaths occurred in the European Union in 2014. Of these, roughly half are accounted for by the United Kingdom (36%) and Germany (15%) alone. This represents an increase on the 2013 estimate, suggesting a negative trend in this area. In some instances, the observed increase may be due to country-specific factors, such as improvements in reporting practices (e.g. in Turkey) or in inclusion of some cases aged 50 and over not related to illicit drug use in Sweden. However, the EMCDDA points out that increases have also been documented in countries with relatively robust reporting mechanisms, such as the United Kingdom, Ireland and Lithuania.

Heroin and its metabolites are reported to be present in most fatal overdoses in Europe, with other opioids also accounting for a substantial share of drug-related deaths. Notable instances where other opioids are reported to be responsible for overdose deaths include France and Ireland (primarily methadone) and Finland (buprenorphine).

The 2016 EDR estimates the mortality rate due to overdoses in Europe in 2014 at 18.3 deaths per million population (aged 15–64). However, there is considerable variability across countries with some national morality rates substantially higher than the European average. Eight countries (all of them located in northern Europe) have rates over 40 deaths per million people; the highest observed rate is 113 per million in Estonia, followed by 93 per million in Sweden. According to the EMCDDA, recent data show varying trends in this area.

4. Prevalence and incidence, among injecting drug users, of infectious diseases attributable to drug use, including HIV and viral hepatitis, sexually transmittable diseases and tuberculosis (EMCDDA drug-related infectious diseases)

The EMCDDA reports that the proportion of infections that are attributable to injecting drug use among all HIV cases in Europe where the route of transmission is known has remained stable and

relatively low over the last decade, at less than 8%. However, higher rates have been reported in some countries, particularly in Eastern Europe: Lithuania (32%), Latvia (31%), Estonia (28%) and Romania (25%).

With respect to the incidence of HIV infections attributable to drug injecting, provisional figures for 2014 reported in the 2016 EDR show 1,236 newly reported cases of HIV. That is a decrease from 2013 (1,691 recorded new cases) and represents a reversal of an upwards trend observed since 2010. The EMCDDA explained that the decrease is largely driven by developments in Romania and Greece – the latter saw its number of new cases more than halve from 2013 to 2014.

In terms of infection rates, in 2014 the average rate for new HIV diagnoses attributable to drug injecting was 2.4 per million population. This too marks a notable decrease from the rate of 2.9 recorded in 2013 and, taking a longer-term perspective, from a rate of 5.6 recorded in 2005. Again, however, notably higher rates have been observed in some countries, for instance Estonia and Latvia. In addition, localised outbreaks of new HIV infections among people who inject drugs were documented in 2015 in Ireland, Scotland and Luxembourg.

With respect to new AIDS cases, according to the 2016 EDR some 15% of all new AIDS cases in 2014 were attributable to drug injecting use. In absolute terms, the number of such notifications (588 recorded in 2014) decreased almost 75% since a decade ago.

In regard to viral hepatitis, the indicator of interest is the presence of antibodies to HCV, which would suggest the existence of a current or past infection. Based on national samples of injecting drug users from 2013–2014, the 2016 EDR reported very variable rates across countries, ranging from 15–84%; five of the 11 reporting Member States registered antibody rates exceeding 50%. Six Member States reported trend data from 2006 and, of these, five recorded an increase in the prevalence of antibodies while one reported a decrease.

The 2016 EDR also notes several outbreaks of other infectious diseases and injection site infections related to injecting drug use, such as botulism in the UK and Norway and soft tissue infection in Scotland. The report, however, does not provide any systematic data in this area.

5. Trends in the age of first use of illicit drugs (ESPAD, HBSC and General Population Drug Use Survey (EMCDDA key epidemiological indicator))

In the latest ESPAD survey (2015), on average 18% of students reported having used an illicit drug at least once, ranging from 6–37% in individual countries. The most prevalent drug was cannabis, reported on average by 16% of respondents (ranging from 4–37%). The use of other illicit drugs was reported on average by 1–2% of students and the use of NPS was reported by 4% of respondents (ranging from 1–10%). In all cases the use of illicit drugs was reported more frequently by boys than girls. The lifetime prevalence of illicit drugs (both cannabis and other drugs) among students has decreased slightly since 2011. Regarding early onset of substance use, on average 3% of respondents reported using cannabis at the age of 13 or younger (ranging from 1–8%). This is very similar to the results from the 2011 round of the survey. The use of other illicit drugs at the age of 13 or younger was reported on average by 1% of students.

Based on information from drug users entering treatment in 2014, the reported mean age of first use of the substance that gave rise to the treatment demand ranged from 16 (for cannabis) to 22 (for heroin and cocaine).[151] This is very similar to the situation observed in 2013, when the mean age of first use ranged from 16 for cannabis to 23 for heroin.[152]

The 2013/2014 Health Behaviour in School-aged Children (HBSC) report[153] also includes questions on the age of first use of several substances. On average (including other non-EU countries and excluding Cyprus), 17% of children reported having tried tobacco at the age of 13 or younger (the values for EU Member States ranged from 9–47%). At the same age, 27% of children reported having tried alcohol (EU Member State range 14–49%) and 8% reported having been drunk (EU

151 Based on the 2016 EDR.

152 Based on the 2015 EDR.

153 As of 25 July 2016: http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/health-behaviour-in-school-aged-children-hbsc/growing-up-unequal-gender-and-socioeconomic-differences-in-young-peoples-health-and-well-being.-health-behaviour-in-school-aged-children-hbsc-study-international-report-from-the-20132014-survey

Member State range 3–20%). The use of cannabis was reported much less frequently, on average by 3% of children (EU Member State range 1–7%).[154]

6. Trends in numbers of people entering drug treatment (EMCDDA treatment demand) and the estimated total number of people in drug treatment (EMCDDA treatment demand and health and social responses)

According to the EMCDDA, the number of drug users entering treatment in 2014 was 457,586. This is very similar to the number recorded a year earlier. Of these, approximately 162,000 were first time entrants, which was a slight decrease from 170,000 first time entrants recorded in 2013. The total number of people entering treatment varies substantially across countries, ranging from 300 in Estonia to 100,000 in the United Kingdom. The total number of people receiving treatment in the EU in 2014 was estimated to be 1.2 million, which is somewhat lower than 1.4 million estimate from 2013.

Opioids (mostly heroin) were the most commonly reported primary drug among all treatment seekers in 2014, accounting for 39% of cases. The next most frequently reported primary drug was cannabis (31%), followed by cocaine (13%), stimulants other than cocaine (8%) and other drugs (9%). As the 2016 EDR shows, there were no major changes in the relative frequency of primary drugs used among treatment entrants between 2013 and 2014.

Among first-time treatment entrants, in 2014 cannabis was the most commonly reported primary drug, accounting for 45% of cases, followed by opioids (20%). The remainder of the primary drug distribution is very similar to that among all treatment entrants.

The number of new heroin clients appears to have levelled off, after notable decreases since 2007. Based on the latest data, 17 countries reported either a stable or declining number of new heroin clients; however, there was an increase in the number of new heroin clients reported in nine countries.

7. Trends in the number of and quantities of seized illicit drugs (EMCDDA drug seizures: cannabis including herbal cannabis, heroin, cocaine, crack cocaine, amphetamine, methamphetamine, ecstasy, LSD and other substances)

According to the 2016 EDR, over a million drug seizures are made in Europe annually. Confiscations of small amounts from users represent the majority of seizures but larger seizures from traffickers and producers dominate in terms of the volume of drugs seized. Spain and the United Kingdom account for more than half of all seizures. In relative terms, Spain's contribution is driven primarily by cannabis and cocaine while the UK has recorded a large number of amphetamine seizures.

The most frequently seized drug is cannabis, accounting for nearly four-fifths of all seizures. In 2014, over 700 tonnes of cannabis were seized in the EU in 682,000 seizures, of which 80% was in the form of cannabis resin. This represents an increase since the 2013 baseline, when 590 tonnes of cannabis were seized in 671,000 seizures (the share of resin was similar at 78% of total volume).

The next most commonly seized drug in the EU is cocaine, accounting for 9% of all seizures. In 2014, 61.6 tonnes of cocaine were seized in 78,000 seizures. This is very similar to the results from 2013, when 62.6 tonnes were seized in 78,000 seizures.

Some 5% of all seizures in the EU are opioid seizures. In 2014, 8.9 tonnes of heroin were seized in 32,000 seizures. In volume terms, this is notably higher than the results from 2013, when 5.6 tonnes were seized in 32,000 seizures. This increase is to a large extent attributable to record-breaking seizures in Greece and Bulgaria.

Amphetamines account for 4% of all EU drug seizures. In 2014, 44,000 seizures yielded 7.6 tonnes of the drug.[155] This is somewhat higher than the volume seized in 2013 – 7.2 tonnes in 41,000 seizures.

Finally, 2% of seizures in the EU are of MDMA. In 2014, 6.1 million tablets were seized in 17,000 seizures.[156] This is more than a million higher than the amount of tablets seized in 2013.

154 In addition to Cyprus, data are not available for Slovakia.

155 Combining amphetamines and methamphetamines.

The 2016 EDR also mentions seizures of other illicit drugs such as LSD, GHB, ketamine and mephedrone, although in most cases incomplete data do not allow for an analysis of trends or cross-country comparisons.

As far as NPS are concerned, the 2016 EDR reports a continuous upward trend in the number of seizures. Based on case-level seizure data, in 2014, there were nearly 50,000 seizures of new substances in the EU, Norway and Turkey. This represents a large increase from 2012, when fewer than 25,000 seizures were made, and a small increase from 2013. The volume of seized material increased as well. Synthetic cannabinoids accounted for more than half of all seizures in this category and approximately a third of the quantity seized, followed by synthetic cathinones, which represented about 15% of all seizures and almost 30% of the total quantity seized.

8. Trends in retail price and purity of illicit drugs (EMCDDA price and purity: cannabis including herbal cannabis, heroin, cocaine, crack cocaine, amphetamine, methamphetamine, ecstasy, LSD, other substances and composition of drug tablets)

According to the 2016 EU Drug Markets Report, the retail price of cannabis resin ranged from €3–22 per gram, with an interquartile range (IQR) of €9–12 per gram. The potency of cannabis resin ranged from 7–29%, with an IQR of 12–18%. The price data are very similar to those recorded in 2013, as reported in the 2015 EDR, while the potency of cannabis resin appears to have increased slightly (the range reported in 2013 was 3–22%).

For herbal cannabis, the observed retail price range was €5–23 per gram (IQR €7–11) and the potency range was 3–15% (IQR 8–12%). As with cannabis resin, the data are very similar to those reported in 2013, with a slight increase in reported potency (the range reported in 2013 was 2–13%).

The retail price of heroin in 2014 ranged from €25–140 per gram (IQR €35–59) and its purity ranged from 7–52% (IQR 15–29%). While there appears to have been very little change in heroin price since 2013, its purity may have increased somewhat – the purity IQR reported in 2013 was 13–23%.

For cocaine, the range of recorded retail price in 2014 was €49–91 per gram (IQR €52–72) and the range of recorded purity was 26–64% (IQR 36–50%). These values are very similar to those reported in 2013.

The retail price of amphetamine reported in 2014 ranged from €7–37 per gram (IQR €10–25) and its purity ranged from 1-49% (IQR 12–27%). The corresponding values for methamphetamines were €7–116 per gram (IQR €15–66) and 9–73% (IQR 28–67%). In comparison with 2013, both the price and purity of amphetamines appears to have increased somewhat.

The retail price of an MDMA tablet reported in 2014 ranged from €3–16 (IQR €5–9) and its purity, expressed in milligrams per tablet, ranged from 18–131 (IQR 68–95). This is broadly comparable to values recorded in 2013, although the purity reported in 2013 was slightly higher.

9. Trends in the number of initial reports of drug law offences, by drug and type of offence (supply vs. use/possession) (EMCDDA drug offences)

According to the 2016 EDR, an estimated 1.6 million drug-related offences were reported in the European Union in 2014, involving approximately 1 million offenders. This is higher than the estimated 1.3 million offences reported in 2013 and represents a 34% increase since 2006.

A large majority of offences reported in 2014 (over 1 million) was related to possession/use and the number of this type of offences is estimated to have increased 24% since 2006. Among cases where the drug involved was known, cannabis accounted for the vast majority (in excess of three quarters) of possession-related drug offences. The number of possession-related offences has increased since 2013 for every type of drug except for heroin.

In 2014, it is estimated that there were more than 214,000 drug supply offences. This is somewhat lower than the number reported for 2013 (230,000) but nevertheless represents a 10%

156 Note that this estimate is based on incomplete information since no data were available from the Netherlands and information on the number of seizures was not available from Finland, France, Poland and Slovenia. The unavailability of data from the Netherlands is particularly noteworthy because the production of MDMA in Europe seems to be concentrated in that country. The estimate presented here uses 2012 data to cover any gaps.

increase over the level reported in 2006. As with possession-related offences, cannabis accounted for the majority of reported cases (57%); however, all other monitored types of drugs with the exception of MDMA were involved in a higher share of supply-related offences than in offences related to possession. The number of supply-related offences for all types of monitored drugs has increased since 2013; for MDMA the increase was particularly large and for heroin and cocaine this represents an end to a previous downward trend.

10. Prevalence of drug use amongst prisoners (EMCDDA drug use in prisons)

The report prepared for the EMCDDA to inform this evaluation indicates that data on prevalence of drug use amongst prisoners are of insufficient quality to provide meaningful information on developments in this area during the period of this strategy. The most recent surveys date from 2012. Methods are not comparable and samples vary in size and are often not representative of the prisoner population. What is clear, however, is that substance use amongst prisoners is high compared to the general population. Survey data from 2012 in 14 Member States suggest that median prevalence of drug use 30 days prior to imprisonment in those countries was 22.6% for cannabis, 7.7% for cocaine, 9% for heroin, 4.8% for ecstasy and 4.6% for amphetamines.[157]

The EMCDDA also indicates that prisoners who use drug have higher risks of suffering from physical and psychiatric disorders, ranging from infectious diseases (HIV, hepatitis B virus (HBV), HBC, tuberculosis) to psychiatric co-morbidity. Rates of HIV or viral hepatitis (HCV) infection for those who have been incarcerated are three and seven times higher than for individuals without prison experience. The available data also suggest that risk of drug overdose is high among drug-using prisoners, particularly in the period after prison release. Compared to the general population, the mortality risk is up to 29 times higher for males and 69 times higher for females in the first two weeks after prison release.

The EMCDDA reports that opioid substitution treatment (OST) was available in prisons in 25 EU countries in 2014 (not in Cyprus, Lithuania and Slovakia). Restrictions on eligibility may exist, however. For example, in the Czech Republic and Latvia treatment in prison is limited to those already having a prescription prior to incarceration. The provision of clean injecting equipment is less common, with only three countries (Spain, Germany and Luxembourg) reporting the use of syringe programmes by prisoners. Only the United Kingdom provides pre-release naloxone.

11. Assessment of the availability, coverage and quality of services and interventions in the areas of prevention, harm reduction, social integration and treatment (EMCDDA health and social responses)

The EMCDDA explained that it collects data on a range of health and social responses to drug use. Member States provide information on their national prevention, harm reduction, social integration and treatment approaches through national reports and data tables. Further information is also made available through periodically collected structured questionnaires. Data on universal and to a more limited extent environmental, selective and indicated prevention are collected through structured questionnaires completed by national experts. These instruments provide an insight into the availability of different prevention measures. While data are comparable and collected from all Member States, some information in the structured questionnaires is based on the opinion of expert survey respondents and must be interpreted in this context.

Universal and environmental prevention measures: The EMCDDA notes that in 2013 a majority of Member States (24 of 28) reported full implementation of smoking bans in schools and 10 of 28 Member States reported school drug policies. Universal interventions within schools that are based on the provision of information are reported to be widely available according to the EMCDDA, despite the absence of evidence of their effectiveness. Evidence-based components on the other hand, such as social and personal skills training, have limited availability. There is no information on whether this has improved since 2013.

Targeted prevention measures: The EMCDDA reports that school students with academic and social problems are one of the groups most frequently targeted by selective prevention strategies, with six European countries providing interventions in vocational and alternative school settings. Some 11 Member States offer an extensive or full provision of measures targeted at pupils with social and academic problems.

157 For further information, see 'Drug use in prison — an overview of the methods and definitions used', EMCDDA. As of 28 November 2016: http://www.emcdda.europa.eu/data/2014/methods-dup

Little is reported about the content of these interventions and there is a shortage of evidence underpinning their effectiveness. National reporting indicates 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.

The selective prevention measures with the highest availability are reported to be those targeting families with substance misuse problems, the provision of interventions for pupils with social and academic problems and interventions for young offenders. Extensive or full provision of these measures was offered by 14 countries. Other selective prevention measures with full or extensive provision in at least 10 countries include those targeted at: young offenders (13 countries), substance abuse in the family (12), and families in conflict and neglect (10). There is no information on whether this has improved since 2013.

Indicated prevention measures: Reports from 2013 on the availability of early detection mechanisms in school indicated that their provision is extensive or full in 12 countries, with Denmark, the Czech Republic, Poland, Luxembourg, Malta and Cyprus offering full provision. There is no information on whether this has improved since 2013.

Harm reduction: The EMCDDA reports that harm reduction policies in the EU form an integrated part of the public health response to drug use-related health problems. According to the agency's data, all EU Member States offer Opioid Substitution Treatment (OST) and needle and syringe programmes (NSP) to problem drug users. These measures are targeted at the prevention and control of infections among people who inject drugs (PWIDs). In 22 EU countries reporting relevant data to the EMCDDA, 36 million syringes were provided to PWID in 2014, mostly by community-based agencies and local health services. This number is up from 31 million syringes in 2011. Between 2003 and 2010 the total number of syringes provided in the countries that reported these figures ranged between 22.9 million (in 2005) and 48.0 million (in 2010).[158] In 2014, the average number of syringes distributed per PWID through specialised programmes ranged from fewer than 50 (in Cyprus, Sweden, Latvia and Belgium) to nearly 400 (in Estonia). The six countries that did not submit syringe data to EMCDDA (Denmark, France, Germany, the Netherlands, Italy and the United Kingdom) do not have centralised syringe monitoring at the national level.

According to data collected by the EMCDDA,[159] 16 Member States provide at least one needle and syringe programme site in each NUTS2 region (NUTS is the acronym for Nomenclature of Territorial Units for Statistics, and NUTS2 are larger geographical regions). Five Member States (Belgium, Bulgaria, Finland, Germany and the Netherlands) have a geographical coverage between 80 and 91% and three Member States (Austria, Italy and Romania) have coverage of between 50 and 80%, while Poland, Sweden and Greece have less than 50% coverage.

Some Member States provide targeted services such as supervised drug consumption facilities and take-home naloxone programmes, with the aim of addressing specific harms (e.g. drug-related deaths or public drug use). According to the report prepared for the EMCDDA to inform this evaluation, a total of 73 drug consumption facilities operated in five EU countries in 2015. Most of them are found in the Netherlands (31 in 25 cities), Germany (24/15) and Spain (12/3). Drug consumption rooms also exist in Denmark and Luxembourg. In April 2015 a six-year trial of drug consumption rooms was approved in France. In 2015 eight EU countries (Denmark, Estonia, Italy, Ireland, Lithuania, Germany, Spain and the United Kingdom) reported to the EMCDDA the existence of community-based take-home naloxone programmes, some of them small and time-limited. In the United Kingdom, naloxone distribution programmes are implemented for high-risk users in the community and inmates on release from prison.

Treatment: The 2016 European Drug Report (EMCDDA 2016) reports that in 2014, an estimated 1.2 million people received treatment for illicit drug use in the EU. Opioid users represent the largest group undergoing specialised treatment and consume the greatest share of available treatment resources, mainly in the form of substitution treatment. An estimated 700,000 opioid users received substitution treatment in the European Union in 2013, while 644,000 did so in 2014. The EMCDDA estimates overall at least 50%of the EU's problem opioid users receive OST. However, the agency warns that this estimate must be treated with caution for methodological reasons and there are considerable national differences.

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158 EMCDDA (2013) *Statistical Bulletin 2013*, Table HSR-5. As of 28 November 2016: http://www.emcdda.europa.eu/stats13/hsrtab5a

159 EMCDDA (2015) *Statistical Bulletin 2015*, Table HSR4-3. As of 28 November 2016: www.emcdda.europa.eu/data/stats2015#displayTable:HSR-4-3

Low OST coverage levels (less than 30%) are reported by Slovakia and Latvia (8%), Lithuania (11%), Cyprus (16%), Poland (17%) and Hungary (23%). Coverage levels below 50% are reported in nine countries. Another nine, France, Portugal, Malta, the Netherlands, Croatia, Slovenia, Austria, Greece and Greece report coverage levels of 50% or above. Ten Member States have not provided data.

Although less common than substitution treatment, alternative treatment options for opioid users are available in all European countries. The EMCDDA has data relating to nine countries where between 1 and 30% of all opioid users in treatment receive interventions not involving opioid substitution.

The 2016 European Drug Report (EMCDDA 2016) reports that cannabis and cocaine users are the second and third largest groups entering these services, with psychosocial interventions the main treatment modality for these clients. Again, the differences between Member States appear to be large, with opioid users accounting for up to 88% of treatment entrants in some countries and less than 10% in some others. The overall shares of users entering treatment by substance type has remained relatively constant over the past few years, except for opioid users (whose share dropped about 12 percentage points since 2007) and cannabis users (whose share has increased by about 12 percentage points since 2007).

The report prepared for the EMCDDA to inform this evaluation explains that treatment settings in the EU offer a wide range of services, including a set of six core interventions: case management, psychosocial treatment, opioid substitution, treatment outreach, mental health screening and provision of mental health services. However their level of availability, as reported by national experts, varies considerably by setting type. For example while at least five of the six core interventions are commonly provided in the majority (75%) of outpatient specialised treatment centres, low-threshold services specialise mainly in outreach and psychosocial services. Most inpatient treatment providers specialise primarily in mental health screening and the provision of mental health services as well as psychosocial treatment.

The EDR reports that most drug treatment in Europe is provided in outpatient settings, with specialised outpatient centres representing the largest provider in terms of number of drug users treated. Healthcare centres are the second largest providers. This category includes general practitioners' surgeries (in 15 Member States), which are important prescribers of opioid substitution treatment in some large countries such as Germany and France. Elsewhere, for example in Slovenia and Finland, mental healthcare centres may play a central role in outpatient treatment provision.

The report prepared for the EMCDDA to inform this evaluation reports that a sizeable proportion (around 10%) of drug treatment in the EU is provided in inpatient settings. The relative importance of outpatient and inpatient provision within national treatment systems varies greatly between Member States.

Social reintegration: Expert assessments on social reintegration interventions in Member States were last collected for 2011 by the EMCDDA. They suggested that 11 Member States offered specific interventions to facilitate the access of people in drug treatment to the educational system. Some 15 Member States had implemented specific programmes or services to facilitate access to independent living within the general housing market. And in 15 Member States vocational education and training services were available to people in drug treatment.

12. Evidence-based interventions on prevention, treatment, social integration and recovery and their expected impact on drug use prevalence and problem drug use (EMCDDA Best practice portal)

The EMCDDA Best Practice Portal collates information on the available evidence for interventions related to drug-related prevention, treatment and harm reduction. As of June 2016 the Portal is composed of six modules on the effectiveness of demand reduction interventions (prevention, treatment, social reintegration and recovery), instruments to disseminate evidence, such as guidelines and standards, implementation examples of practices across Europe, and a bank of free tools to evaluate interventions.[160]

160 For more information, see 'Best practice in drug interventions', EMCDDA. As of 28 November 2016: http://www.emcdda.europa.eu/best-practice

In 2015, the EMCDDA Best Practice Portal contained a total of 106 references to evidence, including systematic reviews, evidence-based guidelines and trials distributed across the four areas of interventions: prevention (31), harm reduction (26), treatment (20) and social integration (29). As of June 2016, the database contained 494 evaluated evidence-based programmes, with most of them focusing on prevention (288), followed by treatment (98), harm reduction (59) and social integration (49). For each of these areas, the portal provides information on the types of interventions that are most effective. Table A.3 below summarises the effectiveness for selected classes of prevention, harm reduction and treatment interventions on different outcome areas.

According to the EMCDDA's data, the number of guidelines in the area of drug demand published annually in the EU peaked between 2005 and 2010 and has since then levelled off. For instance, a reduction of almost 68% (1-RR = 1 – 0.32) in illicit drug use, which can range between 56% (1 – 0.44) and 77% (1 – 0.23), is expected among patients in methadone maintenance treatment. EMCDDA researchers were involved in the publication a number of systematic reviews and technical papers contributing to the evidence base for drug demand interventions. Over the period covered by the current strategy, these publications focused on:

- Methadone prescription for opioid dependence (Amato et al. 2013)[161]
- Opioid substitution treatment for pregnant drug users (Minozzi 2013)[162]
- Multidimensional family therapy for adolescent drug users (EMCDDA 2014)[163]
- Therapeutic communities for treating addictions (Vanderplasschen et al. 2014)[164]
- Treatment options for cocaine dependence (EMCDDA 2014)[165]
- Identification and management of pregnant drug users (WHO 2014)[166]
- Preventing fatal overdoses through take-home naloxone (EMCDDA 2015)[167]
- Treatment of cannabis-related disorders (Schettino et al. 2015)[168]
- The role of psychosocial interventions in drug treatment (EMCDDA 2015)[169]
- Media campaigns to prevent illicit drugs use among young people (Allara et al. 2015)[170]

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– Emergency department-based brief interventions for individuals with substance-related problems (EMCDDA 2016).[171]

Table A.3. Measures of effect of selected interventions (i.e. expected impact)

Area	Intervention	Outcome	Results (expected impact on a sample and confidence intervals)
Prevention	Social influence-based interventions for alcohol use	Reducing overall drunkenness	OR = 0.80 95 % CI: 0.67–0.97
	Social influence-based interventions for cannabis use	Reducing use of cannabis on three or more occasions in the past 30 days	OR = 0.74 95 % CI: 0.53–1.00
	Mentoring for preventing alcohol use in young people	Preventing alcohol use	RR 0.71 95 % CI: 0.57–0.90
Harm reduction	Opioid substitution treatment	Reducing HIV seroconversion	RR 0.36 95 % CI: 0.19–0.66
	Opioid substitution treatment	Reducing the risk of HIV infection	RR 0.45 95 % CI: 0.35–0.59
	Opioid substitution treatment	Reducing mortality	RR 0.3795 95 % CI: 0.29–0.48
	Opioid substitution treatment	Reducing risk of overdose death for those retained in treatment	RR 0.17 95 % CI: 0.05–0.63
Treatment	Disulfiram for the treatment of cocaine dependence	Retaining patients in treatment	RR 0.82 95 % CI: 0.66–1.03
	Multidimensional family therapy for cannabis users	Retaining patients in treatment	OR 9.8 95 % CI: 5.7–16.7
	Buprenorphine maintenance therapy	Reducing heroin use and improving retention in treatment	RR 1.52 95 % CI: 1.23–1.88
	Methadone maintenance therapy	Reducing illicit opioid use	RR 0.32 95 % CI: 0.23–0.44
	Case management	Reducing drug (opioid) use	RR 0.24 95 % CI: 0.06–0.42
	Psychosocial interventions in maintenance treatment	Reducing heroin use	RR 0.69 95 % CI: 0.53–0.91

Source: EMCDDA Best practice portal (2015)

Notes: The relative risk (RR) is used to compare the risk in the two different groups of people, i.e. treated and control groups, to see if belonging to one group or another increases or decreases the risk of developing certain outcomes. This measure of effect will tell us the number of times an outcome is more likely (RR >1) or less likely (RR <1) to happen in the treatment group compared with the control group; the confidence intervals indicate the likelihood that the real (unknown) value of the parameter will be in the interval. The odds ratio (OR) is a way of comparing whether the probability of a certain event is the same between two groups. Like the relative risk, an OR equal to 1 implies that the event is equally probable in both groups. An OR greater than 1 implies that the event is more likely in the first group. An OR less than 1 implies that the event is less likely in the first group.

170 Allara, E., Ferri, M., Bo, A., Gasparrini, A., & F. Faggiano (2015) 'Are mass-media campaigns effective in preventing drug use? A Cochrane systematic review and meta-analysis.' *BMJ Open* 5: e007449. doi: 10.1136/bmjopen-2014-007449

171 EMCDDA (2016) *Emergency department-based brief interventions for individuals with substance-related problems: a review of effectiveness*. EMCDDA Papers, Publications Office of the European Union, Luxembourg. As of 28 November 2016: http://www.emcdda.europa.eu/publications/papers/2016/emergency-department-based-brief-interventions

13. Strong dialogue and cooperation in the drug-related field with other regions, third countries, international organisations and other parties (External Mid-Term Evaluation of Strategy/Action Plan; EEAS reporting)

International cooperation: International cooperation at the EU level is coordinated by the European External Action Service (EEAS) and funding for activities in third countries generally comes from the Directorate General for International Cooperation and Development (DG DEVCO).

The EU has in place nine international dialogues on drugs. Four represent bi-regional initiatives (Latin America and the Caribbean, Western Balkans, Eastern Partnership and Central Asia) and five exist at the bilateral level (USA, Russia, Brazil, Bolivia, Peru).

The 2015 Commission Progress Report noted that the Joint Declaration on enhancing cooperation on drugs and renewing the commitments of the EU–Western Balkans Action Plan on Drugs (2009–2013) was endorsed at the EU–Western Balkans ministerial meeting held on 19–20 December 2013 in Budva. The Quito declaration and Athens declaration on EU-CELAC cooperation on tackling drugs were endorsed respectively at the EU-CELAC High Level Meeting held in Quito on 13–14 June 2013 and the EU-CELAC High Level Meeting held in Athens on 17–18 June 2014. In 2015 the Montevideo Declaration was agreed at the February 2015 EU-CELAC High Level Meeting and in 2016 the Hague Declaration was adopted at the June 2016 EU-CELAC High Level Meeting.

Notable positive results were also achieved through EU-funded programmes in third countries. For instance, the COPOLAD programme consolidated the EU-CELAC Mechanism on Drugs by fostering political dialogue and information exchange and contributed to improved capacity in both demand and supply reduction efforts. In recognition of the programme's added value, a second phase was launched. Another initiative implemented in some CELAC countries is the Cocaine Route Programme, which includes a range of projects, such as PRELAC, AIRCOP, AMERIPOL-EU, GAFILAT-EU and SEACOP. Other programmes supported by the EU in relevant third countries and regions include the Heroin Route Programme (Central Asia, Caucasus, Black Sea Region), CADAP (Central Asia), BOMCA (Central Asia), the Paris Pact Initiative (worldwide), Heart of Asia – Istanbul Process (Asia), and CARICC (Central Asia).

Dialogue with Neighbourhood countries: The EMCDDA reports that it maintains strong dialogue and cooperation in the drug field with a range of partners. This includes partners in third countries such as candidate and potential candidate countries seeking to join the EU: Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo,[172] Montenegro, Serbia and Turkey. The EMCDDA explains that it works with these countries on projects supported by the Instrument for Pre-accession Assistance (IPA). In the report prepared for the EMCDDA to inform this evaluation, the agency explains that it also works with some of the EU's closest neighbours in the context of the European Neighbourhood Policy (ENP). This programme and the projects it supports aim to build closer ties with countries to the south and east of the EU. Similarly, the agency works with countries involved in the EU's Eastern Partnership that have moved closer to the EU as it has expanded: Armenia, Azerbaijan, Georgia, Moldova, Ukraine, Morocco and Israel. Furthermore, the EU has in place bi-regional dialogues on drugs with the Eastern Partnership and the Western Balkans, the latter guided by the EU–Western Balkans Action Plan on Drugs (adopted in 2009 and renewed in 2013).

Coordination in international fora: The EMCDDA reports that it is engaged in ongoing collaboration and dialogue with international organisations in the drugs area. These include the United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the Pompidou Group of the Council of Europe (PG), Maritime Analysis and Operation Centre — Narcotics (MAOC-N), the International Police Organisation (INTREPOL), the World Customs Organization (WCO), the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD-OAS), and ESPAD. EU positions in international fora are coordinated among Member States within the HDG. In this context, a key point raised by interviewees across stakeholder groups (Commission, civil society, Member States) was that the current EU Drugs Strategy and Action Plan have proved to be very effective in the coordination of EU common positions, allowing the EU to have a united and strong voice in international fora.

172 This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

14. Developments in national drugs strategies, evaluations, legislation, coordination mechanisms and public expenditure estimates in EU MS (EMCDDA)

National drugs strategies: The EMCDDA collates information on the way in which drug policy is shaped and governed in EU Member States. This includes developments in national drug strategies, evaluations of those strategies, and national coordination mechanisms. Countries report to the EMCDDA on the adoption and scope of national strategies and action plans, whether evaluations are planned or not and whether coordination mechanisms are in place. Each year qualitative data on these areas are supplied to the EMCDDA by the 28 Member States in Reitox national reports.[173]

In the report prepared for the EMCDDA to inform this evaluation, the agency explains that qualitative data on national legislation are provided annually by the 28 Member States. These data provide a picture of changes that have taken place in national legislation. They are provided through the Reitox annual reports and a structured questionnaire, as well as through the network of legal correspondents that represent each Member State.

The EMCDDA reports that in 2013, only one Member State did not have a national drugs strategy. Of the 27 Member States with a national drugs strategy, 23 focused exclusively on illicit drugs, while four had integrated illicit drugs in a wider strategy focusing on licit and illicit drugs.

Evaluations: The EMCDDA also keeps a record of evaluations that Member States have conducted of their drugs strategy or action plan. In recent years both the EU and an increasing number of countries have performed a final evaluation of their drugs strategy or action plan. The EMCDDA's most recent review dates from the year in which the current EU Drugs Strategy entered into operation, 2013. The agency identified 19 Member States that reported undertaking an evaluation. The most recent EMCDDA information dates back from 2013 and a new analysis covering the Strategy period 2013 to 2015 will be available in early 2017. The aim of evaluation is generally to assess the level of implementation achieved, as well as the changes in the overall drug situation, in order to inform the development of the next strategy. Across Europe, most evaluations are performed by the responsible agency or institution, but according to the EMCDDA an increasing number of countries have commissioned joint or external evaluations. The agency reports that most European countries have plans to undertake a final evaluation of their ongoing drugs strategy.

Other policy mechanisms: In addition to the development of national drugs strategies, Member States have also set up mechanisms to coordinate the implementation of their drug policy. According to the EMCDDA, most countries now have an inter-ministerial committee on drugs at national level, supplemented by a national drug coordination body, which is responsible for the day-to-day management of activities. These national drug coordination bodies are usually linked to the ministry of health, while in some countries they are attached to the office of government or the prime minister's office, to the ministry of interior or to other ministries. A 2011 EMCDDA review reported that 22 countries also report having a formally appointed National Drug Coordinator (NDC), who is often the head of the national coordination body.

The EMCDDA reports that drug coordination agencies, drug coordinators or both also exist at regional or local level in most countries. And in some countries, particularly those with a federal governance structure, vertical coordination bodies promote cooperation between the national and local levels. In other countries, the EMCDDA reports that coordination at regional or local level is often directly supervised by national bodies.

Drug-related expenditure: The information available to the EMCDDA on drug-related funding both at the European and national level remains sparse. The EMCDDA acknowledges that the quantity and quality of information available on drug-related public expenditure represents a major obstacle for cross-country comparisons and cost-effectiveness analysis. Estimates are available for 20 countries, and among these countries, drug-related public expenditure is estimated at between 0.01% (Latvia) and 0.5% (the Netherlands) of GDP. The evaluation team further examined EMCDDA data to identify the level of public expenditure as a proportion of GDP (see Table A.4).[174] Analysis of the effect of financial austerity on drug policy offered the tentative conclusion that the countries most effected by the recession are the ones in which drug policy is most heavily

173 In the past additional information has been supplied by Member States as part of a periodic data collection cycle via a structured questionnaire. In the context of the agency's revised priorities, internal reorganisation, and the development of the new reporting workbooks, these tools are being rationalised and revised.

174 As of 28 November 2016: http://www.emcdda.europa.eu/countries

impacted. However, differences in the scope and quality of the estimates make it difficult to compare drug-related public expenditure between countries.

Table A.4. Most recent estimates of drug-related public expenditure, %GDP

Member State	Total annual expenditure (€)	GDP (%)	Most recent estimate
Austria	€278,000,000	Not specified	2013
Belgium	€446,729,000	0.16	2012
Bulgaria	€3,707,713	0.02	2013
Croatia	€102,712,000	0.4	2014
Cyprus	€7,408,000	0.04	2014
Czech Republic	€88,775,000	0.06	2010
Denmark	Not specified	Not specified	N/A
Estonia*	€3,701,005	0.02	2011
Finland	€412,100,000	0.2	2013
France	€2,056,132,242	0.1	2013
Germany	€5,193,899,000–6,074,299,000	0.2–0.3	2006
Greece*	Not specified	0.07	2012
Hungary	€39,045,000	0.04	2007
Ireland	€237,000,000**	0.12	2015
Italy	Not specified	0.18	2012
Latvia	€2,234,000	0.01	2008
Lithuania	€6,048,000	0.02	2012
Luxembourg	€3,843,800	0.01	2009
Malta*	€5,493,421	0.08	2012
Netherlands	Not specified	0.5	2003
Poland	Not specified	Not specified	N/A
Portugal	Not specified	0.03	2005
Romania	Not specified	0.003	2009–2012
Slovakia	€2,130,600	0.05	2006
Slovenia*	Not specified	0.03	2014
Spain*	€337,321,000	0.03	2013
Sweden	€449,000,000–1,029,000,000	0.2–0.4	2002
United Kingdom	€8,436,189,000	0.49	2010

Notes: * Figure represents a lower boundary estimate. ** The evaluation team adjusted the data to remove likely typos in decimal numbers for Ireland as reported on the EMCDDA website.

Source: EMCDDA Country overviews.[175]

15. Early warning system on NPS (EMCDDA/Europol)

The EMCDDA operate the Early Warning System (EWS) on NPS with Europol, Reitox national focal points and Europol national units. The system collects available information about substances, such as the chemical name, the details of seizures and the characteristics of drug samples. In order to issue a formal notification of a new substance to the EWS network, a complete analytical dataset that helps ensure the unequivocal identification of the substance is required.

175 As of 28 November 2016: http://www.emcdda.europa.eu/topics/drug-related-public-expenditure

In 2013 and 2014, the EMCDDA received and analysed 1,582 EMCDDA–Europol Reporting Forms from the EWS network. Each of these reporting forms relates to a specific event – such as law enforcement seizures and serious adverse events linked to NPS – and may come from different sources within Member States, for example forensic/customs/toxicology laboratories, research institutes, or drug-testing programmes.

The EWS reported a total of 280 NPS detected over the 2013–2015 period (81 in 2013; 101 in 2014; and 98 in 2015). The EMCDDA emphasises that this is the minimum estimate for the number of complete datasets received in those two years. In addition, the EWS collects updated analytical information on substances notified in previous years, including data from open source origins, and provides technical assistance to laboratories when requested. In 2014 almost 50,000 seizures were reported to the EWS, weighing around four tonnes.

All the information was made available on the European Database on New Drugs,[176] which is the EU's information hub on NPS, providing the EU and Member States access to the latest information on these substances from across the continent and beyond. In the report prepared by the EMCDDA to inform this evaluation, the agency suggests that seizure data from law enforcement also confirm the growth and importance of the NPS market. It also explains that during this period the EMCDDA has strengthened the so-called 'toxicovigilance system' of the EWS, allowing it to detect and respond to serious adverse events – such as serious poisonings and deaths – in a more timely manner.

176 As of 28 November 2016: https://ednd-cma.emcdda.europa.eu/

Annex B: Priorities of international organisations

The table below briefly presents the strategic priorities of the most important and relevant actors at international level.

Table B.1. The most important and relevant international actors

<table>
<tr><th>Organisation</th><th>Overview of strategy</th></tr>
<tr><td colspan="2">United Nations</td></tr>
<tr><td>United Nations</td><td>A landmark UNGASS on drugs was held in 1998 and led to the adoption of a Political Declaration on Global Drug Control. A high-level segment of the 52nd session of the Commission on Narcotic Drugs was held in March 2009 to evaluate the progress made since 1998 towards meeting the goals and targets established. At this meeting, Member States identified future priorities and areas requiring further action and established goals and targets for drug control beyond 2009 ('Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'). The next UNGASS was due to be held in 2019; however, the presidents of Colombia, Guatemala and Mexico called on the UN in 2012 to host an international conference on drug policy reform. A provision was included in an annual omnibus resolution on drug policy to bring forward this global drug policy summit meeting to 2016.

1998 Political Declaration on Global Drug Control

The 1998 Declaration is widely considered to be a confirmation of prohibitive drug control, a lowest-common denominator agreement in the face of gridlock within the UN system between nations wanting to maintain the prohibition regime and those hoping for a more pragmatic approach. The document reaffirms support for the existing drugs control regime, prominently calling upon States to become party to and implement fully the three international drug control conventions and adopt and reinforce national legislation and strategies to give effect to the provisions. The document also points to a diverse list of other priorities, including the emerging trend of synthetic drugs, the need to strengthen control of precursors, improve international judicial and law enforcement cooperation, address links with terrorism, money laundering and arms trafficking, continue progress towards the elimination of illicit narcotic crops and to improve cooperation and best practice sharing between multilateral organisations. However, the Declaration also mentions human rights issues such as gender equity, prevention amongst youth, treatment, rehabilitation and reintegration. It also hails demand reduction as an 'an indispensable pillar in the global approach to countering the world drug problem' and calls for national strategies and programmes to be developed in this area.

2009 Political Declaration and Action Plan for the achievement of a significant reduction in or the elimination of the demand and supply of drugs

Coinciding with the centenary of the Shanghai International Opium Commission, the high-level segment of the 52nd session of the Commission on Narcotic Drugs reviewed progress made since 1998 and proposed a more ambitious and balanced approach for the coming decade. The Declaration and accompanying Action Plan propose a more integrated, multidisciplinary, mutually reinforcing and balanced approach to supply and demand reduction. The strategic documents rest on three pillars covering: i) demand reduction, ii) supply reduction and iii) countering money laundering and promoting judicial cooperation to enhance international cooperation. Member States also decided to establish 2019 as a target date for achieving progress against a number of key objectives, including amongst others the illicit demand for narcotic drugs and psychotropic substances, the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, and money laundering related to illicit drugs.

UNGASS 2016 Political Declaration

The final draft of the UNGASS outcome document reaffirms the goals and objectives of the three international drug control conventions as 'the cornerstone of the international drug control system'. However, it also continues to develop the balanced approach that appeared in the 2009 Political Declaration and saw the introduction and/or development of a number of issues applauded by reform-minded countries and organisations.

The operational section of the document is divided into sections of operational recommendations addressing: i) demand reduction and related measures, including</td></tr>
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<table>
<tr><td></td><td>prevention and treatment, as well as other health-related issues; ii) ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion; iii) supply reduction and related measures, effective law enforcement, responses to drug-related crime and countering money laundering and promoting judicial cooperation

The document also proposes operational recommendations on cross-cutting issues, such as: i) drugs and human rights, youth, children, women and communities; and ii) evolving reality, trends and existing circumstances, emerging and persistent challenges and threats. Finally, a number of operational recommendations are enumerated in the area of international cooperation (strengthening international cooperation based on the principle of common and shared responsibility) and international socio-economic development (alternative development, regional, interregional and international cooperation on development-oriented balanced drug control policy and addressing socioeconomic issues).

Agenda 2030 for Sustainable Development

In September 2015, all 193 Member States of the United Nations adopted a plan laying out a path over the next 15 years to end extreme poverty, fight inequality and injustice, and protect the planet. It has become increasingly recognised that attacking the roots of the drug problem also means achieving sustainable and inclusive development.

At the heart of 'Agenda 2030' are also the Sustainable Development Goals (SDGs). Two goals that have been cited as being particularly relevant to the fight against drugs are:

- Goal 3: 'Ensure healthy lives and promote well-being for all at all ages'; and specifically objective 3.5, 'Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol'.

- Goal 16: 'Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels'.</td></tr>
<tr><td>United Nations Office on Drugs and Crime</td><td>A Resolution adopted by the Economic and Social Council in 2012 sets out the UNODC's strategy for the period 2012–2015. The most relevant sub-programmes are Sub-programme 1 (Countering transnational organized crime, illicit trafficking and illicit drug trafficking) and Sub-programme 5 (Prevention, treatment and reintegration, and alternative development).

Concerning Sub-programme 1, the main objective is to promote effective responses to transnational organized crime, illicit trafficking and illicit drug trafficking by facilitating the implementation at the normative and operational levels of the relevant United Nations conventions through promoting ratification of the international drug control conventions and enhancing the capacity of States and other actors to to implement the provisions of the international drug control conventions.

The main objectives of Sub-programme 5 are to: i) reduce drug abuse and HIV/AIDS (as related to injecting drug abuse, prison settings and trafficking in human beings); ii) develop effective prevention campaigns, treatment, care, rehabilitation and reintegration into society of drug users; iii) develop and implement effective, comprehensive and integrated drug demand reduction policies and programmes based on scientific evidence; and iv) foster and strengthen international cooperation based on the principle of shared responsibility in sustainable alternative development, including, where appropriate, preventive alternative development.</td></tr>
<tr><td>World Health Organization</td><td>WHO is the directing and coordinating authority for health within the United Nations system and is responsible for providing leadership on global health matters. It is also one of the four treaty bodies to the international drug control conventions. In addition to supply controls, the conventions also envisage the use of public health measures to prevent and reduce health and social harm due to abuse of drugs. The Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances also entrust WHO with the responsibility of providing expert review to determine whether substances should be controlled under the conventions.

WHO's role under the conventions is thus principally to protect individuals and societies from harm due to drug use and to promote public health interventions to reduce harm. WHO focuses on prevention of drug use, treatment of drug use disorders (including both harmful use and dependence), and prevention and management of associated health and social conditions and public health problems in order to reduce the health and social burden attributable to drug use. The organisation has historically been a proponent of a balanced and</td></tr>
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	mutually reinforcing approach to reduction of supply and demand. WHO's work in this area is also guided by a number of other UN conventions and resolutions that relate to the Organization's work on mental health, substance use and substance use disorders, HIV and other blood-borne infections, non-communicable diseases, family, women and children's health, health security and environment, violence and injury prevention, health systems and medicines. In addition it should be mentioned that the WHO substance abuse programme also addresses licit substances such as alcohol and tobacco.
Joint United Nations Programme on HIV and AIDS	Established in 1994 by a resolution of the UN Economic and Social Council and launched in January 1996, UNAIDS is focused on advocacy for accelerated, comprehensive and coordinated global action on the HIV/AIDS epidemic. In August 2015, the organisation adopted its strategy for 2016–2021, 'On the Fast-Track to end AIDS'. One of the key focuses of the strategy is that tailored HIV combination prevention services are accessible to key populations, including people who inject drugs (e.g. access to clean needles and syringes, as well as opioid substitution therapy and other evidence-informed drug dependence treatment).
Regional bodies	
Organization of American States	The Hemispheric Drug Strategy was prepared by the Inter-American Drug Abuse Control Commission, part of the Organization of American States. The Strategy was adopted in May 2009. The Strategy is based on five pillars covering: i) institutional strengthening; ii) demand reduction; iii) supply reduction; iv) control measures; and v) international cooperation. In addition, an Action Plan was adopted by the OAS General Assembly in June 2011 covering the period 2011–2015. The Action Plan covers the same pillars of the Strategy and sets out 40 specific objectives. It also elaborates 142 individual actions, over a third of which concern the control measures pillar. 11 actions are included for institutional strengthening, 30 for demand reduction, 26 for supply reduction and 22 for international cooperation.
Association of Southeast Asian Nations	In 1998, the ASEAN Foreign Ministers signed a Joint Declaration for a Drug-Free ASEAN by 2020 that affirmed the Association's commitment to eradicate illicit drug production, processing, trafficking and abuse by the year 2020 in ASEAN. In 2000, governments reiterated their concerns on drugs and agreed to advance the target year for realising a Drug-Free ASEAN to 2015. ASEAN's anti-drug efforts are coordinated through the ASEAN Senior Officers on Drug Matters (ASOD) focusing on five areas of cooperation: i) preventive education; ii) treatment and rehabilitation; iii) law enforcement; iv) research; and v) alternative development. In addition, ASEAN and China established an operation mechanism called the 'ASEAN–China Cooperative Operations in Response to Dangerous Drugs' (ACCORD) in 2001. It focuses on four areas: i) promoting civic awareness and social; ii) reducing illicit consumption of drugs; iii) strengthening the rule of law by an enhanced network of control measures and improving cooperation in law enforcement and legislative review; and iv) eliminating or reducing the production of illicit narcotic crops by promoting alternative development programmes. Whilst attention is given to demand reduction issues, as well as engagement with civil society and alternative development, efforts in the region have been largely focused on supply reduction and have strong security undertones. ASEAN member countries have some of the most repressive drug laws in the world. In August 2016, senior drug policy officials from ASEAN countries met in Thailand to discuss the shape of the new drug strategy for the region. The contents are not yet known, but ASEAN has reaffirmed its commitment to the goal of the previous drug strategy to achieve a drug-free region.
African Union	The AU Plan of Action on Drug Control (2013–2017) (AUPA) is the fourth revised Plan of Action developed by the AU in response to emerging challenges associated with drug control. The Action Plan seeks to follow a balanced and integrated approach to drug control, providing a solid framework to address both supply and demand reduction. The Plan of Action outlines four key priority areas: - Continental, regional and national management, oversight, reporting and evaluation of

	the AUPA enhanced. - Evidence-based services scaled up to address health and social impact of drug use in Member States. - Countering drug trafficking and related challenges to human security through supporting Member States and RECs to reduce trends of illicit trafficking and supply reduction in accordance with fundamental human rights principles and the rule of law. - Capacity building in research and data collection enhanced through strengthening of institutions to respond effectively to challenges posed by illicit drugs, and to facilitate licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.
Council of Europe	The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an inter-governmental body formed in 1971. In 1980 the Group was incorporated into the institutional framework of the Council of Europe and at present it comprises 35 Member States. The Pompidou Group is more a forum for reflection and debate rather than a policy actor. As stated in the Resolution creating the group, the group aims to undertake a multidisciplinary study of the problems of drug abuse and illicit trafficking in drugs. It does not formulate strategies or guidelines for its members. A number of specific areas of interest and cooperation have emerged from the Group over time. These include: airports; precursors; research; sub-regional cooperation; prevention; prevention at work; treatment; prisons; and gender.

ANNEX C: EU-FUNDED PROGRAMMES AND PROJECTS

Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD II)

Title	**COPOLAD II – Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies**
Period	The first period of COPOLAD (COPOLAD I) covered 2011–2015. The programme was expanded in 2014. COPOLAD II covers the period 2016–2019.
Budget	€10 million under the Development Cooperation Instrument (DCI)
Context	As stated in the Action Document for COPOLAD II, COPOLAD was launched in 2011 in the framework of the Multi-Annual Regional Indicative Programme for Latin America 2007–2013 with the objective of improving bi-regional dialogue between Latin America and the EU, to strengthen drug policies in Latin America and to promote cooperation between national coordinating agencies from Latin America and the EU. The first phase of the programme (COPOLAD I) was allocated €6.6 million from the Development Cooperation Instrument (DCI). The first phase has been implemented by a consortium of partners from different Latin American countries and EU Member States and the second by CELAC and EU countries. The second phase, just like the first, is led by a Spanish foundation (Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas – FIIAPP). Countries involved are: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay and Venezuela. The representative from the Commission explained that during the first phase of the Programme, only Latin American countries received EU funds to implement the activities foreseen by the Programme. However, Caribbean countries, which are not eligible for DCI funds, participated at their own expense. This issue was addressed in the Action Document for COPOLAD II. In the document, the Commission echoed one of the conclusions reached as a result of the independent evaluation of COPOLAD I and concluded that in order to maximise the impact of the Programme, Caribbean countries should have access to EU funds. Consequently, the *clause passerelle* (Article 16 of the DCI Regulation) has been activated to extend eligibility of COPOLAD II actions to Caribbean countries.
Description	The overall objective is to contribute to improved coherence, balance and impact of drugs policies in Latin American and Caribbean (LAC) countries, as well as to strengthen bi-regional dialogue and effectiveness of joint efforts to tackle the world drug problem. COPOLAD II is a continuation of the comprehensive and balanced approach followed by COPOLAD I. Therefore, the four components of COPOLAD I have been maintained: (i) consolidation of the national drugs observatories of Latin American countries; (ii) capacity building in the reduction of drug demand; (iii) capacity building in the reduction of drug supply; and (iv) consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs.
Actions to which it relates	Actions 31, 32, 34, 35, 36, 37 and 38 of the Action Plan on Drugs 2013–2016.

Effectiveness	According to the representatives from COPOLAD and the Commission interviewed for this evaluation, the implementation of the programme has led to important developments in drug policies in CELAC countries. In relation to the fourth component, the representative from the Commission reported that COPOLAD I had contributed to building trust between the participating countries (Action 38) and that CELAC countries have received the EU approach very well, even adopting the balanced and holistic approach in international fora (Action 31). Representatives from third countries also regard the EU-CELAC Dialogue as a very useful cooperation mechanism that facilitates the exchange of best practices. Furthermore, the interviewees were pleased to announce that the Programme has contributed to the adoption of evidence-based drug policies in LAC countries by supporting the establishment of National Observatories on drugs and the creation of Early Warning Systems, as well as by helping them build indicators and by promoting collaboration between EU agencies and those in CELAC countries (Actions 36 and 37). In this context, the representative from COPOLAD reported that the first phase of the programme was primarily focused on creating the structures, while the second phase is moving on to the implementation and strengthening of the role of the newly created structures. Both interviewees evoked the resolution adopted by the CELAC countries during the last UNGASS meeting as an indicator that CELAC countries are taking a balanced approach. The representative from the Commission recalled that it was very difficult to distinguish the statements pronounced during the meeting by the EU and those by CELAC countries (Action 32). With regard to obstacles faced during the implementation of the first phase of the Programme, both interviewees regretted the high turnover of stakeholders in the partner countries, which constitutes in their view the main obstacle to making a greater impact.
Efficiency	The budget allocated for the implementation of COPOLAD II has increased in comparison to the first phase (from €6.6 million to €10 million). However, representatives from DG DEVCO and COPOLAD II believe that the funding is insufficient in light of the increase in activities carried out under the programme (some activities relating to the control of drugs precursors have been transferred from the Cocaine Route Programme to COPOLAD II) and in beneficiary countries (Caribbean countries are now eligible for funding as well). In order to address these challenges, the representative from COPOLAD II explained that for this phase, the foundation managing the Programme has opted to delegate more operation activities to partner organisations
Relevance	Interviewees believe that the EU Drugs Strategy and COPOLAD are tackling the right issues. However, the programme representative suggested that there is a need for a methodological approach for the development of drug policies in the partner countries in order to ensure that they are sustainable after the different projects are finalised (e.g. the legislative framework should provide quality standards and tools).
Coherence	COPOLAD I very closely followed the balanced and holistic approach of the previous EU Drugs Strategy. COPOLAD II is a continuation of the first phase and it also follows closely the approach taken by the current EU Drugs Strategy. In fact, interviewees considered that COPOLAD can be seen as a translation of the EU Drugs Strategy into the external action of the EU, as it was used to design the programme and to draft the calls for proposals.

Cocaine Route Programme

Title	**Cocaine Route Programme (Phase III)**
Period	The Cocaine Route Programme was launched in 2009 to cover the period 2009–2016. However, the implementation of some of the projects under the framework of the Cocaine Route Programme will conclude in 2018 or 2020.
Budget	€50 million under the Instrument contributing to Peace and Stability (IcSP)
Context	The Cocaine Route Programme was launched in order to tackle the various challenges that organised crime activities and drug trafficking present along the Cocaine Route. The programme is being implemented in more than 40 countries in Africa (mainly West Africa), Latin America, the Caribbean and Europe.[177] Although it is particularly focused on the traffic of cocaine, the programme also addressed other related organised crime activities (e.g. money laundering, corruption, product smuggling, etc.) undertaken by criminal networks exploiting the same routes to conduct different kinds of illicit businesses. The programme seeks to promote the establishment and reinforcement of regional cooperation frameworks and it consists, at the moment, of six specific projects: ▪ Airport Communication Programme, strengthening anti-drug capacities at selected airports in Africa, the Caribbean and Latin America (AIRCOP). ▪ Sea Cooperation Project, strengthening cooperation in addressing maritime trafficking in West Africa and the Eastern Caribbean (SEACOP). ▪ Supporting Anti-Money Laundering and Financial Crime Initiatives in Latin America (GAFILAT-EU), whose implementation will conclude in December 2016. ▪ Strengthening cooperation of law enforcement, judicial and prosecuting authorities in Latin America and the Caribbean (AMERIPOL-EU). ▪ Facilitating the collection, centralisation, management, sharing and analysis of police information in West Africa (WAPIS). ▪ Strengthening criminal investigation and criminal justice along the Cocaine Route in Latin America, the Caribbean and Western Africa (CRIMJUST). This project has been recently adopted and is going to be implemented by the UNODC, in cooperation with Transparency International. Additionally, the Cocaine Route Programme included the following projects: ▪ Prevention of the diversion of drugs precursors in the Latin American and Caribbean region (PRELAC). This project expired in February 2016. The EU now concentrates its support in the fight against the diversion of precursors under COPOLAD II. ▪ Supporting Anti-Money Laundering and Financial Crime Initiatives in West Africa (AML-WA), the implementation of which concluded in the beginning of 2016. In order to increase the synergies between the different projects, the Cocaine Route Monitoring and Support (CORMS) project was recently established. It is being implemented by the Royal United Services Institute (RUSI) and it seeks to monitor and improve the coherence and coordination of the programme.
Objectives	The general objective of the Cocaine Route Programme is to address the challenges of organised crime by promoting regional and trans-regional cooperation. The programme seeks to reduce the supply of cocaine and to

177 Including Anguilla, Antigua and Barbuda, Argentina, Barbados, Benin, Bolivia, Brazil, British Virgin Islands, Cameroon, Cape Verde, Chile, Colombia, Costa Rica, Cote d'Ivoire, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Ethiopia, Ghana, Grenada, Guatemala, Guinea Bissau, Honduras, Guyana, Jamaica, Kenya, Mali, Mauritania, Mexico, Montserrat, Morocco, Mozambique, Nicaragua, Niger, Nigeria, Panama, Paraguay, Peru, Senegal, Sierra Leone, South Africa, Saint Lucia, Saint Vincent and the Grenadines, Togo, Trinidad and Tobago, Uruguay and Venezuela.

	tackle organised crime by building the capacity of law enforcement and judicial bodies in the partner countries. The programme is built around four components: ▪ Preventing the inflow of drugs and other illicit goods at points of entry, implemented through AIRCOP, SEACOP and, until February 2016, PRELAC. ▪ Preventing criminals from enjoying the proceeds of crime, implemented through AML-WA and GAFILAT. ▪ Facilitating the exchange of information among law enforcement agencies and judicial authorities, implemented through AMERIPOL-EU and WAPIS. ▪ Supporting prosecution and investigation authorities, implemented through CRIMJUST.
Actions to which it relates	Action 37.
Effectiveness	The representative from the Cocaine Route Programme stated that while all the projects have been or are being implemented, the implementation process is very lengthy. Most of the projects are creating structures that did not exist and that are now at very early stages of development. Therefore, there is still a lot of work to do in terms of capacity building in order to render them fully functional. AMERIPOL and WAPIS, for example, have both contributed to the establishment of Europol-inspired regional police frameworks, but these are still at a very early stage of development. In the case of WAPIS, the interviewee explained that while the objective was to establish a regional police cooperation organisation, the actual implementation of the project is still concerned with transferring paper-based documentation to a database rather than exchanging information. According to the representative from the Cocaine Route Programme, 350 training sessions have been organised under the Programme (8,000 people trained) and 30 joint designated units have been created and equipped to render them operational. In terms of specific results, €20 million in cash and 1,500,000 kg of cocaine and other illicit products have been seized under the AIRCOP project. The interviewee explained that while these figures are not particularly big, they show that the Programme is on the right track.
Efficiency	As explained above, the total budget for the Programme is €50 million. Although the Cocaine Route Programme was programmed to span the period 2009–2016, the resources have been already allocated to every project, meaning that the budget will cover all activities under each project until their conclusion. The representative from the Cocaine Route Programme highlighted that the advantage of the non-region-based IcSP is that it allows them to better adapt to the ever-changing routes.
Relevance	The representative from the Cocaine Route Programme stated that while the process is lengthy, the projects under the Programme seem to address relevant issues in the partner countries. However, the interviewee considers that investigations of money flows should be addressed not only as a cross-cutting issue, and that the role of the EU Delegations should be enhanced.
Coherence	With regard to the coherence of the Cocaine Route Programme with the EU Drugs Strategy, the interviewee stated that the Terms of Reference of all the projects under the Cocaine Route Programme have been drafted following the Strategy very closely. In terms of duplication of efforts between this and other EU programmes (e.g. COPOLAD), the interviewee noted that there is certain overlap, even between the different projects within the Cocaine Route Programme. However, the objective of CORMS is precisely to address this issue and ensure better coordination and complementarity between the different actions.

Heroin Route Programme

Title	**Supporting the fight against trafficking from/to Afghanistan – Phase II (Heroin Route Programme II)**
Period	The first phase of the Heroin Route Programme was launched in 2009, spanning the period 2009–2014. The programme was extended in 2013 and ran until the end of 2015. A follow-up phase has been approved.
Budget	The budget allocated for the first phase of the Heroin Route Programme was €9.5 million. The total budget for the second phase of the Heroin Route Programme amounted to €6 million, of which €4.5 million was allocated to two projects targeting heroin trafficking.
Context	As explained in the 2016 European Drug Report,[178] heroin is primarily produced in Afghanistan and introduced in Europe through four trafficking routes: (i) the 'Balkan Route' is the main supply line and involves flows from Afghanistan through Iran and Turkey, entering into Europe through Albania, Bulgaria, Romania or Greece; (ii) a recently emerged route that runs through Syria and Iraq, entering Europe (iii) the 'Southern Route', which sees shipments from Iran and Pakistan entering Europe by air or sea directly or through Africa; and (iv) the 'Northern Balkan Route', a variant of the Balkan Route that involves the Caucasus and Black Sea regions. The Heroin Route Programme is funded through the Instrument contributing to Stability and Peace (IcSP), formerly known as instrument for Stability (IfS), and it falls under the scope of the Instrument that seeks to address global, trans-regional and emerging threats. The Regulation specifically identifies as a key area of support measures aimed at 'strengthening the capacity of law enforcement and judicial and civil authorities involved in the fight against terrorism, organised crime, including cyber-crime, and all forms of illicit trafficking and in the effective control of illegal trade and transit'. In this light, the focus of the Programme has been on (trans-)regional law enforcement cooperation in the fight against organised crime. The Programme covered two major areas: heroin trafficking and trafficking of human beings. The reason for including the latter under the framework of the Programme was that analysis indicated significant links as well as common methods and routes used by poly-criminal national and transnational organised crime groups, which exploit their existing logistics and networks for the trafficking of both heroin and other illicit substances and humans. The Programme complements other actions carried out by the EU and other international organisations in the region, especially the United Nations Office on Drugs and Crime (UNODC) and the Organisation for Security and Cooperation in Europe (OSCE). The first phase of the programme has been implemented by a consortium led by GIZ in collaboration with the Economic Cooperation Organization (ECO), Interpol, the UNODC, and the German Federal Ministry of the Interior (BMI), which were responsible for their respective components. The second phase of the programme consisted of three stand-alone projects implemented by the UNODC and EU Member State consortia, one led by FIIAPP and another one led by ICMPD (on human trafficking along the 'heroin route').
Description	The Programme documentation states that the main objective of the Programme is to address heroin trafficking by supporting third countries along the heroin routes (Afghanistan, Pakistan, Central Asia, Caucasus Region, Eastern Partners (Black Sea region))[179] to tackle drug-related organised crime. The Programme seeks to reinforce trans-regional capacity and cooperation networks by strengthening trust and exchanges with and amongst other

178 European Monitoring Centre for Drugs and Drug Addiction (2016) *European Drug Report: Trends and Developments*. As of 10 August 2016: http://www.emcdda.europa.eu/edr2016

179 Source: input to the evaluation from DG Home.

	regional organisations along the heroin route (e.g. Organisation of the Black Sea Economic Cooperation, South-east Europe Cooperative Initiative – Regional Center for Combating Trans-Border Crime, Central Asian Regional Information and Coordination Centre). The first phase of the Heroin Route Programme was built around four components: (i) strengthening the political and technical capacities of the ECO's Drug and Organized Crime Coordination Unit (DOCCU); (ii) further reinforcing I-24/7 as the central communication system for information and intelligence exchange at the regional and trans-regional levels (Interpol); (iii) developing a network of border control cooperation units at land/air/sea ports of entry for container control to stem the flow of drugs, precursors and other illegal trafficking (UNODC/WCO); and (iv) establishing a network of forensic laboratories in the ECO region, notably with regard to drugs, precursors and forged documents (BMI). As explained by a representative from the Commission, the second phase of the Programme included two projects concentrating on the drug trafficking angle, with the focus on: (i) extending the global Container Control Programme (CCP) with the establishment of inter-agency Port Control Units (PCUs) in seaports and dry ports in selected countries in the Black Sea; and (ii) building capacities primarily in Central Asian countries to increase regional and trans-regional law enforcement cooperation with a particular focus on enhancing the capacities of existing platforms such as the Central Asian Regional Information and Coordination Centre (CARICC) and promoting intelligence-led, evidence-based policing.
Actions to which it relates	Actions 37, 38, 41 and 43.
Effectiveness	An external mid-term review of the first phase of the Heroin Route Programme was conducted in 2012–2013. The evaluators found that the Programme had been imbalanced in terms of delivery ratio as only 51.45% of the budget had been spent by March 2013. According to the mid-term review, two components were considered to have been satisfactorily implemented at the time the evaluation took place: component II, implemented by Interpol, and component III, implemented by the UNODC/WCO. The first component, relating to the capacities of DOCCU/ECO, was especially problematic, as the project was designed to be based at ECO's headquarters in Tehran, Iran, but international and EU sanctions were imposed upon the country shortly thereafter. This led to practical problems, as the project had to be redesigned for its assistance to be compliant with the sanctions, including on eliminating the foreseen provision of (potential dual-use) equipment and intelligence training. Other obstacles identified were, inter alia, the fragility of the situation in Afghanistan and Pakistan, the lack of presence of some of the implementing agencies in the field, and the effects of corruption and other cross-cutting issues that were not addressed as part of the Programme. Overall, evaluators found that operational difficulties among the implementing agencies, the low absorption capacity of beneficiaries and security challenges had not been taken into account during the design of the Programme, based on which they reached the conclusion that in order to achieve the expected results, the Programme needed to be extended. According to a representative from the Commission, all the projects under the Heroin Route Programme have now been implemented, but their impact is not clear, especially as projects aimed at building capacities require long-term ex-post monitoring to identify whether the interventions were impactful and self-sustainable. The interviewee noted that the programmes are well designed, but because the broader region faces a number of security challenges, drugs tend to be lower down the agenda of priorities. Furthermore, the beneficiary countries have very diverse capacity levels, which makes it difficult to work on a regional level. These challenges constitute significant obstacles.

	At the same time, the Commission interviewee indicated there was an increasing commitment from the European Commission to design flexible and impact-oriented actions. For example, a project that facilitates the sharing of information along the route had provided information allowing the Commission to design future actions capable of adapting to the ever-diversifying market. With regard to specific actions of the EU Action Plan on Drugs (2013–2006), the representative from the Commission stated that the dialogues in the field of drugs with the US, Russia and Central Asia have been updated (Action 38 – see further information presented in relation to Evaluation Question 3a, JC3.10); that representatives from the Heroin Route Programme have participated in some of the Dublin Group meetings (Action 39); and that there is a strong cooperation with the Paris Pact group, OSCE and UNODC (e.g. Afghan Opiate Trade Project, Border Liaison Officer projects).
Efficiency	The representative of the Heroin Route Programme considered that during the first phase, the budget was sufficient. However, as mentioned above, the absorption capacity did not seem to be taken into account during the Programme's design. This, according to the representative from the Programme, may have affected its implementation. On the other hand, the Commission representative expressed concerns about the budget allocated to the Programme and considered it to be insufficient to allow an effective implementation of the projects in the 15 beneficiary countries. The interviewee suggested that to ensure efficiency, the Programme should be embedded in other regional programmes (e.g. CADAP) as a cross-cutting issue.
Relevance	The mid-term review of the Programme concluded that it addressed issues of high relevance in the region. However, the interviewee from the Heroin Route Programme regretted that the Programme had not followed the approach set out by the EU Drugs Strategy. In the interviewee's view, the fact that the Heroin Route Programme was conceived to tackle the supply of drugs, leaving aside cross-cutting issues, prevented it from having a greater impact.
Coherence	With regard to the coherence of the Heroin Route Programme and the EU Drugs Strategy, the interviewee from the Heroin Route Programme noted that the Programme was exclusively focused on the reduction of heroin supply and disregarded the balanced approach adopted by the Strategy. The interviewee thought that there is a good level of cooperation between those delivering the Heroin Route Programme and other actors working on this issue in the region (e.g. US, UNODC, OSCE) and awareness by those leading the Programme about the other activities in the region. The interviewee acknowledged that the budget for the Programme is relatively small in comparison to what other countries (e.g. the United States) and organisations are investing in the region. The interviewee also stated that sometimes the approach adopted by the contributors to the Heroin Route Programme varies (e.g. there was no common view on shifting the war on drugs to a more balanced approach). With regard to other EU policies, the 2013 mid-term review of the Programme pointed out on the challenge to ensure human rights compliance and no flow-on risk from the implementation of the EU's drug assistance programmes, especially in relation to the death penalty for drug-related offences in countries where it is applied – Iran is particular case in point. The mid-term review indicated that drug-related executions had increased proportionately with the increase of drug seizure, but this was not necessarily correlating the two facts. The EU received criticism from civil society for its funding of UNODC programmes on fighting drugs in Iran, but as explained by the representative from the Commission no direct project activity was undertaken in Iran on law enforcement, and therefore there could be no link with any capacity increase in relation to seizures. The representative from the Commission further noted that every project needs to incorporate a rights-based approach (RBA) and in the case of drug assistance particularly the principles 'Do No Harm' and 'Do Maximum Good' are anchored in to ensure that EU-funded actions do not cause human rights violations and that appropriate safeguards and mitigation measures are in place. To this end, the Commission has drafted the

	‘Operational Human Rights Guidance for EU External Cooperation Actions Addressing Terrorism, Organised Crime and Cybersecurity’ manual.[180]

180 European Commission (2015) *Operational Human Rights Guidance for EU External Cooperation Actions Addressing Terrorism, Organised Crime and Cybersecurity*. As of 10 August 2016: http://ec.europa.eu/europeaid/sites/devco/files/manual-hr-guidance-ct-oc-cyber-20151105_en.pdf

Central Asian Drug Action Programme (CADAP)

Title	**Central Asian Drug Action Programme (CADAP) – Phase 6**
Period	CADAP was launched in 2001. The sixth phase of the programme covers the period 2013–2018.
Budget	€5 million under the Development Cooperation Instrument (DCI).
Context	With the aim of tackling the supply and demand of drugs (especially heroin) in Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan), the EU is providing assistance in the region through a number of projects, mainly the Border Management Programme in Central Asia (BOMCA) and the Central Asia Drug Action Programme (CADAP). The Action Document for CADAP 6 explains that the Programme has been designed to complement the activities that the EU and other international actors are undertaking in the region. In this regard, the Programme complements EU projects in the field of drug supply (BOMCA and the Heroin Route Programme), as well as the actions of the UN (through the UNODC and UNAIDS), the US and other EU countries like Germany in the field of drug demand. Within CADAP 6, the following projects are being implemented: (i) DAMOS is assisting local governments in better understanding drug-related issues (both trafficking and use and abuse of drugs) in the region; (ii) TREAT is contributing to the introduction of modern drug and harm reduction treatment methods in the health system and prisons; (iii) MEDISSA concerns prevention and awareness raising actions; and (iv) OCAN is assisting the management and implementation of the programme. The programme is being implemented by a consortium of various countries (Germany, Czech Republic, Poland and the Netherlands) and managed by the EU Delegation in Bishkek (Kyrgyzstan).
Objectives	Launched in 2001, the general objective of CADAP is 'the gradual adoption of EU and international good practices in the fight against drugs and contribution to drug demand reduction policies and programmes in Central Asia', as stated in the Action Document for CADAP 6. During its sixth phase, the Programme seeks to strengthen Central Asian capacity to fight the drug phenomenon in a comprehensive and balanced manner. Having been drafted before the current EU Drugs Strategy, the Action Document refers to the objectives and principles of the previous EU Drugs Strategy. CADAP 6 is built around the following components: ▪ To promote the EU balanced approach in the field of drugs and to assist local governments in the revision and establishment of national drugs strategies with a balanced approach, with special focus on drug demand reduction. ▪ To support Central Asian countries in acquiring a comprehensive approach of data collection and to promote evidence-based policymaking, using the EMCDDA as the model. ▪ To support Central Asian countries in their drug demand reduction programmes.
Actions to which it relates	Actions 31, 32, 36, 37, and 38 of the Action Plan on Drugs 2013–2016.
Effectiveness	A representative from the Commission interviewed for the intervention reported that the implementation of CADAP has faced a number of obstacles preventing it from having the desired impact. Chief among them is the lack of political integration in the region; central Asian countries have very different characteristics and face challenges in cooperation and working together generally, not just in relation to tackling drugs. This makes it extremely challenging to cooperate with these countries at a regional level. Secondly, not all agencies and authorities in these countries prioritise EU cooperation. Thirdly, the interviewee noted that social work, which elsewhere is often carried out by religious communities or civil society, needs to be covered by

	official aid in CADAP countries, since such groups do not exist or do not have capacity. This means, for example, that the European Commission is managing some carpentry programmes in the region, an activity that otherwise could be taken up by the State or religious groups. Fourthly, the interviewee identified a challenge in the lack of data available in these countries, and noted that the data that are available are not always comprehensive or reliable. Finally, as also noted by representatives from the COPOLAD programme, the Commission interviewee highlighted that the high turnover of local stakeholders has proved to be one of the major barriers to greater impact. The CADAP interviewee also highlighted a number of additional challenges, mainly the fact that Central Asian countries still regard drugs as a security issue, and the influence that Russian drug-related policies have in the region (e.g. opposition to Opium Substitution Treatment), but also the lack of NGO involvement and of NGO's trust in authorities. Nonetheless, the interviewee noted that some aspects, such as trust in the EU and the technical expertise of people involved, had served as facilitators. In spite of all these obstacles, the Commission and the representative from the Programme reported that progress has been made, although at a slower pace than hoped for and with differences across the different components. In this regard, prevention and treatment measures have been largely implemented (component III), whist there has not been as much progress in the field of drug policy or data collection (component II). Finally, the interviewee from CADAP stated that one of the most positive effects of the Programme in the region is that it ensures that Central Asian countries continue to be exposed to evidence-based policies.
Efficiency	As stated above, the budget for the sixth phase of CADAP is €5 million. Taking into account the complementary nature of the project, the interviewee from Commission reported that this amount is sufficient for the activities that have been programmed. Furthermore, the representative from CADAP considers that whilst other actors are allocating much larger budgets in the region, the EU seems to have adopted the correct approach, as EU funds are proving to be sufficient to build and increase capacity in the beneficiary countries.
Relevance	The interviewees from the Commission and the Programme both noted that Central Asian countries are not very concerned about drug issues, as they have other more pressing security issues. In addition, the representative from CADAP explained that while the Programme is regarded as a health programme in the EU, countries in the Central Asian region consider it to touch upon aspects of national security. This is evidenced by the fact that the partner organisations in the beneficiary countries belong to the law enforcement branch (e.g. Ministry of Interior). In spite of this, the interviewee from the Commission stated that the Programme is appropriate for the issues that Central Asian countries are facing.
Coherence	The representative from the Commission stated that CADAP is in line with the objectives of the current EU Drugs Strategy. In fact, the general objective of CADAP 6, as set out by the Action Document, explicitly refers to the EU Drugs Strategy 2005–2012 (it was drafted before the adoption of the current EU Drugs Strategy). With a focus on demand reduction, the Programme complements the actions of the EU and other international actors in the region, with which there is a high level of communication, and contributes to the balanced approach sought by the European Union.

Internet Tools for Research in Europe on New Drugs (I-TREND)

Title	**Internet Tools for Research in Europe on New Drugs (I-TREND)**
Period	April 2013–June 2015.
Budget	The project was financed through an Action Grant (JUST/2012/DPIP/AG/3641) under the Drugs Prevention and Information Programme (DPIP). The EU contribution to the programme amounted to €317,413, representing 61.95% of the total eligible costs of the project (€512,401).
Context	New psychoactive substances (NPS) constitute an emerging threat that has grown exponentially since the EU Drugs Strategy was adopted. One of the main challenges to address is the lack of knowledge of the structure of such substances and the trends of consumption and supply. Most of the information available about this phenomenon has originated from traditional monitoring systems. As the supply of NPS via the Internet has grown significantly, such methods have proved to be inadequate. I-TREND was conceived to address this gap by monitoring the online market for NPS. The project was implemented by five co-beneficiaries in five EU Member States: Observatoire Français des Drogues et des Toxicomanies (France), the Department of Addictology of Charles University in Prague (Czech Republic), the University of Social Sciences and Humanities (Poland), the Trimbos Institute (Netherlands), and Liverpool John Moores University (United Kingdom).
Objectives	Initially, the project sought to provide information about NPS through the completion of forms about the most available and consumed NPS. However, a representative from the project explained that the objective evolved over time and incorporated the development of specific tools fit to monitor NPS supply over the Internet. Following this, the Final Narrative Report of the project states that the global purpose of I-TREND was 'to help decision makers prevent health and social harms related to new psychoactive substances by completing the available information system with specific tools fitter to monitor trends in NPS phenomenon on the Internet'. The activities were divided into five work streams (WS): ▪ Monitoring users' forums with both quantitative and qualitative methods to identify and describe effects and use of patterns of NPS discussed in online forums, identify the most popular substances, and describe NPS users' profiles (WS1). ▪ Monitoring supply through online shops, including the development of new tools in order to better monitor NPS supply on the Internet. ▪ Online survey for NPS users seeking to gain knowledge on motivations, profiles, practices, etc., of NPS users. ▪ Substance contents monitoring. The project team sought to test the feasibility of monitoring the contents of substances sold online and to enhance cooperation between European laboratories in order to increase their capacity to identify new substances. ▪ Producing a top list of circulating NPS and elaborating templates for national technical folders on NPS. This works stream was based on the information obtained through the activities in the rest of work streams.
Actions to which it relates	Actions 45, 46, 48 and 52.
Effectiveness	The project team reported several obstacles encountered during the implementation of the project. The three major challenges were: ▪ The area of research was new and unexplored, and the contexts differed across countries. ▪ Methodologies were experimental and needed to be tested, which resulted in more work and time. ▪ The field is ever-changing, which meant that the situations changed between the design of actions and their implementation.

	In spite of these obstacles, the representative from the project noted most of the desired outcomes were achieved. Firstly, the information obtained from the monitoring of Internet forums, the online survey and the analysis of samples acquired from online shops, has increased the knowledge of the NPS phenomenon. In fact, the representative from the project noted that the four most used NPS have been proposed for the Early Warning System by the EMCDDA. Some of the most remarkable conclusions reached by the project team are that in spite of the high numbers of NPS, the market is relatively stable (only a few substances are spread), and that user groups can be roughly modelled in concentric circles around a core of the so-called 'psychonauts' (expert users who usually handle harm reduction advice correctly). The external circles are constituted by less experienced users, usually not aware of harm reduction practices. Furthermore, the acquisition of samples from some online shops led to the discovery that more than 20% of NPS purchased through the Internet did not contain the alleged substance, which increases the health risks. Consequently, the project team concluded that harm reduction initiatives, especially those targeted at the least experienced users, were needed in order to minimise risks. Secondly, concerning the methodological monitoring processes and tools, the representative from the project explained that the project is too recent to be able to assess the real impact of the tools developed, as they have not been fully disseminated yet. Finally, due to several obstacles (e.g. delays to obtain standard reference substances and the lack of meetings between laboratories), the objective concerning the cooperation between European laboratories was not achieved.
Efficiency	The representative from the project indicated that the resources provided by the EU were not sufficient. Consequently, the co-beneficiaries of the grant had to contribute more resources in order to complete the budget necessary to develop the project. However, the interviewee acknowledged that without the EU contribution, the tools would have not been developed.
Relevance	I-TREND partially addressed one of the main challenges highlighted by the majority of interviewees during the evaluation. In particular, the representative from the project noted that it had contributed to the general dynamic of the NPS problem by providing information about the online market of these substances. One of the main findings of the project is that while a high number of NPS are sold via the Internet, only a few of them dominate. Therefore, the representative from the project stated that what is happening in practice is not aligned with the EU Drugs Strategy, as targeting all substances does not seem to be an efficient solution according to their observations.
Coherence	I-TREND is fully coherent with the EU Drugs Strategy. In fact, the interviewee from the project explained that the Strategy was used to understand the interests of the European Commission.

The European Drug Emergencies Network (Euro-DEN)

Title	**The European Drug Emergencies Network (Euro-DEN)**
Period	The EU-funded component of the programme started in April 2013 and ended in March 2015. The project was launched in 2008/2009 as a pilot supported by the EMCDDA and it continues to receive some financial support by the EMCDDA.
Budget	In 2012, Euro-DEN received a total of €371,378 through an operational grant awarded under the Drug Prevention and Information Programme (DPIP).
Context	Data concerning a set of drug-related indicators is collected at national level and reported to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). While these indicators provide relevant information about the epidemiology of drug use, drug seizures, drug-related deaths and problematic drug use, the Euro-DEN project team noted that limited data on acute recreational drugs and NPS toxicity was available. To address this gap, the European Drug Emergencies Network (Euro-DEN was conceived in 2008 as a pilot project implemented by the Clinical Toxicology Service at Guy's and St Thomas' NHS Foundation Trust in London and the Emergency Department and Clinical Toxicology Unit of the Hospital Universitario Son Espases in Mallorca (Spain). The project was finally set up in 2013. Today, Euro-DEN encompasses a total of 20 sentinel centres in 14 EU and non-EU countries[181] with a specialist clinical, toxicological and research interest in the adverse consequences of recreational drugs and NPS. The project representative stated that Euro-DEN aims to collect data that is representative of drug issues across a wide area. For this reason, they are looking at incorporating centres from the Scandinavian and Baltic regions.
Objectives	The overall objective of Euro-DEN is to address the deficiencies in the information on acute harm related to recreational illicit and licit substances, in order to ultimately provide a better picture of drug toxicity in Europe. To do so, the project was built around three main research components: ▪ Understanding the deficiencies in current European data on emergency room admissions. ▪ Systematic collection of data on European emergency room admissions for adverse consequences of drugs and NPS. As explained by a representative of the project interviewed during the data collection phase, only the directly drug-related effects are registered, in contrast with secondary problems indirectly linked to drug consumption (e.g. trauma caused from jumping off a building after having consumed cocaine). ▪ Training and guideline development for staff in recreational settings to respond to drug-related incidents.
Actions to which it relates	Actions 45, 46, 48, 49, 50 and 51.
Effectiveness	At the point EU funding ended in March 2015, 15 sentinel centres were part of the network. Since then, 5 additional centres have joined the scheme, one of them in Russia. The centres collect relevant data on a bimonthly basis and report to the coordinator of the project in London. In order to facilitate the comparison of data across sentinel centres, a standard form has been developed). The representative from Euro-DEN indicated that overall the data are sent spontaneously and on time. These data have served as the base for the EMCDDA's report on 'Hospital emergency presentations and acute drug toxicity in Europe'.[182] Additionally, Euro-DEN has recently published, supported

181 Czech Republic (1 centre), Denmark (1 centre), Estonia (2 centres), France (1 centre), Germany (1 centre), Ireland (2 centres), Malta (1 centre), Norway (2 centres), Poland (1 centre), Russia (1 centre), Slovakia (1 centre), Spain (2 centres), Switzerland (1 centre) and United Kingdom (3 centres).

182 As of 7 October 2016: http://www.emcdda.europa.eu/publications/rapid-communications/2016/hospital-emergencies

	by the EMCDDA, a set of guidelines on 'When to call the emergency services for unwell recreational drug users'.[183] Nonetheless, the Euro-DEN representative considers that there is still a big gap with regard to understanding the effects of drug use on health and, although the project is working to address this issue, there is a lot of information that is still missing (e.g. pre-hospital service data).
Efficiency	The representative from the project indicated that during the period when it was receiving EU funds, the resources were considered sufficient. Currently, the project only receives minor financial support from the EMCDDA and consequently they mostly rely on the participants' dedication to the programme.
Relevance	This project addresses one of the elements laid down in the current EU Drugs Strategy, the social impacts of drug use. Therefore, the project representative welcomed the inclusion of these effects in the text, which allowed the project to receive EU funding under the Drugs Prevention and Information Programme.
Coherence	From its conception, Euro-DEN has tried to address one of the needs that the previous Strategy laid down in the text, namely the need for 'new approaches to improve the knowledge base in drug-related adverse consequences to ensure the exchange of accurate and policy-relevant information' and to provide 'a better understanding of the drugs problems… through a measures and sustainable improvement in the knowledge base and knowledge infrastructure'. This concern is also reflected in the new EU Drugs Strategy and Action Plan.

183 As of 7 October 2016: http://www.emcdda.europa.eu/news/2015/euro-den

Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project (ALICE RAP)

<table>
<tr><td>Title</td><td>Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project (ALICE RAP)</td></tr>
<tr><td>Period</td><td>April 2011–April 2016.</td></tr>
<tr><td>Budget</td><td>The total cost of the project was €10,213,503. The EU contribution amounted to €7,987,226 under the 7th Framework Programme (FP7).</td></tr>
<tr><td>Context</td><td>ALICE RAP was a Europe-wide project that brought together 67 scientific institutions from 24 European countries covering over 30 scientific disciplines. The project sought to analyse the biological, economic, historical, medical, political and social factors behind addictive drugs and behaviours and the challenges of addiction lifestyles to the cohesion, organisation and functioning of contemporary European society. Ultimately, the aim was to reframe the understanding of addictions to redesign their governance.

The work was carried out in seven different areas:

▪ Ownership of Addictions: a historical study of addictions over the ages, an analysis of stakeholder views and image analyses.
▪ Counting Addictions: how addictions are classified and defined, pulling together the enormous quantity of data on multiple addictions and their impacts on health and society.
▪ Determinants of Addiction: aims to better understand the initiation, transition into problem use and transition into and out of dependence.
▪ Business of Addiction: studies revenues, profits and participants in legal and illegal trade, the impact of suppliers and webs of influence on policy responses.
▪ Governance of Addiction: the ways in which societies steer themselves to deal with different lifestyles, present governance practices on established and emerging addictions, and future scenarios.
▪ Addicting the Young: youth as consumers, the impacts of new technologies on use, the interrelations of culture and biology, and features that promote resilience and reduce problematic use.
▪ Coordination and Integration: the programme management takes a partnership perspective, built on the idea that health and social challenges cannot successfully be tackled by actors working alone.</td></tr>
<tr><td>Objectives</td><td>As stated in the Final Summary Report of the project, the main objective of ALICE RAP was ‘to study a wide range of factors through a foresight approach to provide an improved knowledge base for policies and to inform a redesign of effective addictions governance through integrated trans-disciplinary research’.

The vision of the project was to promote well-being though a synthesis of knowledge to redesign European policy as well as to promote synergies among sciences that address substance use and addictive behaviours.</td></tr>
<tr><td>Actions to which it relates</td><td>Actions 45, 46.</td></tr>
<tr><td>Effectiveness</td><td>According to a representative from ALICE RAP interviewed for this evaluation, the findings (described in the Final Summary Report) led to three main reframing ideas:

▪ There is a need to undertake biological and anthropological studies to understand the evolutionary behaviour in relation to addictions, which should be taken into account by policymakers.
▪ Heavy use over time is the determinant of the problem. Therefore, the team proposed to use ‘heavy use over time’ as the replacement descriptor for terms such as ‘addiction’ or ‘dependence’.
▪ Better methods of quantitative risk assessment need to be developed. These would allow a comparison between the toxicity of drugs.

Additionally, the Final Summary Report contains nine other approaches that</td></tr>
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<tr><td></td><td>should inform the redesign of addictions governance, namely:

▪ Policies should acknowledge and aim to reduce the social stigma linked to using addictive drugs and products.
▪ Policies should be assessed for their impact on a range of societal well-being outcomes beyond physical and mental health.
▪ Policies should be judged for their impact in reduction heavy use.
▪ Drug policies should recognise the vulnerability of the adolescent brain, particularly with respect to decisionmaking abilities.
▪ Policies should ensure that the gaps between those who need advice and treatment and those who receive it are overcome.
▪ Drug policies should ensure that programmes designed to prevent harm are assessed for their cost-effectiveness by agencies similar to those that assess pharmacological treatments.
▪ Smart policies require a whole-of-government and whole-of-society approach.
▪ Government policymaking for addictive drugs and behaviours should be free of the undue influence of relevant private producer companies.
▪ A health footprint can be used as an accountability tool to apportion the harm to health and premature death imposed by the different drivers of addictive drug use and behaviours.

With regard to obstacles faced, although the project team did not encounter any major scientific issues, the interviewed representative of the project noted that more involvement from the European Commission's side was missed. Dissemination at national level was found to be easier due to the higher number of contacts that researchers had within their countries.

In terms of bibliometric impact, ALICE RAP produced more than 160 scientific publications in peer-reviewed journals. The database Cordis contains 96 publications under the project, while OpenAire lists 14 open-access publications and 11 documents with closed access. Activities were also disseminated through the project website (http://www.alicerap.eu/) and online social media accounts. Moreover, the cumulative work of ALICE RAP was summarised into the ALICE RAP Policy Frame and the project produced: Policy Papers series covering 6 areas (alcohol, gambling, NPS, prescription opioids and public health, cannabis, and addiction in the family), 55 ALICE RAP Science Findings providing a simple account or mini-report of the main results, the ALICE RAP Future Challenges Series Book, and the ALICE RAP eBook 'Reframing addictions: policies, processes and pressures'. Moreover, other activities were organised (e.g. six Decision Makers' Dialogues and a Debate Science Summary).

However, the interviewed representative from ALICE RAP pointed out that the actual policy impact of the project is still unknown.</td></tr>
<tr><td>Efficiency</td><td>According to the representative from the project, the resources proved to be sufficient.</td></tr>
<tr><td>Relevance</td><td>The focus of the project on addictions was of significant relevance to the importance placed by some Member States and academics on the need to ensure that a greater link is created between drug demand policy and overall social policy. The research undertaken by ALICE RAP can therefore be utilised in the future in relation to potential considerations for an EU pan-addiction strategy covering licit and illicit substances and addictive behaviours.</td></tr>
<tr><td>Coherence</td><td>The project was coherent with the EU Drugs Strategy's and Action Plan's objective to contribute to a better understanding of the drugs phenomenon, in this case relating to addiction.</td></tr>
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Table C.1. Drugs- and addiction-related research projects funded under FP7

Acronym	Title	Coordinating institution	EC Contribution (€)	Start Date
LabOnFoil	Laboratory Skin Patches and SmartCards based on foils and compatible with a smartphone	CNECT/R	5,299,996	01/05/2008
BasalGangliaDynamic	Dynamic of neuronal network interactions in the basal ganglia	REA/A	100,000	01/09/2008
MODEL OF IMPULSIVITY	Characterization of a rodent model of impulsivity with implications for drug addiction	REA/A	171,868	01/06/2009
DIRAC	Rapid screening and identification of illegal Drugs by IR Absorption spectroscopy and gas Chromatography	REA/B	2,985,508	01/06/2010
NEUROFAST	The Integrated Neurobiology of Food Intake, Addiction and Stress	RTD/F	5,999,984	01/04/2010
ADDICTIONCIRCUITS	Drug addiction: molecular changes in reward and aversion circuits	ERCEA	1,500,000	01/10/2010
ALICE RAP	Addictions and Lifestyles In Contemporary Europe – Reframing Addictions Project	RTD/B	7,978,226	01/04/2011
ILMA	The interplay of learning and motivational systems in addictive behaviour	REA/A	210,093	01/04/2012
TACTICS	Translational Adolescent and Childhood Therapeutic Interventions in Compulsive Syndromes	RTD/E	6,000,000	01/01/2012
ADDICTION	Beyond the Genetics of Addiction	ERCEA	1,491,964	01/12/2011
LINKSCH	Grasping the Links in the Chain: Understanding the Unintended Consequences of International Counter-Narcotics Measures for the EU	REA/B	881,742	01/02/2012
HeroGen	The Molecular Genetics of Heroin Dependence	REA/A	200,372	01/10/2012
MeSSI	Mesocorticolimbic System: functional anatomy, drug-evoked synaptic plasticity and behavioral correlates of Synaptic Inhibition	ERCEA	2,499,506	01/03/2013
SALIENSY	Mapping the synaptic circuits for salience	ERCEA	1,500,000	01/03/2014
BRAINTRAIN	Taking imaging into the therapeutic domain: Self-regulation of brain systems for mental disorders	RTD/E	5,998,661	01/11/2013
Cocaine Gene Network	Molecular Analysis of Gene Regulatory Networks Underlying the Persistence of Drug Addiction	REA/A	100,000	01/02/2014
MATRIXRESILIENCE	Role of hevin in the neuroplasticity of stress-related disorders and addiction	REA/A	100,000	01/09/2013
INTERACT	Interactions in Community Treatment	REA/A	221,606	01/07/2015
SEYLE	Saving and Empowering Young Lives in Europe: Promote health through prevention of risk-taking and self-destructive behaviors	RTD/E	2,983,941	01/01/2009
EMOTIONCIRCUITS	Circuit mechanics of emotions in the limbic system	ERCEA	1,499,922	01/01/2013
ROSFEN	Rapid On-site Forensic Analysis of Explosives and Narcotics	REA/B	1,518,802	01/04/2013
SNOOPY	Sniffer for concealed people discovery	HOME/B	1,835,891	01/01/2014

SEWPROF	A new paradigm in drug use and human health risk assessment: Sewage profiling at the community level	REA/A	4,178,231	01/10/2012
ERANID	European Research Area Network on Illicit Drugs - Towards integrated European research in illicit drugs: cause and nature of drug problems; interventions and policies	RTD/B	1,999,725	01/01/2013
ChemicalYouth	What chemicals do for youths in their everyday lives	ERCEA	2,489,967	01/06/2013
		TOTAL	**59,746,005**	

Table C.2. Drugs- and addiction-related research projects funded under Horizon 2020

Acronym	**Title**	**Coordinating institution**	**EC Contribution (€)**	**Start Date**
REMOTIVATE	Reward revisited: Towards a comprehensive understanding of motivational influences on human cognition	ERCEA/C/01	1,257,000	01/10/2015
CoordinatedDopamine	Coordination of regional dopamine release in the striatum during habit formation and compulsive behaviour	ERCEA/C/01	1,500,000	01/05/2015
CCT	The psychology and neurobiology of cognitive control training in humans	ERCEA/C/02	1,998,305	01/11/2015
microMole	Sewage monitoring system for tracking synthetic drug laboratories	REA/B/04	4,992,866	01/09/2015
ART	Feasibility assessment on Alarm Resolution Technology, using X-Ray Echo Methodology	EASME/A/02	50,000	01/07/2015
ChemSniff	Chemical sniffer device for multi-mode analysis of threat compounds	EASME/A/02	1,577,030	01/09/2015
IRON	High sensitivity multi-gas handheld gas analysis technology	EASME/A/02	2,346,208	01/09/2015

ANNEX D: COUNTRY FICHES

This annex includes country fiches for all 28 Member States. First, we present longer fiches as case studies, incorporating two additional sections for ten selected Member States (AT, DE, FI, FR, HR, LV, NL, PT, RO, UK), followed by fiches for the remaining Member States. The annex concludes with a table summarising the coherence of individual national drugs strategies.

The ten longer fiches have been selected based on the following criteria:

1. Length of EU membership.
2. Geographical cluster and geopolitical 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, or notably different legislative frameworks.

Applying these criteria, and based on a review of EMCDDA country reports and Member States' national strategies and action plans, the evaluation team selected the ten Member States in the table below for the generation of a longer country fiche. The rationale for the selection of each case study is described in more detail below.

Table D.1. Summary of countries selected for a longer fiche

Member State	EU joining date	Date of establishment of current national strategy	Geographical cluster
Austria	1995	2016	Western Europe
Croatia	2013 (newest MS)	2012	Eastern Europe
Finland	1995	1997	Northern Europe
France	1958 (founding MS)	2012	Western Europe
Germany	1958 (founding MS)	2012	Western Europe
Latvia	2004	2011	Northern Europe
Netherlands	1958 (founding MS)	1995	Western Europe
Portugal	1986	1999	Southern Europe
Romania	2007 (new MS)	2013	Eastern Europe
UK	1973	2010	Northern Europe

Austria
(Criteria taken into consideration: 1, 2, 3, 5, 6)

Austria recently adopted its first federal strategy on drugs, entitled 'Strategy of a coherent prevention and addiction policy'. Additionally, the different Bundesländer have each adopted a strategic document. These plans address issues including prevention, recovery and treatment, provision of services, harm minimisation, cooperation on national level, research and education, labour market initiatives, and consequences of drug use on public spaces and safety. Several of these strategies refer to the EU Drugs Strategy, as well as EU-wide international cooperation. The 'Delphi-Studie' was carried out in preparation for an Austrian national drugs strategy. Selecting Austria as a case study allows for an evaluation of the extent to which EU guidelines are taken into consideration in the drafting of a new guideline. Moreover, Austria is an interesting case as it is one of the few countries in the EU that offers drugs checking services as a component of harm minimisation. Drugs-checking services allow drug users to receive information on the chemical compounds and the purity of drugs they are intending to use.

Croatia
(Criteria taken into consideration: 1, 2, 3, 4, 5, 6)

As the EU's newest Member State, Croatia adopted the National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia 2006–2012 for the purpose of harmonising the acquis communautaire of the Republic of Croatia with the European Union in 2005. Based on the evaluation of this strategy, the main areas of the National Strategy on Combating Drug Abuse 2012–2017 include: drug demand reduction, drug supply reduction, education, a national information system, coordination, international cooperation, and financial resources. The strategy comprehensively addresses the key issues raised in the EU Drugs Strategy. The document states that the first draft of the national strategy was discussed at a workshop supported by the European Commission's TAIEX Unit, in which European experts gave input into the final draft of the strategy. Moreover, the creation of the strategy was aided by EMCDDA, UNODC and World Health Organization expertise, and took other European guidelines into consideration. Hence, selecting Croatia as a case study allows for an evaluation of the incorporation of EU guidelines into the policy framework of a new Member State. Focusing on Croatia is also worthwhile because the national strategy identifies the country's role in preventing trafficking of drugs via the Balkan route. Regarding the prevalence of different licit and illicit drugs use, Croatia identifies the use of inhalants among school-aged children as a problematic country-specific challenge.

Finland
(Criteria taken into consideration: 1, 2, 3, 4, 6)

The general objectives of Finland's drug policy were described in the National Drug Strategy 1997. The country's 2012–2015 Action Plan addresses five areas: preventive work and early intervention, combating drug-related crime, treatment of drug addiction and reduction of harm from drug use, the European Union's drug policy and international cooperation, and information collection and research regarding drug problems. Finland is an interesting case because its national strategy was established almost 20 years ago. This allows for an analysis of the extent to which the principles of the EU Drugs Strategy were incorporated into the recent Action Plan. Furthermore, Finland has adopted an approach to prevention which includes substance education as part of compulsory health education. In comparison to other EU countries, a relatively large amount of new psychoactive substances was seized in Finland in 2013.

France
(Criteria taken into consideration: 1, 2, 3, 4, 5, 6)

The French national strategy, the 'Government Plan for Combating Drugs and Addictive Behaviours 2013–2017', is very comprehensive and correlates broadly with the main areas of the EU Drugs Strategy: prevention, care and risk reduction, trafficking, improving the application of the law, research and training, and reinforcing coordination at national and international levels. The French document discusses the consolidation of French initiatives at the European level, and specifically addresses sharing of knowledge and experience, targeting and supporting specific geographical areas, reinforcing internal security, promoting an economic approach to preventing and fighting against drugs trafficking, and developing cooperation in the area of health promotion. The French strategy pays closer attention to local and international cooperation in fighting against trafficking of drugs than the strategies of many other Member States. Furthermore, France is included as a case study on the basis of its very high prevalence of cannabis use compared to other EU countries.

Germany
(Criteria taken into consideration: 1, 2, 3, 4, 5, 6)

The 'National Strategy on Drug and Addiction Policy 2012' was adopted by Germany's Federal Cabinet in 2012. The overall goals of the strategy include: prevention, counselling and treatment, help in overcoming addiction, harm reduction measures, and repression. While it is not closely modelled on the EU Drugs Strategy, it is very comprehensive and raises many of the same issues. International trends and challenges as well as international cooperation at an EU and UN level are mentioned in a separate chapter in the report, but are not strongly emphasised. Instead, the German strategy prioritises domestic concerns. It draws attention to particular issues such as addiction in old age, the need for a gender sensitive approach, the provision of better information concerning prescription drug addiction through pharmacists and more appropriate prescription of psychotropic drugs by doctors, and barriers to treatment for migrants. Germany has developed

comprehensive harm reduction measures, which include heroin-assisted treatment, peer-based Naloxone distribution, and drug consumption rooms. Moreover, drugs checking services are available in Germany.

Latvia
(Criteria taken into consideration: 1, 2, 3, 5, 6)

Latvia's 'National Programme on Drug Control and Drug Addiction Restriction for 2011–2017' reflects the principles of EU drug policy. It sets out three main goals: to reduce the tolerance of illicit drug use in society, to reduce the harm caused to society through illicit drug use by making effective healthcare services available for drug users, and to reduce the availability of illicit drugs. The strategy is built around four pillars: prevention, healthcare, reducing availability, and policy coordination and information analysis. Latvia presents a particularly interesting case study because the country struggles with a high prevalence of problem drug use compared to elsewhere in the EU. Furthermore, one of the major issues of relevance for Latvian policymakers is the spread of new psychoactive substances.

Netherlands
(Criteria taken into consideration: 1, 2, 3, 5, 6)

The 1995 White Paper 'Drug policy: continuity and change' sets out some of the basic principles of the Dutch drugs strategy. The strategy, updated in the 2011 'Drug policy letter', is further elaborated through a number of other strategies, policy notes and letters to Parliament focusing on specific drugs and issues. The strategy differentiates between 'soft' and 'hard' drugs and explores the following four objectives: to prevent drug use and to treat and rehabilitate drug users, to reduce harm to users, to diminish public nuisance caused by drug users, and to combat the production and trafficking of drugs. A White Paper published in 2001 suggests the intensification of law enforcement regarding the production and trafficking of ecstasy. The Police and the Public Prosecution Office policy letter 2008–2012 and 2012–2016 address synthetic drugs, heroin and cocaine as well as the cultivation of cannabis on a large scale. Other recent policy documents place an emphasis on public health, nuisance and organised crime. The Netherlands is not only a suitable case study because of its generally more liberal approach to cannabis, but also because of recent policy changes to combat 'drugs tourism'. The Netherlands was the first Member State to introduce opioid substitution programmes.

Portugal
(Criteria taken into consideration: 1, 2, 3, 4, 5, 6)

Portugal's 1999 national strategy for the 'Fight Against Drugs, National Plan for the Reduction of Addictive Behaviours and Dependences 2013–2020' and the 'Plan of Action for Reducing Addictive Behaviours and Dependencies 2013–2016' focus on international cooperation, prevention, 'the humanistic principle', pragmatism, security, coordination and rationalisation of resources, subsidiarity and participation. The Portuguese approach frames international and in particular EU coordination as a key principle of its strategy. The national strategy includes emphasis on concerns regarding drug-using pregnant women and mothers with young children, and the potential of therapeutic communities that specialise in specific circumstances and care needs. Moreover, the strategy mentions positive discrimination as a pathway to professional and social reintegration. Studying Portugal in more detail is pertinent since the consumption of drugs is largely decriminalised in Portugal.

Romania
(Criteria taken into consideration: 1, 2, 3, 5, 6)

The Romanian National Anti-Drug Strategy 2013–2020 closely follows the structure of the EU Drugs Strategy. It focuses on the reduction of supply and demand. It also addresses three cross-cutting (or transversal) themes: (i) coordination, (ii) international cooperation, and (iii) research, evaluation and information. Choosing Romania as a case study allows for a closer investigation of a Member State that not only takes all of the pillars of the EU Drugs Strategy into consideration, but also adapts its structure and timespan. Moreover, Romania forms an external border of the EU and plays an important role in the prevention of trafficking of drugs into the region.

United Kingdom
(Criteria taken into consideration: 1, 2, 3, 4, 5, 6)

The UK Drug Strategy 2010, 'Reducing Demand, Restricting Supply, Building Recovery', has two overarching aims: (i) to reduce illicit and other harmful drug use, and (ii) to increase the numbers recovering from their dependence. This document replaced the 2008 Strategy and emphasises recovery, with more responsibility placed on individuals themselves compared to previous national policy. The comparison of the UK approach – as a Member State that is not part of Schengen –with the strategic outlook of other Member States on trafficking provides another possible point of difference to explore. In addition, the strategy mentions Payment by Results (PBR) approaches to the provision of social care and treatment. The UK also struggles with a high prevalence of cocaine use as well as general problem drug use in comparison to other EU countries, and it was the first Member State to introduce needle exchange programs. In comparison to other EU countries, a relatively large amount of new psychoactive substances was seized in the UK in 2013. The UK is also an interesting case because it opted out of the EU Directive concerning the regulation of legal highs and chose to follow a more restrictive path.

Member State Fiche for Austria

OVERALL NATIONAL DRUGS STRATEGY	In January 2016, Austria adopted its first federal strategy on drugs, entitled **Strategy of a coherent prevention and addiction policy**. Additionally, the different Austrian provinces (Bundesländer) have strategic documents on drugs and addiction, covering: prevention, recovery and treatment, provision of services, harm minimisation, cooperation at a national level, research and education, labour market initiatives, and consequences of drug use. The main objective of the Austrian national strategy is to reduce the negative consequences of the use of licit and illicit drugs for individuals, as well as for the society as a whole. The document is structured around three pillars: (i) prevention; (ii) treatment; and (iii) security. The pillars are complemented by five cross-cutting themes: (i) research, monitoring and evaluation; (ii) training of professionals active in the field of drug addiction treatment; (iii) planning and coordination of addiction policy; (iv) public awareness raising; and (v) international cooperation. While supply reduction is an important pillar of the Austrian drug policy, the strategy places particular emphasis on drug demand and the importance of information, prevention, treatment and rehabilitation. The focus on prevention and treatment of addictions is noticeable not only in the structure of the document, but also in the approach adopted to address aspects of security. In this regard, the Austrian Reitox Focal Point representative clarified that the country is trying to draw a clear distinction between drug users and drug dealers. This is reflected in the strategy, which underlines that while drug trafficking must be considered criminal offence, drug users should be referred for treatment rather than being subject to sanctions. Furthermore, harm reduction measures have priority over security or judicial measures. Following this philosophy, the country has recently amended its Drugs Law in order to bring health and social measures upfront, rather than the traditional criminal focus. As in the case in other Member States, Austria has opted for a pan-addiction approach, meaning that the national strategy not only covers illegal drugs but also NPS, psychotropic medicines, tobacco, alcohol, gambling and other addictive behaviours, and doping and other neuro-enhancement substances.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Austria has implemented most of the actions contained in the EU Action Plan. There have been important developments in every pillar but there has been less implementation in relation to the fourth pillar (international cooperation). Since 2013, several universal, selective and indicated prevention initiatives have been undertaken, with a special focus on children and youth, the workplace, the use of NPSs in recreational settings, and people with an immigrant background (Action 1). Evaluation of life skills-based programmes has shown that they have led to a delay in the first use of illicit drugs (Action 2). With regard to treatment for prisoners, standards for treatment of incarcerated drug users were adopted in 2014 and the country foresees an intensification of existing measures for the current year (Action 8). From the supply perspective, Austria's submission for the 2015 Commission Progress Report indicates that alternatives to coercive sanctions (Action 21) have been long established in Austria (since 1971) and include: treatment, rehabilitation, aftercare, social integration, etc. This has been confirmed by the Austrian NDC representative, who explained that a new system has been established, whereby suspected drug users are referred to a health institution and will be referred to the public prosecutor only if they are unwilling to undergo examination or treatment. Drug-related crime via the Internet has been targeted by Austrian law enforcement agencies, with investigation into the dark net leading to the arrest of an important drug trafficker (Action 22). According to Austria's submission for the 2015 Commission Progress Report there is good

	coordination between all relevant actors involved in drug policy (Action 29) and members of civil society are involved in the coordination, development and implementation of the national strategy (Action 30). Concerning international cooperation, Austria has adopted a balanced approach in its relations with third countries (Action 32). This is reflected in the funding of projects involving alternative development (Action 35) in the main drug-producer countries in Latin America (Bolivia, Colombia and Peru), as well as projects tackling drug-related organised crime in the Southern African Development Community (SADC) region (Action 38). Finally, training and research (on drug demand reduction, young people at risk, drug problems among prisoners, etc.) has also been carried out (Actions 49 and 50). While Austria's submission for the 2015 Commission Progress Report and primary data collection show that there are some unimplemented actions in every pillar, most of these correspond to the fourth pillar (international cooperation). In this context, Austria has not reported any new cooperation agreement with third countries (Action 32), nor has it supported projects with third countries seeking to prevent illicit crop cultivation (Action 34) or involving the development of harm reduction measures (Action 36). With regard to prevention, although the measures in place incorporate activities aimed at raising awareness among the target groups, Austria has not put in place awareness-raising campaigns addressed to the general population (Action 3). From the supply perspective, the authorities have not signed any new memoranda of understanding seeking to counter cross-border drug trafficking and improve border security (Action 15).
MEMBER STATE SPECIFICS	**Drug-checking services** Through the 'checkit!' programme, drug-checking services are offered in Vienna and the surrounding region. The programme is run by Vienna Social Projects in cooperation with the University Hospital of Vienna and provides a high-quality, anonymous and free chemical analysis of drugs in recreational settings, such as rave parties, as well as information and counselling. The objective is to prevent problematic consumption patterns and to reduce the related health issues. The service is also accessible online (www.CheckYourDrugs.at). The project seeks to collect scientific data in order to facilitate the early detection of trends and use, as well as the design of prevention measures. According to the EMCDDA, 'checkit!' has been well received by the population and its services are being used by the target group (e.g. at a big event with approximately 4,000 visitors, an average of 400 people used the service, with 250 information and counselling talks and 70 psychoactive substances brought in for testing). Furthermore, the data collected through this project have contributed to increased knowledge and changes of behaviour. Similar projects are also run in other provinces in the country (e.g. Z6 mobile drug services in Tyrol). **Prevention projects targeting children and young people** The EMCDDA highlights a number of projects in Austria targeting children in school settings. Among them, 'plus' (addressing children between 10 and 14 years old) has been positively evaluated. The programme is offered in schools in all provinces and aims to develop life skills by means of social learning. It covers narcotic substances, new media and patterns of use and consists of four annual focuses, each of which covers five themes; in addition, in order to achieve the expected results it includes a four-year training course for teachers. The evaluation of 'plus' involved interviews with students and teachers from both intervention and control schools: between 2009 and 2013, the sample group (2,107 students at the beginning and 1,825 at the end) was interviewed five times, using quantitative questionnaires. The findings of the evaluation indicate that at the end of the programme, the number of students aged 14 with behavioural problems or who had used cigarettes and alcohol was significantly lower among the intervention group compared to the control group. Moreover, teachers reported an improvement in behaviour and achievements among those students that had participated in the programme.

	Consequently, the evaluators recommended continuing the programme.
COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY	Traditionally, Austria's drug policy was based on the strategic documents adopted by the different regions (Bundesländer). With the recently adopted national strategy, the federal government is aiming to address some of the most important issues caused by the use of drugs. The document revolves around drug demand-related issues, while supply reduction is only briefly addressed as part of the pillar on security. Coordination, international cooperation, and evaluation and monitoring are, as in the EU Drugs Strategy, considered cross-cutting themes by the Austrian strategy. In summary, the Austrian policy on drugs and its national strategy are in line with the objectives set out by the EU Drugs Strategy. However, the main focus of the document is on demand reduction, while supply reduction is only briefly addressed.

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 – The Strategy and AP do not mention this pillar					
2 – The Strategy and AP only briefly address this pillar		✓			
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars			✓	✓	✓
4 – The Strategy and AP primarily focus on this pillar	✓				

Member State Fiche for Croatia

OVERALL NATIONAL DRUGS STRATEGY	In 2012, Croatia adopted the **National Strategy on Combatting Drug Abuse**, spanning the period 2012–2017. The strategy is being implemented through two consecutive action plans, the first one setting the specific actions for the period 2012–2014, the second covering the period 2015–2017. The Croatian strategy seeks to reduce the demand for and supply of drugs in society, while protecting the health of individuals, families and communities. Accordingly, the document specifies four main objectives: (i) to prevent and reduce the abuse of drugs and other addictive substances, especially among children and youth; (ii) to reduce the scale of drug abuse and addiction problems in society and reduce the health and social risks related to drug abuse; (iii) to reduce availability of drugs at all levels and combat all forms of drug-related crime; and (iv) to improve and create a network system for drug abuse and addiction suppression at national and local level. To achieve these goals, the strategy adopts a comprehensive and balanced approach, covering seven major areas: (i) demand reduction; (ii) supply reduction; (iii) education; (iv) a national information system; (v) coordination; (vi) international cooperation; and (vii) the financial resources needed for the implementation of the strategy. Reflecting the EU acquis, the Croatian strategy and action plan have adopted the principle of a balanced approach between demand and supply reduction. In the field of drug demand, the main focus is on schools, the workplace and prisons. While the Croatian strategy is primarily concerned with illicit drugs, prevention measures also address addiction to licit substances (alcohol, tobacco and inhalants among the young) and other addictive or high-risk behaviours (the Internet, gambling). The strategy also dedicates a chapter to education, highlighting the importance of giving continuation to the collaboration with EU institutions in order to provide, in the framework of EU programmes (TAIEX, CARDS, IPA), specific targeted training for all actors involved in combatting drug abuse, as well as the promotion and establishment of interdisciplinary scientific and specialist postgraduate studies in the field of addiction. The current drug trends in Croatia are also reflected in the strategy, particularly the increase in use of NPS, which are addressed both from the supply and the demand perspective. An important element of the strategy is the inclusion of substances prohibited in sport (doping substances) as a drug supply priority. The strategy emphasises the need to categorise the illicit trade of doping substances as a criminal offence in order to provide the legal mechanisms to suppress supply.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Croatia has implemented a large number of actions laid down by the EU Action Plan on Drugs 2013–2016, with a particular focus on demand reduction. According to Croatia's submission for the 2015 Commission Progress Report, most of the unimplemented Actions concern the field of international cooperation. 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 Office for Combatting Drug Abuse has created the Drug Demand Reduction Programmes Database and adopted guidelines on psychosocial treatment, rehabilitation and social reintegration programmes. These guidelines dedicate one chapter to treatment in prisons. On the supply side, the country has decriminalised drug possession for personal use, making it a punishable misdemeanour. On the other hand, it has qualified the illicit trade of doping substances as a criminal offence. Croatia has also promoted the involvement of civil society in all stages of the process, from the drafting of legislation to the implementation of actions

	(Action 30). Croatia's submission for the 2015 Commission Progress Report and primary data collection show that the main areas for improvement are found in the pillar of international cooperation. Only two actions referring to international cooperation have been implemented: the adoption of bilateral agreements with third countries (Croatia and Russia signed a protocol on cooperation between their ministries of interior) (Action 38) and the enhancement of training for those involved in combatting drugs (Action 37). With regard to supply reduction, law enforcement authorities have not carried out activities specifically targeting drug-related crime on the Internet (Action 22). With regard to monitoring activities, although there have been evaluations of the projects implemented by NGOs, these have not measured their effectiveness in terms of impact. To conclude, Croatia's responses in the questionnaire for the 2015 Commission Progress Report show that there has not been any expansion of treatment services, as the current coverage is considered sufficient.
MEMBER STATE SPECIFICS	**Prevention measures targeting children and youth, as well as other groups at risk** Croatia has applied a series of interventions in the area of universal prevention, targeting children and young persons in the educational system. Among these projects, the Reitox national focal point report (2014) highlights 'Trening životnih vještina (Life Skills Training)' as a programme that has been rated as best practice by the EMCDDA. The project is an adaptation of a highly valued American programme and it has reached approximately 10,000 children aged between 9 and 12 yearly from 2006 to 2013. The goal is to help school-aged children develop skills and attitudes preventing them from acquiring addictive behaviours. In 2009, a quasi-experimental pre-test/post-test evaluation of the programme was conducted. The sample of the evaluation consisted of 1,537 individuals (1,268 from the intervention group and 269 from the control group; 611 individuals from urban environment and 926 from a rural environment; 789 females, 729 males). At the pre-test stage, no significant differences were found between the intervention and the control group; after having completed two years of the programme, intervention schools reported lower results for pro-consumption attitudes and other influencing issues, and higher results for anti-addiction attitudes and satisfaction with life. This led to a smaller increase in smoking and other substance use rates in intervention schools as compared to control schools. Another example of good practice concerns selective prevention measures addressing children from families at risk and their parents, with a view to involving the latter and increasing their parental competences. **Adoption of recommendations and guidelines for prevention and treatment** In order to improve the quality of prevention interventions and the treatment of drug addicts, Croatia has adopted a series of documents containing recommendations and guidelines based on best practice and scientific evidence. As stated by the Reitox Focal Point National Report (2014), following the 'Improvement of the quality of addiction prevention programmes, and rehabilitation and social reintegration programmes', implemented by the Office for Combating Drug Abuse, Faculty of Education and Rehabilitation Sciences University of Zagreb, and a number of NGOs, a series of recommendations on prevention were adopted. These were based on the European Drug Prevention Quality Standards. Furthermore, Croatia adopted guidelines for psychosocial treatment of drug addicts in the healthcare, social and prison system in 2014. The purpose of these guidelines is to enhance the quality of treatment and provide guidance to professionals in charge of applying it. The drafting of the guidelines involved experts from a wide range of institutions in Croatia. In addition, the National Committee on Combatting Drug Abuse adopted the guidelines on harm

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<td>reduction programmes in March 2015.

Involvement of civil society and the scientific community

Croatian authorities work very closely with NGOs. Representatives of civil society and the scientific community are included in all stages of the process, from the preparation of legislation to the implementation of Actions and their evaluation. An example of this involvement is their membership of the national Advisory Board on Drugs.</td>
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<td>COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY</td>
<td>As the EU's newest Member State, Croatia has benefitted from support from the European Commission under the Instrument for Pre-Accession Agreement. The previous national strategy (2006–2012) sought to harmonise the national framework in the field of drugs with the acquis communautaire and thus adopted the same approach as the EU Drugs Strategy (2005–2012). The current national strategy is built upon its predecessor and takes account of the expertise and guidelines of the EU, the UNODC and other relevant international organisations. Consequently, the strategy comprehensively addresses all the issues covered in the EU Drugs Strategy, albeit making particular emphasis on drug demand.

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Member State Fiche for Finland

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<tr><td>OVERALL NATIONAL DRUGS STRATEGY</td><td>
Finnish drug policy is based on general social policy, national legislation and international treaties collectively aimed at contributing to a reduction in the supply of and demand for drugs and drug-related harm, enabling early treatment and imposing penal liability on those engaged in illegal activities.
Many of the principles and objectives of Finland's approach were laid out in its National Drugs Policy in 1997. The policy was based on an extensive baseline assessment and responded to a call for a more coherent and streamlined approach. It included an overview of national measures intended to prevent the spread and use of drugs, as well as chapters on international cooperation and the division of tasks and coordination domestically between relevant actors
Subsequent resolutions were promulgated in order to outline action for specific periods. Following resolutions for the periods 1998–1999, 2000–2003, 2004–2007, 2008–2011 and 2012–2015, a new Government Resolution on the Action Plan to Reduce Drug Use and Related Harm has been prepared for the period 2016–2019 and is expected to be adopted in 2016.
The Finnish drug policy is coordinated by the Ministry of Social Affairs and Health and implemented by public and para-public actors at both central and local levels. The Drug Policy Coordination Group, which is led by the Ministry of Social Affairs and Health, is responsible for developing and coordinating national drug policy and to monitoring the drug situation.
It should be noted that, as reported by Finnish HDG representatives interviewed for this intervention, Finland is currently in the process of reorganising its social and health services. All of the demand reduction side of drug policy will be impacted by this reorganisation, which is aimed at reducing the fragmentation of the system; the services in the future will be implemented by 18 actors rather than 300 plus.
The 2012 action plan covered the first three years of the time period covered by the present evaluation. It addressed five areas: (i) preventive work and early intervention; (ii) combating drug-related crime; (iii) treatment of drug addiction and reduction of harm from drug use; (iv) the European Union's drug policy and international cooperation; and (v) information collection and research regarding drug problems.
Overall, the Finnish policy and subsequent action plans follow a relatively balanced approach, highlighting both demand and supply reduction needs and drawing a strong link with related social and health issues. Like many countries, Finland has seen an important evolution in its drug policy in recent decades. Traditionally, police authorities advocated a drug-free society and stricter controls, whereas the social welfare, health and criminal policy alliance has been in favour of harm reduction. Harm-reduction policy has made important inroads and the welfare society has begun to provide a growing range of care services for problem users. However, the Finnish drug policy continues to rely heavily on the criminal justice system despite its social welfare and healthcare elements.
Preventive substance abuse in Finland forms part of the wider concept of promotion of well-being and health, a fundamental social principal in Finland and other Scandinavian countries. This has translated into a robust legal framework, including substance abuse prevention, which is principally governed by the Temperance Work Act, the Temperance Work Decree, and the Act on Welfare for Substance Abusers. The responsibility of a wide range of governmental and non-governmental actors at the central and local levels, prevention measures are highly embedded in the wider framework of social policies in Finland, as well as other policy frameworks. Employers, for example, must have a written substance abuse programme containing the general goals of the workplace and practices to be followed to prevent
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	substance abuse and help substance abusers in seeking treatment.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Finland has undertaken to implement most areas covered by the EU Action Plan (with only small gaps identified). In particular, Finland has well-established demand reduction activities that it continues to develop. On the supply side, Finnish authorities continue to adapt to new challenges and further strengthen cooperation with neighbouring EU countries and third states. Overall, no major gaps or areas for improvement can be identified in terms of implementation of the EU Action Plan. However, the evaluation team does underline some challenges to continuing to implement the Action Plan in coming years. Substance use prevention in Finland is part of the wider concept of the promotion of well-being and health and is highly embedded in a number of different aspects of life in Finland. According to a member of the Finnish HDG delegation, authorities continued to implement prevention measures through both central and local actors under the umbrella of the National Prevention Programme, aimed at preventing and delaying the onset of drug use (Actions 1–3). This includes school-based prevention focused on all school levels, as well as myriad selective and indicated prevention programmes. Although the quality of these strategies varies, all local authorities are responsible for having strategies for mental health and substance use services. NGOs involved in drug prevention activities are also funded by the government and are specialised in different target groups. Finland has embedded evaluation into prevention programmes through different measures (Action 47). National budget processes require evaluations of programmes and NGOs must conduct evaluations (sometimes external) in order to receive public funding. Finland has also continued to develop and expand the diversity, availability, coverage and accessibility of comprehensive and integrated treatment services, although maintaining adequate coverage in rural areas remains challenging (Actions 5 and 6). Whilst long-term inpatient treatment has decreased, drug treatment is moving towards primary health. For example, the provision of opioid substitution treatment has increasingly been transferred to health centres or pharmacies. According to a stakeholder from the Finnish HDG delegation, efforts are also underway to achieve a higher level of integration between mental health and substance abuse treatment services (Action 6). Harm reduction initiatives in Finland have a history dating back over a decade. Current work in this area is focusing on reaching out to new vulnerable populations through low-threshold services and to treatment (e.g. peer work, street patrols) (Action 7). On the supply side, Finnish law enforcement and judicial authorities have continued to adapt to new challenges and cooperate with neighbouring countries to combat dynamic drug trafficking networks, including specific priorities in the action plan such as precursors and pharmacologically active substances as cutting agents (Actions 10, 13, 14, 15, 17 and 20). The recent national cyber strategy also includes elements relating to illicit drugs. In addition, the monitoring of websites is now part of criminal intelligence and covers drug-related crime (Action 22). According to a Finnish HDG representative, coordination at the national level is ensured through established coordination mechanisms bringing together a wide range of actors (Action 29). 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 implicated in the implementation of drug policy and regularly consulted (Action 30). A wide-ranging NGO consultation was recently held within the framework of the preparation of the future government drug policy. However, the fragmented responsibility for drug policy implementation, particularly demand reduction, can make it difficult to coordinate amongst NGO actors and ensure uniform standards. At the EU level, Finland participates actively in fora such as the NDC and HDG meetings (Action 25).

	At the international level, Finland participates actively in policy formulation and the exchange of ideas within the United Nations, the Council of Europe, Baltic regional cooperation and the Nordic Council of Ministers, as well as other established fora (e.g. the Heart of Asia – Istanbul Process). Finland also supports the UNODC in the planning and implementation of international drug control. Due to its proximity to neighbouring third countries, notably Russia, the country has built up strong bilateral ties and cooperation in the field of drugs (Actions 31, 32, 38, 41, 42 and 43). Finland has also implemented external assistance programmes (Afghanistan) aimed at preventing illicit drug crop cultivation, through rural development measures and support of the UNODC's 'Regional Programme for Promoting Counter Narcotics Efforts in Afghanistan and Neighbouring Counties' (Actions 34–37). Evaluation is well embedded in most relevant aspects of Finnish drug policy, particularly concerning demand and harm reduction activities (Action 22). Drug-related research is carried out by the National Institute for Health and Welfare, the National Research Institute of Legal Policy and universities, amongst others (Actions 45, 48 and 50). Finnish authorities also submit various data to information-collection systems at the EU and international level (Action 54). Through the Reitox Focal Point, Finnish actors also regularly partake in collaborative projects and information exchange with European counterparts, according to a Finnish Reitox Focal Point representative. An example of good cooperation is the EMCDDA study on Nordic countries and drug deaths (where a small group of Member States focus on one specific subject). Overall, no major gaps or areas for improvement can be identified; however, small gaps were noted concerning relatively specific actions. Furthermore, some weaknesses or challenges may be underlined, which may weigh on the ability of Finland to continue to implement the action plan in the future. For a small number of specific actions, the interviews and documentary review did not find any corresponding initiatives. This includes the development of the availability and coverage of healthcare measures for drug users in prison and after release (Action 8) and combatting the misuse of prescribed and 'over-the-counter' opioids and other psychoactive medicines (Action 4). Whilst no specific initiatives were identified in these areas, it is hard to conclude that Finnish authorities and other relevant actors have done nothing to directly or indirectly address these priorities. According to a Reitox Focal Point representative, public budget constraints have reduced the level of pre-existing services provided by public authorities and NGOs relying on public funds. There is therefore a risk that budget constraints may lead to a scaling back of Finland's robust social infrastructure and have the knock-on effect of degrading the level of drug-related services (particularly prevention and harm reduction). The reorganisation of the health services appears to have impacted the launching of new measures in 2015 and 2016. According to a member of the Finnish HDG delegation, however, this reorganisation should allow Finland to provide a higher and more consistent level of service in a more efficient manner in the future. Finnish authorities are also pursuing more integrated approaches to treatment. Stakeholders underlined the need to ensure greater integration with health and social well-being, which does not just relate to preventive measures. Finally, despite the robust prevention policies, some gaps can be noted. For example, Finland has not implemented healthcare programmes in prisons for drug users (Action 8). However, prison healthcare will soon be under the jurisdiction of the Ministry of Social Affairs and Health, which should improve

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<tr><td></td><td>the level of services according to stakeholders.</td></tr>
<tr><td>MEMBER STATE SPECIFICS</td><td>Embedding of demand reduction in wider social policy

As already mentioned, preventive substance abuse work forms part of the wider concept of promotion of well-being and health under Finnish drug policy. Municipalities are principally responsible for arranging and providing social and healthcare services. Local authorities usually have a mental health and substance abuse service strategy in place to set out the responsibilities of such services at health centres. In their substance abuse strategies, prevention is usually seen as part of a continuum including prevention, early intervention and treatment. The strategies also usually address intoxicating substances as a whole, without making a distinction between drugs and alcohol.

Role of NGOs in implementing drug policy

Finland has historically been marked by the short distance between state and civil society. This characteristic can also be observed in the Finnish national drug 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.</td></tr>
<tr><td>COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY</td><td>Although Finland does not follow the same strategy/action plan paradigm as many Member States, the Finnish national drug policy (as embodied in the most recent action plan in particular) is closely modelled on the EU Drugs Strategy and comprehensively addresses all of the major issues. Some nuances can be found in the accentuated focus on demand reduction and harm reduction, following the general tendencies in Finnish drug policy observed over the past decades.

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Member State Fiche for France

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<tr><td>OVERALL NATIONAL DRUGS STRATEGY</td><td>
The first inter-ministerial anti-drug action plan in France dates back to 1983. The current overarching general principles of French drug policy were stated in a mission letter of 17 October 2012 prepared by the Prime Minister for the chairman of the inter-ministerial body coordinating government action on drugs. The French government entrusts the responsibility for the implementation of its drugs strategy to the chairperson of the Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). MILDECA reports to the Prime Minister and is responsible for developing the national strategies and action plans and coordinating their implementation.
Following a period of policy development, France's new Government Plan for Combating Drugs and Addictive Behaviours 2013–2017 was launched on 19 September 2013. This is complemented by an intermediary action plan that was adopted in January 2014 and sets forth concrete measures to support the national strategy until the end of 2015. A second plan follows for the 2016–2017 period.
Frameworks in addition to those that come directly from the national strategy also have an influence on the public drug response. These include: (i) the 2014–2019 Cancer Plan (tobacco abuse); (ii) the 2013–2017 multi-annual plan against poverty and for social integration; and (iii) the 2010–2014 healthcare treatment for inmates plan.
The current national strategy is built on an understanding of addictions as multidimensional problems that emerge from the interaction of complex factors, including the biological, psychological, family, socio-economic and environmental status and contexts of individuals. The 2013–2017 strategy is based around three main priorities:

To base public action on observation, research and evaluation.
To take the most vulnerable populations into consideration to reduce risks and health and social harm.
To reinforce safety, tranquility and public health, both locally and internationally, by fighting drug trafficking and all forms of criminality related to psychoactive substance use.

These priorities are addressed across five areas of action that structure the strategy: (i) promoting prevention, care and risk reduction; (ii) stepping up the fight against trafficking; (iii) improving the application of the law; (iv) basing policies for combating drugs and addictive behaviours on research and training; and (v) reinforcing coordination at national and international levels.
As mentioned above, the French strategy is supported by two consecutive action plans, covering the years 2013–2015 and 2016–2017. In January 2014, MILDECA published its first 2013–2015 action plan within the framework of the government's five-year strategy. Based on five areas of public response (prevention and communication, anti-trafficking, law enforcement, research and public action coordination), the action plan outlines 131 actions.
France's drug policy follows a balanced approach largely in line with EU-level strategy. According to a French HDG representative, French authorities drew heavily on the EU Drugs Strategy during the elaboration of the current national strategy. It can also be noted that the EU Drugs Strategy itself has also been strongly shaped by the views of France and likeminded Member States.
In addition to the dual focus on demand and supply reduction, the French strategy includes pillars on coordination and monitoring and research. It more explicitly identifies key 'vulnerable' target groups, notably youth, but also women, low socio-economic classes and those with other risk factors. The focus on youth in particular is highly prevalent throughout the strategy and has been a key driver of many of the new preventative measures that have
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	been rolled out in recent years, such as the Young Consumers Consultations (which address the full gambit of addictive behaviours). France's national strategy is characterised by its multidimensionality. As an overarching principal, it has underlined the need to put in place a more comprehensive response to drugs, recognises 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 drug 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.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, France has continued to make progress towards the implementation of priorities set out in the EU Drugs Strategy and Action Plan. However, a member of the French HDG delegation noted that there was not a clear causal link between the Strategy and Action Plan and French actions in this domain. Rather, the latter were already well aligned with the EU Drugs Strategy. Drug policy has been given new impetus under the current government since 2012 and a new national strategy has been put in place that is largely aligned with EU-level priorities. Only minor gaps can be identified in terms of implementation. France has implemented a number of preventative measures aimed at addressing different population and risk factors (Actions 1–3). In line with France's current strategy, specific vulnerable groups, such as young people, have been addressed. As an example, an experimental campaign concerning prevention programmes and the development of psychosocial competencies is currently being undertaken in two French middle schools. An evaluative component was built into this campaign in order to maximise the 'transferability' of findings (Action 47). New initiatives such as this come on top of standard universal campaigns in secondary schools aimed at preventing and delaying the onset of drug use. France has continued to develop and expand the diversity, availability, coverage and accessibility of comprehensive and integrated treatment services (Actions 5 and 6). Access has increased in recent years, driven by micro-care facilities, advanced diagnostics and mobile care units. The 'CJC initiative' (Young Consumers Consultations), described further below, has notably provided accessible and confidential fora for young users to take preventative action before problematic use develops. Harm reduction policies have been incorporated in public health regulations since 2004 and have continued to steadily expand (Action 7). The backbone of French harm reduction infrastructure continues to be its public network of 154 low-threshold agencies (CAARUD). However, France has continued to strengthen its service offering during the period under evaluation by launching new initiatives, such as mobile risk reduction units. The introduction of pilot experimental supervised drug facilities in Paris will take place next year, but remains a contentious political issue in the country. In the domain of harm reduction, the relatively widespread use of Opiate Substitution Treatment (OST) can also be noted. There are a high proportion of drug users in substitution treatment due to the fact that the vast majority of them are followed by general practitioners / outpatient clinics and there has been easy access to High-Dose Buprenorphine (HDB) in France since the mid-1990s. On the supply reduction side, French competent authorities have continued to tackle the dynamic and complex nature of drugs markets in the country. Authorities have also continued to collaborate with their homologues in other Member States as part of a bilateral network (France has a network of liaison officers based in Member States throughout the EU and in third countries), as well as within the framework of EU cooperation (participating in Joint Action

	Days, through information-sharing mechanisms and legal cooperation tools) (Actions 10, 13, 14, 15, 17 and 20). According to a member of the French HDG delegation, Europol is considered to be the vector of choice for French authorities in achieving greater cooperation with European colleagues. Domestically, France has continued to develop new measures to more effectively combat drugs availability, particularly emerging challenges such as NPS and the use of the Internet as a channel for selling drugs (e.g. the creation of the 'PHAROs' platform which allows Internet users to signal illicit content/activities, and the ability of police to purchase drugs on the Internet for investigative purposes) (Action 22). Concerning NPS in particular, France adopted new legislation in November 2015 that allows authorities to ban 'families of substances' rather than single molecules (Action 51). This allows authorities to anticipate possible modifications of molecules and take pre-emptive action. France has also been highly active in ongoing discussions concerning a new NPS legislative package (Action 18). French judges also have available to them an increasing number of measures, both coercive and non-coercive, to ensure the best approach is applied to individual cases (Action 21). At the national level, coordination between relevant actors is ensured by the inter-ministerial committee (MILDECA). It can also rely on a network of project managers at the departmental and regional levels tasked with adapting governmental anti-drug and addiction behaviour prevention strategies to local needs (Action 29). Civil society is consulted on strategic issues and is also an important implementation partner (Action 30). At the EU level, France actively participates in different discussion fora, such as the NDC and HDG meetings (Action 25). At the international level, France is an active participant in the policy process and within the United Nations and the Council of Europe, as well as other established fora. Within the Pompidou Group, France is an active member and has taken a leadership role in a number of thematic areas (Actions 31, 32, 38, 41, 42 and 43). Through its contributions to bodies such as the UNODC and through its own external cooperation programmes, France is also contributing to the advancement of alternative development approaches and the implementation of risk and harm reduction programmes (Actions 34–37). Finally, through its extensive diplomatic network and network of security attachés, France actively assists third countries in the fight against drugs (e.g. through information-sharing, capacity building, etc.) (Actions 36 and 37). Implementation of the French action plan is tracked using pre-defined indicators and targets and monitoring and evaluation mechanisms have been embedded. As underlined by a French Reitox Focal Point representative, a specific evaluation committee has also been appointed, consisting of a team of independent academic researchers and experts (Action 47). France also benefits from an active research community that produces significant amounts of original scientific research (Actions 45, 48 and 50). Finally, the French Reitox Focal Point, according to a French Focal Point representative, is active in a number of collaborative initiatives in addition to its primary data collection responsibilities (Action 54). Only relatively minor gaps can be identified between the French strategy and activities carried out within this framework and the priorities set out at the EU level. This is due, in large part, to the high level of alignment of the French strategy with the EU Drugs Strategy and Action Plan. France has implemented relatively few new initiatives to expand the provision of rehabilitation and recovery services (Actions 5 and 6), although the country benefits from a high level of pre-existing medico-social infrastructure. Concerning harm reduction (Action 7), whilst new initiatives can be noted, the ambition of French policy continues to be restrained for political reasons. Finally, France has implemented relatively few relevant drug-related actions through its external cooperation programme (Actions 34 and 35).

MEMBER STATE SPECIFICS

Young Consumers Consultations

The purpose of these consultative sessions is to provide a confidential space for young 'addicts' questioning their abuse issues, as well as their friends and family. The idea is to take stock and to possibly offer help before the abuse becomes a more serious problem. All addiction issues can be addressed during these consultations, including the use of alcohol, illicit drugs, and video game or Internet addiction, for example. Present in almost all of France's 101 departments, the consultations offer a free and confidential space. They take place in specialised centres for addiction prevention and support (CSAPA) or in specialised facilities designed to welcome young persons.

Multidimensional approach to addiction

The French strategy is intended to provide guiding principles for a comprehensive approach to addiction, recognising that the development of addictive behaviours is the result of multiple and complex interactions between exposure to drugs and family, social and health problems. It focuses on addictive behaviours as a whole. This has the potential to have an important integrating effect both between the different pillars of the strategy and beyond.

Proactive approach to identifying and taking action against NPS

The average usage period of a particular NPS molecule is 6–8 months. By the time authorities identify it and take legal action, the producers have often already modified it, thereby circumventing any measures put in place. French authorities are attempting to take a more proactive stance by anticipating possible future modifications of a molecule in order to stay one step ahead of agile producers. When authorities identify a new molecule, laboratory technicians undertake tests to anticipate all of the possible modifications that could be made in the future and take action against a 'family of substances'. This is difficult, but scientifically possible, and in November 2015 French legislation was adapted to allow it.

COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY

Overall, the French strategy and action plan are highly aligned with EU priorities. However, the French strategy has a wider remit than that on the EU level, taking into account a wide scope of addictive behaviours. The French strategy places particular emphasis on demand reduction issues.

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 – The Strategy and AP do not mention this pillar					
2 – The Strategy and AP only briefly address this pillar					
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars		✓	✓	✓	✓

		4 – The Strategy and AP primarily focus on this pillar	✓				

Member State Fiche for Germany

OVERALL NATIONAL DRUGS STRATEGY	In 2012, Germany adopted its **National Strategy on Drug and Addiction Policy**. The document is built around the individual, its overall objective being to avoid and reduce the consumption of addictive substances and other addictive behaviours (e.g. pathological gambling). Following the individual-centred approach, the German national strategy is structured around six areas corresponding to the different substances and behaviours covered: (i) alcohol; (ii) tobacco; (iii) prescription drug addiction and prescription drug abuse; (iv) pathological gambling; (v) online/media addiction; and (vi) illegal drugs. A seventh chapter is dedicated to international trends and challenges, as well as international cooperation at the EU and UN level. The specific goals of the strategy are established on four levels: (i) prevention; (ii) counselling and treatment; (iii) harm reduction measures; and (iv) repression. The main emphasis of the national strategy is on prevention and support to overcome addictions. Consequently, German policymakers have included under the scope of the strategy addiction to both licit (tobacco, alcohol, prescribed medicines) and illicit substances, as well as risky and harmful usage behaviours (online/media and pathological gambling). The document highlights the importance of paying special attention to a series of high-risk groups, such as children, adolescents, migrants and the old-age population. Moreover, in order to maximise the impact of the measures, the German national strategy addresses new trends and patterns of consumption (prevalence of drug use, high-risk alcohol consumption, NPS, and polydrug use).
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Germany has implemented the great majority of measures laid down in the EU Action Plan on Drugs 2013–2016. The main priority for German drug policymakers is the prevention of addictive behaviour and the reduction of its harmful consequences, with a great number of prevention programmes available. Prevention initiatives have specifically targeted children and youth (e.g. 'Kinder stark machen' for children and 'P.A.R.T.Y' for youth) (Action 1). National media awareness-raising campaigns (Action 3) have covered a great variety of addictions, such as alcohol and tobacco, medicinal products, gambling, excessive Internet use, etc. Drug users have access to a wide range of treatment services in Germany, which are provided by the health system under the pension insurance scheme (Action 5). Among the different measures, Germany's submission for the 2015 Commission Progress Report indicates that accessibility to opioid substitution treatment has been improved through an agreement between doctors and pharmacies by which the latter may also supervise the consumption of these substances (Action 6). Moreover, according to the data provided by the EMCDDA, Germany has the highest number of needle and syringe vending machines in the world (Action 7). However, representatives from Germany have highlighted two challenges in relation to drug demand: that the primary focus of rehabilitation centres on alcohol dependence, which represents approximately 70% of the treatment paid for under the abovementioned pension scheme; and that treatment on offer in prisons varies across Länder (Action 8). The interviewees also highlighted the difficulties of comparing data collected by different agencies (as explained further below). In terms of drug supply reduction, Germany's submission to the 2015 Commission Progress Report indicate that the country has seized a number of substances used as cutting agents (Action 20), and that alternatives to coercive sanctions are available (Action 21). In this regard, the Reitox national focal point report (2014) explains that the possibility for the public prosecutor to stop proceedings for consumption-related offences is being applied in recent years more uniformly across different regions (Länder). With regard to the use of the Internet by drug traffickers (Action 22), the HDG

	representative reported that the Federal Criminal Police Office (BKA) has created a working group on drug trafficking via the net and more attention is being paid to this challenge. Actions have also been taken to address illicit trade of NPS, with an amendment of the Narcotic Act allowing for their insertion in the list of scheduled substances. In this context, the Reitox Focal Point representative from Germany indicated that the development of the new legislation allows for the control of NPS in groups (as opposed to the ingredient-based approach). Germany's submission for the 2015 Commission Progress Report states that coordination among the different relevant authorities in the field of drugs is satisfactory and that civil society is involved in the coordination of advisory bodies (Action 28). Germany has also further developed its relationship with third countries by taking part in EU-funded projects such as CADAP (Action 37) and by funding projects in third countries in various fields, including illicit crop cultivation, alternative development and harm reduction (Actions 34 to 36). However, the HDG representative reported that the funding allocated to alternative development projects has declined in recent years. To conclude, although the information provided by Germany for the 2015 Commission Progress Report indicates that the country has carried out a number of training initiatives and studies (Actions 49 and 50), the German Reitox Focal Point representative reported that they are experiencing some difficulties when collecting and comparing data from the different agencies and bodies (the Ministry of Health, Federal Criminal Police, treatment centres, etc.). On the one hand, there is a need for a common standard for all agencies in order to obtain data that are comparable, but on the other hand the number of individuals in charge of collecting and sharing data has decreased (from three or four a few years ago to one).
MEMBER STATE SPECIFICS	**Addiction in old age** The German strategy identifies that a growing number of older people consume, abuse and become addicted to alcohol and prescription drugs. The document states that addiction prevention programmes often do not meet the needs of older people. The strategy places drug addiction prevention measures within the context of the rapid demographic change Europe is facing. **Enhancement of addiction self-help** The strategy recognises addiction self-help as an important factor in overcoming drug abuse. Self-help facilities can provide drug users and their relatives and friends with crucial additional support and motivation. In Germany, self-help groups are supported by statutory health insurance funds. **The role of medical professionals in preventing prescription drug use** The strategy states that medical professionals play a key role in preventing addiction to prescription drugs. The German Medical Association developed a guideline called 'Medikamente – schädlicher Gebrauch und Abhängigkeit' (Prescription Drugs – Dangerous Use and Addiction), which provides medical professionals with practical advice on diagnosis and treatment. According to an evaluation funded by the Federal Ministry of Health, the guideline should be used more widely. The strategy also sheds light on the role of pharmacists in informing the public about the risks of addiction to prescription drugs. **Addiction problems in migrants and barriers to accessing treatment** The strategy recognises that there are particular barriers for migrants needing to access support services. Lacking familiarity with the national language or cultural norms around counselling and treatment can prevent migrants from seeking support. The strategy emphasises the importance of taking cultural diversity into account and hiring staff with culture-specific skills.
COHERENCE BETWEEN EU AND	The German national drugs strategy places its main emphasis on prevention, treatment, harm reduction and research in the field of addictions. It is not

MEMBER STATE STRATEGY	closely modelled on the EU Drugs Strategy; however, regarding the reduction of demand, harm prevention and treatment of substance-users, it comprehensively addresses similar issues, although from a broader perspective as it covers not only drugs but also a wide range of addictive substances and behaviours. Germany follows the European Commission's recommendation of aiming prevention measures at specific target groups. Like the EU Drugs Strategy, the German national strategy emphasises the importance of new psychoactive substances as well as prescription drugs. Issues concerning international cooperation and coordination, disruption of drugs and drug precursor markets, trafficking and organised crime, information-sharing and EU-wide coherence and synergies are mentioned in a separate chapter in the report, but they are not dominant elements. In summary, the German strategy prioritises domestic challenges over international ones and focuses on social welfare matters.

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 – The Strategy and AP do not mention this pillar					
2 – The Strategy and AP only briefly address this pillar				✓	
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars		✓	✓		✓
4 – The Strategy and AP primarily focus on this pillar	✓				

Member State Fiche for Latvia

OVERALL NATIONAL DRUGS STRATEGY	The Latvian **National Programme on Drug Control and Drug Addiction Restriction for 2011–2017** reflects the principles of the EU Drugs Strategy. It sets out three main goals: (i) to reduce the tolerance of illicit drug use in society; (ii) to reduce the harm caused to society through illicit drug use by making effective healthcare services available for drug users; and (iii) to reduce the availability of illicit drugs. The strategy is built around four pillars: prevention, healthcare, reducing availability, and policy coordination and information analysis. One of the major issues of relevance for the Latvian policymakers is the spread of NPS. According to the Latvian HDG representative, the introduction of temporary ban as well as an amendment to the criminal law (in 2014) that prohibited the selling of NPS led to the closing of many 'head shops'. There is a high prevalence of problem drug use in Latvia compared to other EU countries (EMCDDA website).
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Latvia has implemented several of the actions from the EU Action Plan across all five pillars of the EU Drugs Strategy. According to the Latvian NDC representative, demand reduction is an important priority for Latvian policymakers. Latvia has implemented most of the action points in the first pillar of demand reduction, as Latvia's submission for the 2015 Commission Progress Report confirms. In order to improve the available services and initiatives, the Latvian NDC stressed that more resources for demand reduction would be necessary. The responses from Latvia for the 2015 Commission Progress Report specified that overall, target group-specific prevention measures have been implemented in Latvia in the reporting period 2013–2014. A number of these interventions are focused on students who are at social risk (Action 1). In this context, the Reitox representative from Latvia informed that a social campaign has been launched with the aim of engaging youth through different activities, and that a new school project was introduced in 2014. Moreover, the interviewee explained that a network of health promoting schools has been established. In contrast, the Reitox national focal point report (2014) specified that indicated prevention measures (targeting individuals who show early signs of addiction) are not common in the country. The same report also emphasises that prevention measures are not usually based on best practices, although it states that there is a small-scale qualitative evaluation being undertaken seeking to assess the impact of the prevention measures available. In its submission for the 2015 Commission Progress Report, Latvia states that treatment services have been expanded and that long-term outpatient treatment services as well as improved support by social workers, psychiatrists and infection specialists are available (Action 5). While some harm reduction measures are generally available (Action 7), Latvia's submission for the 2015 Commission Progress Report seems to indicate that the prevention of HIV and the implementation of healthcare policies for drug users in prisons (Action 8) could be further developed. The main focus of Latvian efforts towards supply reduction lies in combatting drug-related crime on the Internet (Action 22). As the NDC representative from Latvia pointed out, the prevention and fighting of trading of drugs via the Internet should be a policy priority all over Europe. While the NDC representative stressed that the general approach in Latvia leans more towards criminalisation than legalisation, Latvia does offer alternatives to coercive sanctions, which has brought the country closer to the EU approach (Action 21). Regarding the pillar of cooperation, Latvia's submission for the 2015 Commission Progress Report indicates that policies are well coordinated at the national and EU level (Action 29). In Latvia, civil society organisations are involved in the development and implementation of drug policy (Action 30). The NDC representative emphasised the importance of coordination at an EU level and stressed that the exchange of information during expert

	meetings at EU and international level is very beneficial for Latvia. The only action relating to the pillar of international cooperation which has been implemented in Latvia is the establishment of cooperation strategies with third countries (Action 38). Latvia is cooperating with Kosovo and acts as the EMCDDA Reitox Coach for the Instrument for Pre-Accession (IPA) project in Kosovo. The action points in the last pillar relating to information, research, monitoring and evaluation have been implemented in Latvia, and several training initiatives for police officers working with youth, customs experts and Reitox professionals are available (Action 49). Latvia's submission for the 2015 Commission Progress Report also lists several studies on drug demand reduction, blood-borne diseases and drug problems among prisoners (Action 50). The most apparent shortages exist in relation to the fourth pillar of international cooperation (Actions 32–37 have not been realised). Moreover, the responses provided by Latvia for the 2015 Commission Progress Report state that no initiatives to delay the first use of illicit drugs have been implemented in the country (Action 2). Furthermore, shortages exist regarding the provision of healthcare policies for drug users in prison (Action 8). Concerning the reduction of supply, Latvia has not agreed on any memoranda of understanding (Action 15) in the reporting period 2013–2014.
MEMBER STATE SPECIFICS	**Regulation on new psychoactive substances (NPS)** The National Drugs Coordinator for Latvia described in interview how the country has responded to the challenge posed by the production and prevalence of NPS. The government initially tried to tackle the issue by listing most of these substances as controlled substances. However, the NDC reported that drug suppliers easily circumvented this obstacle, which led the government to change the strategy by imposing a ban and a system of administrative fines for the manufacturing and storage of any NPS (listed or not). As the system proved to be ineffective, Latvian authorities raised such activity to a criminal offence in April 2014. While it is too early to draw firm conclusions, the NDC representative reported that this measure seems to have been effective and should be considered as a 'best practice'.
COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY	The balanced approach of the EU Drugs Strategy is clearly reflected in the Latvian national strategy, the main objectives of which address the reduction of drug demand and supply, and the harm caused by the use of illicit drugs. The strategy is accompanied by an action plan structured in four pillars: prevention, treatment, drug supply reduction, and policy coordination and analysis of information. For each of these pillars, the document establishes a number of actions (between 10 and 16) that address the main relevant issues contained in the EU Drugs Strategy with regard to drug supply, drug demand, coordination, and research and monitoring. However, neither the strategy nor the action plan make mention of the fourth pillar of the EU Drugs Strategy (international cooperation). In summary, while the principles of the EU Drugs Strategy are present in the Latvian national strategy (and its attached action plan) and the structure is very similar, international cooperation is not addressed.

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 - The Strategy and AP do not mention this pillar				✓	
2 – The Strategy and AP only briefly address this pillar					
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars	✓	✓	✓		✓
4 – The Strategy and AP primarily focus on this pillar					

Member State Fiche for the Netherlands

<table>
<tr><td>OVERALL NATIONAL DRUGS STRATEGY</td><td> The current drug policy framework in the Netherlands is based on the 1995 White Paper Drug Policy: continuity and change and updated in the Drug Policy Letter (2011). It is further elaborated through a number of strategies, policy notes and letters to Parliament that focus on specific drugs and issues (e.g. the 2004 Cannabis Policy Document, and the 2009 Letter Outlining the New Dutch Policy). In 2012, the police and the public prosecution office revised the 2008 policy letter on organised crime in relation to synthetic drugs, heroin, cocaine and the large-scale cultivation of cannabis. In 2015, the government formulated a new policy view on drug prevention. The 1995 White Paper sets as one of the basic principles of the Dutch policy framework in this field the differentiation between drugs that pose an unacceptable risk to health (hard drugs) and cannabis products (soft drugs). The possession of hard or soft drugs constitutes a criminal offence in the Netherlands. However, the priority of investigation and prosecution of possession of amounts for personal use is low. Also, the sale of cannabis is officially tolerated by the Dutch authorities, a situation which allows the existence of the widely known coffee shops. The document also sets out four major objectives: (i) to prevent drug use and to treat and rehabilitate drug users; (ii) to reduce harm to others; (iii) to diminish public nuisance caused by drug users; and (iv) to combat the production and trafficking of drugs. The White Paper takes a balanced and integrated approach between these objectives. The underlying principle on which the system is based is the prevention and the control of the harm related to the use of illicit drugs, both to the individual and to society; this has been corroborated in other relevant documents. In this context, the 2009 Letter Outlining the New Dutch Policy emphasised the need to address prevention and the reduction of drug use. Likewise, the 2011 Drug Policy Letter was structured around two pillars: (i) the protection of public health (harm to the individual); and (ii) the fight against drug-related public nuisance and organised crime (harm to society). In the context of the second objective, a residence criterion was introduced in 2012 to restrict the sale of cannabis in coffee shops to residents of the Netherlands. The objective of this measure is to reduce drug tourism in the country. Nevertheless, as the Reitox national focal point report (2014) noted, the degree of implementation and intensity of enforcement varies across municipalities. The coffee shop system is based on the assumption that tolerating the sale of soft drugs is ultimately beneficial for the population, as it creates a clear separation between soft and hard drug markets and keeps consumers away from the latter. However, it also acknowledges that the consumption of drugs causes certain ‘complications’ that need to be tackled, mainly the criminal and general nuisance caused by some drug users and the increasing involvement of criminal organisations in the trafficking of drugs. The 1995 White Paper also notes the criticisms expressed in the international sphere in regards to the effects in other countries of the Dutch drug policy and claims that this is partly due to an ‘inadequate understanding’ of the situation in the Netherlands. Therefore, it expresses the need to enhance communication and cooperation with other countries. In the 2011 Policy Letter, the government announced its objectives for the near future: use of drugs and alcohol by minors must be tackled far more rigorously, coffee shops need to return to their original purpose of providing small-scale selling points of cannabis for local adult users, and the battle against organised crime must be intensified. </td></tr>
<tr><td>IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN</td><td> The Netherlands has comprehensively implemented the majority of actions laid down by the EU Action Plan on Drugs 2013–2016, including (unlike most other Member States) in relation to international development. The Reitox national focal point report (2014) and the Netherlands’s submission for the 2015 Commission Progress Report indicate that several </td></tr>
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	prevention measures focusing on young people and the nightlife setting, covering drugs, alcohol and tobacco, have been successfully implemented (Action 1). School-based programmes have also been initiated with the aim of delaying the age of first use (Action 2) and awareness-raising campaigns have been launched (Action 3). Awareness initiatives are particularly concerned with high doses of ecstasy and aim to inform the general public as well as drug users about the risks. The Netherlands is also trying to cooperate with the nightlife entertainment industry to prevent adverse effects of ecstasy consumption, according to the Netherlands HDG representatives. With regard to treatment, rehabilitation services and risk and harm reduction measures, the data provided by the Dutch authorities seem to indicate that there are sufficient measures in place to cover current needs (Actions 5–7). Treatment in prison is ensured inter alia through the programme 'Safety Houses', which features the involvement of police and probation workers, together with municipality authorities, and also involves intensifications of forensic care (Action 8). Moreover, the 'Safety Houses' programme also supports the diversion of offenders to care facilities as an alternative to corrective sanctions (Action 21). To tackle the illicit market for drugs on the Internet, the Netherlands is coordinating the Europe-wide project 'Illegal Trade on Online Marketplaces', which has led to the arrest of several online drug suppliers (Action 22). Coordination is ensured through regular meetings between the relevant ministries (Action 29) and civil society is highly involved in the process (Action 30). In terms of international cooperation, the questionnaire submitted by the Netherlands for the 2015 Commission Progress Report lists a variety of different projects and cooperative initiatives with third countries in the area of international development. HDG representatives indicated during interviews that in recent years, the level of international cooperation in which the Netherlands has engaged has increased. This improved international cooperation and coordination was in part attributed by the HDG representatives to the EU Drugs Strategy. The HDG representatives also indicated that the EU Strategy serves as a basis for the Netherlands' cooperation with third countries. Concerning the fifth pillar of information, research, monitoring and evaluation, the Reitox representative from the Netherlands stated the country started collecting data in 1994, that the current system is very sophisticated and that they have noted an improvement in the data available since the late 1990s. General population surveys are conducted every four years and serve as monitoring and prevention tools. Additionally, several studies on polydrug use and on NPS have been conducted and a specific survey on drug trends in nightlife activities was mentioned by the HDG representatives (Action 50). On NPS specifically, the Reitox representative clarified that although the use of NPS in the Netherlands is relatively low in comparison with other EU Member States, they are making use of the EU network to exchange information about these substances (Action 51). In fact, the Dutch representative explained that the work of the EMCDDA has proved to be very helpful. With regard to the ability to identify, assess and respond to behavioural changes in drug consumption, the Reitox representative explained that the current Early Warning System, which incorporates a risk assessment committee, is excellent. Finally, the Reitox representative recalled a number of training initiatives focusing on different topics (e.g. drug-related emergencies, infectious diseases) as well as master's programmes in addiction and addiction research (Action 49). However, the primary data collected show that some actions have not been implemented. In the reporting period (2013–2014), no new memoranda of understanding were signed (Action 15). Moreover, the Netherlands has not funded any projects for alternative development concerning illicit crop cultivation in drug-producing countries in the reporting period (Actions 34 and 35).
MEMBER STATE SPECIFICS	**Drug-checking services** As in other Member States, the Netherlands, through the Drug Information

	and Monitoring System (DIMS) of the Trimbos Institute, offers drug-checking services and undertakes prevention activities (awareness raising and education). This programme aims to reduce the health risks and harm caused by the consumption of drugs by providing detailed information on the quality of certain substances (e.g. ecstasy). Drug consumers may approach the test locations of drug treatment services and submit their tablets, which are identified based on different criteria or sent to the laboratory for an extensive chemical analysis. Furthermore, the Reitox national focal point report (2014) clarifies that the data collected by DIMS is used by policymakers, as it provides an indication of the trends and their risks. In this context, the Ministry of Health, Welfare and Sports entrusted DIMS with the task of monitoring and reporting on NPS. This falls under the Trans European Drug Information Project. The results of the outcome evaluation provided by the EDDRA database simply state that the number of persons admitted to first aid decreased and the number of hospital admissions was maintained.
COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY	Despite having been adopted long before the EU Drugs Strategy, the objectives set out by the 1995 White Paper are in line with the general guidelines of the EU Strategy. In fact, although the national document is structured differently, it makes explicit mention of the five issues covered by the EU Strategy (i.e. drug supply, drug demand, international cooperation, coordination, and research, monitoring, information and evaluation). As stated above, while the 1995 Dutch White Paper addresses drug demand in a more detailed manner than drug supply, the 2011 Drug Policy Letter places more emphasis on matters of drug supply. At the same time, the cross-cutting themes of coordination and cooperation are referred to in different parts of the 1995 as well as 2011 strategy, while monitoring and evaluation are also addressed.

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 – The Strategy and AP do not mention this pillar					
2 – The Strategy and AP only briefly address this pillar					✓
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars	✓	✓	✓	✓	
4 – The Strategy and AP primarily focus on this pillar					

Member State Fiche for Portugal

OVERALL NATIONAL DRUGS STRATEGY	The Portuguese policy framework in the field of drugs is based on a long-term policy document adopted in 1999, the **National Strategy for the Fight Against Drugs**. The document sets the general guidelines in the field and these are adapted to the current trends and needs through the **National Plan for the Reduction of Addictive Behaviours and Dependences (2013–2020)**. The specific actions to achieve the objectives set out by the National Plan are established in two consecutive action plans. The current Plan of Action for Reducing Addictive Behaviours and Dependences spans the period 2013–2016. The Portuguese national strategy seeks to: (i) contribute to an appropriate and efficient international and European strategy for the world drug problem, with regard to demand and supply reduction, and which includes the fight against illicit trafficking and money laundering; (ii) provide Portuguese society with better information about the phenomenon of drugs and drug addiction, and the dangers of particular drugs, from a preventive perspective; (iii) reduce the use of drugs, especially among younger members of the population; (iv) guarantee the necessary resources for treatment and social reintegration of drug addicts; (v) protect public health and the security of people and property; and (vi) repress the illicit traffic of drugs and money laundering. These high-level goals are reflected in the National Plan for the Reduction of Addictive Behaviours and Dependences 2013–2020, which is built around two main fields (demand and supply) and four cross-cutting themes (information and research, training and communication, international relations and cooperation, and quality). The objectives set out by this document are threefold. Firstly, on the demand side, it aims to prevent, dissuade, reduce and minimise the problems associated with the consumption of psychoactive substances, addictive behaviours and dependences. Looking at the supply of drugs, it seeks to reduce the availability of illicit drugs and new psychoactive substances, to ensure that the access to them and their consumption is made in a safe manner, and to provide legal and safe gambling opportunities. The strategy also includes a cross-cutting objective that looks at the quality of services provided, the exchange of knowledge and the training of professionals, as well as aspects of communication, international relations and cooperation. Whilst both the reduction of demand and supply of drugs are categorised as the two main pillars of the Portuguese national strategy, the document elaborates in a very detailed manner the policy guidelines in the field of demand reduction. The strategy establishes a system based on the life cycle of the individual and tailors the objectives for each stage of life accordingly to the risks and the needs of those belonging to specific age groups. The individual is therefore at the heart of the strategy, which takes a pan-addiction approach, covering alcohol and other licit substances (e.g. anabolizers, other medicines), as well as addictive behaviours such as gambling. Unlike in other Member States, these substances are covered from both the demand and supply perspective. Finally, the document also echoes concerns regarding the use of drugs among pregnant women and mothers with young children, as well as the potential of therapeutic communities that specialise in specific circumstances and care needs.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Portugal has implemented most of the actions relating to the five pillars of the EU Drugs Strategy. A number of prevention initiatives focused on children and youth, drug use in nightlife and recreational settings (e.g. music festivals), military settings and the workplace environment have been developed (Action 1). To raise awareness about the risks of NPS, drug and alcohol abuse, a campaign (REAGE) was launched in 2014. The government of Portugal has also approved several guidelines aimed at ensuring the quality of prevention interventions. Portugal's submission for the 2015 Commission Progress Report indicates that the development of a Referral Network/Articulation Network on Addictive Behaviours and Dependences has

	resulted in greater accessibility to treatment for drug users, as it has allowed for the possibility of treatment to be provided by primary healthcare providers, together with specialised units (Action 5). Regarding the provision of treatment in prisons, six prisons across the country have Drug Free Units (which are accessible to inmates from other prisons as well) (Action 8). With regard to supply reduction, Portugal decriminalised the use and possession of drugs for personal use in 2001. It follows that a person caught using or possessing a small quantity of drugs for personal use (equivalent to the average individual consumption over a period of 10 days), will be evaluated by the local Commission for the Dissuasion of Drug Addiction in order to assess the need for treatment, unless it is suspected that there is involvement in drug trafficking. Also in relation to drug supply, it appears that there is a good coordination system in place between law enforcement bodies, customs authorities and border control (air, sea and land) services (Action 15). In this context, the representative for Portugal noted in the submission for the 2015 Commission Progress Report that the Portuguese Customs Authority has continued implementing existing memoranda of understanding and has initiated negotiations with the postal service. The Portuguese HDG representative also highlighted the creation of a National Investigation Unit of Computer-Related Crime within the Criminal Police (Action 22). With regard to coordination, it is mentioned in Portugal's submission for the 2015 Commission Progress Report that an Inter-ministerial Council ensures coordination between the different relevant ministries (e.g. foreign affairs, finances, justice, etc.) in order to deal with problems of drugs, addiction and the harmful use of alcohol (Action 29). Furthermore, civil society is part of the National Council for the Fight Against Drugs and Drug Addiction, a consulting body formed by 23 public and private institutions that advises the government on the national strategy and monitors the implementation of actions. Concerning international cooperation, Portugal has reinforced cooperation with the countries belonging to the Community of Portuguese-speaking Countries (CPLP) by signing a memorandum of understanding on anti-fraud (Action 38). Furthermore, the Portuguese NDC representative highlighted that Portugal is participating in COPOLAD II. Concerning information, monitoring, research and evaluation, Portugal has reported 20 training initiatives, covering both demand and reduction supply, targeting a wide range of stakeholders (Action 49), as well as seven research studies initiated in 2013 and 2014 (Action 50). However, according to the information collected through the questionnaire filled in by Portugal for the 2015 Commission Progress Report and during the research process, some actions relating to the control of substances used as cutting agents (Action 20) and support to third countries in the field of drugs have not been implemented. Portugal has not funded any project aiming at preventing illicit crop cultivation in third countries (Action 34), promoting alternative development (Action 35) or risk and harm reduction measures (Action 36).
MEMBER STATE SPECIFICS	**A citizen-centred system** As mentioned above, the current Portuguese national strategy has established a prevention system completely based on the principle of humanism and designed around the individual and the different life cycle stages (pregnancy and postpartum period, children from 28 days to 9 years, children from 10 to 24 years, adults from 25 to 64 years, and adults over 65). For each stage, high-risk groups have been identified and their needs have been considered in the design of specific objectives set out by the national strategy. As the National Drug Coordinator representative points out, this system takes into account the particular risks and protection factors applicable to each group and contributes to the ultimate goals of prevention as well as health and social well-being gains by responding to risky behaviours and to the deterioration of health. **Operational Plan of Integrated Responses (PORI)**

<table>
<tr>
<td></td>
<td>In 2006, Portugal launched an intervention framework that seeks to 'promote accurate assessments and the development of integrated interventions at local level'. The underlying objective of the Operational Plan of Integrated Responses (PORI) is to ensure that local measures are not isolated actions but rather part of a general system. The implementation of PORI is done through the Integrated Responses Programmes, which are regional programmes designed in accordance with a previous needs assessment. The intervention framework aims to ensure that resources are allocated according to the identified needs.

Study on cost perspectives of the fight against drugs

Among the different studies conducted in Portugal in recent years, the study entitled 'A social cost perspective in the wake of the Portuguese strategy for the fight against drugs' has been awarded a prize by the EMCDDA. The paper was published in February 2015 and analyses the social costs of illicit drug use following its decriminalisation in 2000. The study claims that these costs decreased by 12% in the first five years after the decriminalisation and by 18% in the first eleven years. The main savings come from the reduction of legal and health costs.</td>
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<td>COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY</td>
<td>The EU Drugs Strategy is, as expressed by both the NDC and the HDG representatives from Portugal, the reference for the Portuguese national strategy. This is evidenced by the reference in the national document to the EU Drugs Strategy and by the fact that, like the latter, it is built around two main pillars (drug supply and drug demand) and three cross-cutting themes (coordination, international cooperation, and research and monitoring). In spite of this, it is clear that the Portuguese national strategy places greater emphasis on the demand strand and, unlike the EU Drugs Strategy, it has adopted a pan-addiction approach.

<table>
<tr><th>Focus of National Strategy (Scale 1–4)</th><th>Demand reduction</th><th>Supply reduction</th><th>Coordination</th><th>International cooperation</th><th>Evaluation and monitoring</th></tr>
<tr><td>1 – The Strategy and AP do not mention this pillar</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>2 – The Strategy and AP only briefly address this pillar</td><td></td><td></td><td></td><td>✓</td><td>✓</td></tr>
<tr><td>3 – The Strategy and AP pay equal attention to this pillar as to the other pillars</td><td></td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>4 – The Strategy and AP primarily focus on this pillar</td><td>✓</td><td></td><td></td><td></td><td></td></tr>
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Member State Fiche for Romania

OVERALL NATIONAL DRUGS STRATEGY	In 2013, Romania adopted the **National Anti-Drug Strategy 2013–2020** and **Action Plan 2013–2016**. A second national action plan will be adopted to cover the period 2017–2020 The Romanian strategy has adopted not only the balanced approach established by the EU Drugs Strategy but also its structure. It is thus structured around the two main pillars of drug demand and drug supply and includes three cross-cutting themes: (i) coordination; (ii) international cooperation; and (iii) research, evaluation and information. The strategy sets one main objective for each pillar/cross-cutting theme and a total of 44 specific objectives distributed as follows: 20 objectives corresponding to drug demand reduction (e.g. prevention in schools, family-based prevention, community-based prevention, harm reduction and medical psychosocial care); four objectives relating to supply reduction; eight objectives in the area of coordination; six objectives addressing international cooperation; and six objectives covering research assessment and monitoring. Regardless of the higher number of objectives referring to drug prevention, the Romanian NDC representative stressed that equal attention is paid to each of the five pillars/cross-cutting themes. Particular attention is given to the most challenging current trends in the field of drugs, mainly the emergence and spread of polydrug use (including the consumption of drugs and alcohol), the rapid expansion of NPS, and the diversion of drug precursors. Responding to the concerns over the use of different drugs and other addictive licit substances, the prevention strand of the national strategy covers tobacco and alcohol together with illicit drugs. NPS are explicitly mentioned throughout the strategy, showing a clear determination to tackle the issue, both in the national and international sphere.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Romania has implemented most of the actions contained in the EU Action Plan. The primary and secondary data collected for the evaluation show that most of the developments in Romania over the period covered by the current EU Action Plan concern the two main pillars (supply and demand of drugs), while very few actions belonging to the cross-cutting theme of international cooperation have been implemented. The Reitox national focal point report (2014) indicates that Romania has implemented a large number of universal prevention programmes (Action 1), mainly in schools (71 at local level and eight at national level) but also community (33 local programmes and two national programmes) and family-based programmes (eight at local level and one at national level). In this regard, the Romanian Reitox representative highlighted several projects aiming to avoid or delay the first use of alcohol, tobacco and drugs, such as 'My message against drugs', 'Uncut', 'Know more, be a better person', and 'I want to stay healthy'. Furthermore, prevention measures have also been undertaken in the form of awareness-raising campaigns (Action 3), mainly targeting participants in music festivals and nightlife settings, young people who travel to the coast during the summer, and prisons. The answers provided by Romania for the 2015 Commission Progress Report also state that there has been an expansion of specialised services for drug users (Action 6) and that harm reduction initiatives have been promoted (Action 7). In this context, it is important to mention that during 2013 and 2014 the number of syringes distributed among drug users by NGOs doubled compared to previous years. Concerning the quality of the prevention measures, the Romanian NDC representative indicated that minimum standards on drug use prevention have been adopted as a legally binding instrument in Romania (Action 9). With regard to drug supply, while drug use is not sanctioned in Romania, drug possession is considered a criminal offence. However, the national system allows convicted users to request to enter into an assistance

	programme as an alternative to being subject to a coercive sanction (Action 21). In the same context, an amendment to the Criminal Code reduced penalty ranges for drug-related offences in 2014. The NDC representative explained that the control of drug precursors (Action 19) and the role the Internet is playing in the drug market (Action 22) have also been subject to developments in recent years. Firstly, the Romanian National Point on Precursors has been created with the aim of monitoring legal commercial activities and ensuring that information about suspicious transactions is sent to the law enforcement authorities. Secondly, the National Drug Agency and the police have been monitoring websites in order to collect and exchange information about the risks in the field of drugs, as well as to conduct special operations. In relation to exchange of information, the Romanian Reitox representative indicated that national authorities are working closely with Europol, Interpol and Eurojust, as well as with other Member States such as the UK, Spain and Hungary, to tackle cross-border trafficking (Actions 10, 14, and 15). Moreover, the country has also participated in a working group (DROIPEN) seeking to establish a mechanism to identify NPS (Action 11). Regarding the cross-cutting theme of coordination, it is worth mentioning that the National Drug Agency's mandate is comprehensive and covers all areas in the field of drugs. The agency has a total 47 centres in 41 counties, which facilitates coordination. Furthermore, several trainings targeting relevant groups (police, educators, psychologists, clergy and students) have been carried out (Action 49), and the country has conducted the 'General Population Study' and a study on social exclusion and drug use (Action 50). Finally, the Romanian Reitox representative indicated that Romania has actively participated in HDG meetings and debates (Action 25). In terms of international cooperation, Romania participated in the 17th High Level Meeting of the EU-CELAC Mechanism of Coordination and Cooperation on Drugs (Action 38). However, according to Romania's submission for the 2015 Commission Progress Report, the EU-CELAC High Level Meetings seem to be the only action that Romania has undertaken concerning the cross-cutting theme of international cooperation (Actions 32 to 38). With regard to prevention measures, a lack of funding has led to a limited offer of selective and indicated prevention measures (Action 1) and to a blockage of social reintegration of drug users at operational level (Action 6). To conclude, it appears that Romania does not allocate *specific* resources for drug-demand supply-demand activities (Action 28).
MEMBER STATE SPECIFICS	The EDDRA database does not list any programme implemented by Romania. However, the 2014 Reitox national focal point report categorises the implementation of universal prevention programme funded by the Pompidou Group as best practice. Entitled 'Prevention of Drug Abuse and Trafficking in Prisons', the 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. Some 20 professionals from participating institutions were involved, and around 200 people took part in the project. The programme included a conference on 'Mental Health and Addiction in Prisons' and the exhibition of the artistic works.
COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY	Having joined the EU in 2007, Romania has gradually harmonised its national legislation with the acquis communautaire. This is particularly clear in the case of Romania, as its national strategy explicitly acknowledges this process by referring to several EU policy and legislative documents. As in the case of other recently joined Member States, not only is Romania's national strategy coherent with the EU Drugs Strategy, but it has also copied the same structure (i.e. two main pillars – drug supply and drug demand – and three cross-cutting themes – coordination, international cooperation, and evaluation and monitoring).

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 – The Strategy and AP do not mention this pillar					
2 – The Strategy and AP only briefly address this pillar					
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars	✓	✓	✓	✓	✓
4 – The Strategy and AP primarily focus on this pillar					

Member State Fiche for United Kingdom

OVERALL NATIONAL DRUGS STRATEGY	In 2010, the **UK Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery** was adopted. As a consequence of the distribution of powers within the United Kingdom, the policies referred to by the strategy in the areas of health, education, housing and social care are attributed to England, and those for policing and the criminal justice system, to both England and Wales. Alongside the UK drug strategy, Scotland and Wales adopted their own strategies in 2008, followed by Northern Ireland in 2011 (EMCDDA country profile). The UK Drug Strategy 2010 has two overarching aims: (i) to reduce illicit and other harmful drug use (e.g. prescription and over-the-counter medicines), as well as alcohol dependence; and (ii) to increase the numbers recovering from their dependence. The document is built around three themes: (i) reducing demand; (ii) restricting supply; and (iii) building recovery in communities. The current strategy takes a wider approach to drug use and dependence than its predecessor, the 2008 UK drug strategy, as it covers the use of all drugs (including prescription and over-the-counter medicines) and severe alcohol dependence. The document also stresses that community-based recovery is at the heart of the strategy, and establishes a holistic, person-centred recovery system that addresses not only treatment, but also other obstacles faced by recovering addicts (e.g. parenthood support, housing and employment). The UK strategy examines the current trend in age and usage and notes that, while heroin use is slowly decreasing, polydrug use is increasing and crack cocaine use continues to be high, especially among young populations that do not fit the stereotype of dependent drug users. For this reason, it stresses the importance of working closely with both high-risk groups of the population (those with a background of childhood abuse, neglect, trauma or poverty) and young people. Concerns over the alcohol abuse culture in the UK and the emerging trend of NPS are also raised in the document. With regard to NPS, the UK strategy calls for an adaptation of the interventions addressing the demand of these substances and admits the need to redesign the legal framework in order to strengthen the actions undertaken by law enforcement authorities. The document also expresses the concerns of UK policymakers in relation to the profits that organised criminals are obtaining from lowering the purity of drugs that reach the consumer and, consequently, it lays down an explicit commitment to tackle the illicit trade of these substances. To conclude, the strategy makes it clear that the main responsibilities of delivering the recovery system lie with local authorities (Directors of Public Health).
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, the UK has implemented most of the actions contained in the EU Action Plan on Drugs 2013–2016, especially those that concern the two main pillars (drug demand and drug supply). According to the UK's submission for the 2015 Commission Progress Report, most of the unimplemented actions concern the area of international cooperation. The UK has applied a wide variety of measures aimed at reducing the demand for drugs, alcohol, tobacco and other addictive substances. Universal prevention measures have been combined with programmes aiming at developing young people's skills and empowering them to make the right choices for their health (including relationships) (Actions 1 and 2). Awareness campaigns have also been launched, one of them specifically addressing the use of NPS (Action 3). Treatment is widely available and has been decentralised to local governments (Action 5). Moreover, its availability has extensively improved in the recent years (waiting times have decreased from 2 months in 2001 to 3 days in 2013–2014). Concerning treatment in prisons, the NDC representative pointed out that there is a constant effort to improve the integration of drug treatment and other prison healthcare (Action 8).

	In the field of drug supply, the UK has carried out operations to seize substances used as cutting agents (Action 20) and participated in international operations targeting dark net markets, leading to the closure of several websites (Action 22). Alternatives to coercive sanctions are also available in the UK, especially in the case of low-level offences (Action 21). With regard to NPS, the NDC representative from the UK explained that the Psychoactive Substances Act that came into force in May 2016 implements a blanket ban on NPS, which has led to the closure of head shops and UK-based websites selling these substances. In this sense, it needs to be born in mind that the UK has an opt-out in relation to the regulation of NPS at EU level, adopting a more restrictive path that has allowed the country to seize large amounts of these substances in 2013. Coordination is ensured through the government's Drug Strategy Group and the Home Office's EU Strategy Group (Action 29) and civil society is involved in all stages, both at strategic and local level (Action 30). The UK has supported harm reduction initiatives in third countries through the funding of the Global Fund to fight AIDS, Tuberculosis and Malaria (Action 36). In terms of international cooperation with the aim of fighting organised crime, the NDC representative reported on the participation of the UK in different international projects seeking to disrupt drug trafficking, such as the Heroin Route II and the Cocaine Route Programme II (Action 37). However, the responses provided for the 2015 Commission Progress Report and primary data collection show that some Actions do not seem to have been implemented by the UK. Most of these Actions belong to the fourth pillar, international cooperation. The UK has not funded any project in third countries aiming to prevent illicit crop cultivation (Action 34) or to promote the EU approach to alternative development (Action 35).
MEMBER STATE SPECIFICS	**Payment by results** Seeking to provide good value for money, the strategy announces the introduction of six pilots aiming to explore how the 'Payment by Results' (PBR) system can work in relation to community-based recovery of adult drug users. The main goal of this initiative is to render the referral system more efficient by avoiding unnecessary repeated assessments. The implementation of a unified referral system in the pilot areas is intended to redirect funding away from bureaucratic processes towards the recovery support needed by drug users. The emphasis is on a cost-effective, recovery-centred system. **Tackling housing and employment needs** In order to ensure the recovery and reinsertion into society of a recovering addict, the UK strategy 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 and so on, for which it plans to allocate £400 million. It also announces the launch of a voluntary-sector led initiative (Supporting People Programme) the goal of which is to provide housing to vulnerable people. 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 access to capacity-building programmes (e.g. training, volunteering, work trials, etc.).
COHERENCE BETWEEN EU AND MEMBER STATE STRATEGY	As one of the oldest members of the EU, the UK policy on drugs has long reflected the balanced approach of the EU Drugs Strategy, highlighting the importance of tackling the issue from both the supply and demand perspectives. While the UK Drug Strategy 2010 follows this approach, it has taken an innovative turn compared to its predecessors in the sense that it

has established a system that emphasises and favours recovery-based approaches rather than long-term use of substitution or other forms of treatment. To this extent, it can be said that the current UK drug strategy is mainly focused on the reduction of drug demand, followed by the reduction of drug supply. Coordination is embedded across the three main pillars; international cooperation is briefly addressed as an element of drug supply; and research and monitoring is only reflected as a general commitment to review new evidence on what works and to carry out evaluation of the strategy and implementing projects.

Focus of National Strategy (Scale 1–4)	Demand reduction	Supply reduction	Coordination	International cooperation	Evaluation and monitoring
1 – The Strategy and AP do not mention this pillar					
2 – The Strategy and AP only briefly address this pillar				✓	✓
3 – The Strategy and AP pay equal attention to this pillar as to the other pillars		✓	✓		
4 – The Strategy and AP primarily focus on this pillar	✓				

Member State Fiche for Belgium

OVERALL NATIONAL DRUGS STRATEGY	The Belgian national drugs strategy consists of the **Federal Drug Policy Note of 2001** and the **Communal Declaration of 2010**. The main objective of the Federal Drug Policy Note of 2001 is 'the prevention and limitation of risks for drug users, their environment and society as a whole'. The document covers the areas of: (i) prevention of drug consumption; (ii) harm reduction, assistance and re-integration; and (iii) enforcement. The Communal Declaration 2010 states the following objectives: (i) a global and integrated approach; (ii) scientific research; and (iii) international coherence. Three pillars of action are included in the Belgian national strategy: (i) prevention, early detection and early intervention focusing on non-(problematic) users; (ii) treatment and harm reduction aimed at problematic users; (iii) repression, directed at producers and traffickers. The Reitox national focal point report (2014) states that the EU Drugs Strategy 2005–2012 and the EU Action Plan on Drugs 2005–2008 and 2009–2012 are central elements of the Belgian strategy (in particular regarding the reduction of demand). The strategy engages with key areas of the EU Drugs Strategy, such as the importance of a global approach, scientific research, evaluation, prevention, harm minimisation and repression. The strategy states that Belgium has to take part in the EU Drugs Strategy to a maximum capacity. It discusses international and in particular European cooperation to combat the trafficking of drugs. The Belgium strategy includes a consideration of recent trends concerning 'smart drugs' (cognitive enhancers). The Reitox national focal point report (2014) emphasises that health policy lies within the jurisdiction of Belgium's federate communities and regions, which makes successful cooperation of different stakeholders even more pertinent.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Belgium has comprehensively implemented some of the pillars, while in other areas there has been more limited implementation of actions. Concerning the pillar of drug demand prevention, the main focus of Belgian drug policy lies in prevention, raising awareness and treatment services. Prevention initiatives (2013–2014) in Belgium have focused on parents of ethnic minorities, schools, the workplace, vulnerable youth and participants in nightlife (Action 1). Moreover, a cannabis prevention campaign has been launched to inform the public about the potential consequences of cannabis consumption (Action 3). While the provision of treatment facilities has not been expanded in the reporting period, treatment services are widely available in Belgium (Action 5). Concerning international cooperation, Belgium has implemented a memorandum of understanding with the National Police of Colombia to counter cross-border drug trafficking (Action 38). According to the Belgian submission for the 2015 Commission Progress Report, drug policy, the allocation of specific resources and the involvement of civil society actors are well coordinated in Belgium (Actions 28–30). Belgium has fully implemented the fifth pillar of information, research, monitoring and evaluation. The submission for the 2015 Commission Progress Report lists several training initiatives that are available for professionals working with young problem cannabis users, hospital staff, and health professionals working in ambulance services and prevention work (Action 49). Moreover, a few studies are listed on drug demand reduction, drug supply reduction, polydrug use and the misuse of prescribed controlled medicines (Action 50). Nonetheless, there is potential for further development in relation to the pillar on supply reduction. Actions 20–22 relating to seizures of cutting agents, alternatives to coercive sanctions and drug-related crime via the Internet were not addressed in the reporting period 2013–2014. As the Belgian HDG representative has pointed out, the HDG has recently focused most of its attention on the reduction of demand and provision of healthcare measures (Action 25). According to the representative, the work of the HDG should also focus on supply reduction and ensure that both demand and supply are sufficiently addressed. The HDG representative also pointed out

	that trafficking of cocaine via the Belgian port of Antwerp is a particular challenge (Action 15). Substantial shortages exist concerning the pillar of international cooperation, as it appears from the information provided in the submission for the 2015 Commission Progress Report that only Action 38 (as mentioned above) has been implemented, meaning that Belgium has not adopted any programme to support third countries to address illicit crop cultivation, alternative development or risk and harm reduction (Actions 34–36).

Member State Fiche for Bulgaria

OVERALL NATIONAL DRUGS STRATEGY	In July 2014, the third **National Anti-Drug Strategy and its Action Plan (2014–2018)** was adopted in Bulgaria. The first national anti-drugs strategy was elaborated in 2003 and developed under a twinning project with the United Kingdom. Adopted in March 2003 until 2008, it was a part of Bulgarian accession into European Union. The Bulgarian national strategy is based on two pillars: (i) demand reduction; and (ii) supply reduction. The principal demand reduction actions have been focused on protecting society from the drugs market and improving public health and the health and social functioning of individuals. Concerning supply reduction priorities, actions undertaken have emphasised reducing the supply of illicit drugs and precursors, increasing the efficiency of law, enhancing preventive actions and ensuring effective cooperation within a joint and coordinated approach. Whilst the Bulgarian national drugs strategy follows a familiar dual demand and supply reduction approach, the country has not yet followed the trend to a more health-based approach in practice, and continues to rely heavily on a strict penal code to control drug use. Bulgaria has some of the strictest penalties for drug infractions in Europe and has developed few alternative measures for drug users. According to Bulgaria's submission for the 2015 Commission Progress Report, approximately 20% of the prison population in the country stems from drug offences. Bulgaria is considered to be a major transit country for illicit substances, with trafficking activity shaped by supply and demand in Western European and Middle Eastern countries. Organised crime groups in Bulgaria are heavily involved in drug trafficking. For example, the Balkan route for heroin traffic passes through Bulgaria and law enforcement data indicate that heroin is also stored and repackaged in the country.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Bulgaria has only partially implemented the actions set out in the EU Action Plan. According to Bulgaria's submission for the 2015 Commission Progress Report, these difficulties can be explained by the lack of national funding. The main priority of the Bulgarian strategy continues to be supply reduction. The most apparent shortages concern the international cooperation pillar of the EU Drugs Strategy. Bulgaria has implemented some actions to prevent drug use which specifically target children and young people from 15 to 18 years of age. Some measures to delay the first use of drugs and to raise awareness of the risk related to drugs were also implemented in the period 2013–2014 (Actions 1, 2 and 3). Regarding the reduction of supply, meetings between representatives of customs service headquarters and customs experts have been organised. In 2014, there was an operation involving the law enforcement authorities of the Republic of Bulgaria and other EU Member States in connection with the initiative to conduct Joint Action Days according to the EMPACT priorities relating to 'cocaine' and 'heroin' (Action 15). Contrary to many European countries, according to Bulgaria's submission for the 2015 Commission Progress Report the country has continued to tighten its penal code and has not yet introduced non-coercive options to deal with drug users. With regard to the information pillar, some working groups have been organised on issues related to narcotic substances (Action 29). After consultations in the framework of these working groups, a common statement was adopted on the relevant issues. With regards to the HDG, it is the only instrument of policy dialogue in the field of drugs for Bulgaria (Action 25). Overall the working groups are considered to be an effective mechanism for monitoring implementation of the Bulgarian strategy. The Bulgarian submission for the 2015 Commission Progress Report indicates sufficient levels of coordination between competent national and international

	authorities. Bilateral cooperation with certain Member States (Romania, Germany, France, Greece, Spain and the UK) was carried out with regard to specific investigations related to trafficking in drugs (Action 15). Training of professionals in aspects of drug demand reduction and drug supply reduction was also undertaken. For example, the training programme 'Combating of drug trafficking on the state border' was delivered to 120 officers (Action 49). However, Bulgaria's submission for the 2015 Commission Progress Report and primary data collection also pointed to several gaps. Concerning the reduction of drug demand, Bulgaria's implementation of the EU Drugs Strategy could be improved in the area of expanding preventive measures and treatment, rehabilitation and recovery services (Actions 1, 5 and 6), as well as the establishment of new healthcare measures in prison (Action 8). Regarding international cooperation, Bulgaria is an important transit country but has developed limited cooperation with neighbouring states outside the EU (Action 38).

Member State Fiche for Cyprus

<table>
<tr><td>OVERALL NATIONAL DRUGS STRATEGY</td><td>On the basis of the Cypriot National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol (2013–2020), two four-year action plans have been established.

The Cypriot national strategy covers two policy areas – drug demand reduction and drug supply reduction – as well as three cross-cutting themes: coordination, international cooperation, and research, monitoring and evaluation. In order to address these policy areas and issues, the strategy identifies five key intervention areas: prevention, treatment and social reintegration, harm reduction, supply control and regulation, and international cooperation. The strategy addresses both illicit substances and harmful alcohol use.

The strategy is based first and foremost on the fundamental principles of EU policies and laws and it aims to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated and evidence-based approach to the drugs phenomenon.</td></tr>
<tr><td>IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN</td><td>Overall, according to its submission for the 2015 Commission Progress Report, Cyprus has implemented the majority of actions listed in the EU Action Plan. While in the areas of drug demand reduction, drug supply reduction, coordination and information, research, monitoring and evaluation half or more of the action points have been implemented, less progress has been made in the area of international cooperation.

According to the submission for the 2015 Commission Progress Report, and as confirmed during an interview with a representative from the Reitox Focal Point, Cyprus has implemented several programmes in order to reduce drug demand: selective measures to prevent drug use among vulnerable groups, universal prevention initiatives that aim at the general population, environmental actions that aim to change behaviour by changing the environment of the individual (Action 1), and indicative prevention programmes in order to delay the age of first use, as stated by the interviewee in addition to the information provided in the submission for the 2015 Commission Progress Report (Action 2). Integrated treatment services have also been made available (Action 5), rehabilitation services have been expanded (Action 6) and harm reduction measures have been established (Action 7). Lastly, according to the interviewee substitution treatment has for the first time been provided in prison (Action 8).

With regard to drug supply reduction, memoranda of understanding as well as initiatives to counter cross-border trafficking with other Member States have been implemented (Action 15). A special department of the Cypriot police is focusing on cybercrime and special training on the dark net and the trafficking of NPS took place within the framework of an EU-funded project (ISEC) (Action 22) – this was also mentioned by the representative from the Reitox Focal Point. Furthermore, alternatives to coercive sanctions, such as education, treatment and rehabilitation, are in place. The corresponding law provides the possibility for courts to issue a decree for referral to treatment. However, people that are convicted or accused of a felony or drug trafficking are excluded from this legislation (Action 21).

In the area of coordination of the level of resources at EU and Member State level, specific resources have been allocated for research, treatment, rehabilitation, social integration, prevention, education and law enforcement. Also, specific funding for drug supply reduction has been reported (Action 28). Actions on drug policy are coordinated among the relevant governmental departments and agencies by the Cyprus Antidrugs Council (Action 29). Also, non-governmental organisations were involved in the development and implementation of the national strategy (Action 30). As for international cooperation, bilateral agreements between Cyprus and Kuwait as well as with Uzbekistan have been concluded (Action 38). Furthermore,</td></tr>
</table>

	like other Member States, Cyprus participates in the Pompidou Group and the Commission on Narcotic Drugs. At a bilateral level, cooperation was advanced with Greece, Lithuania, Russia and Tunisia. With regard to policy options, programmes and external assistances, an increasingly balanced approach between drug demand and drug supply reduction has been reported by the National Drug Coordinator (Action 32). Finally, with regard to information, research, monitoring and evaluation, Cyprus has implemented training initiatives in which a total of 182 people were trained in 2013 and 2014 (Action 49). Also, an interviewee from the Reitox Focal Point reported that drug trends are monitored and several studies, for example on infectious diseases for high-risk drug users, on NPS or on drug and alcohol use in the military, have been conducted (Action 50). However, due to financial constraints, programmes that target the prevention of crop cultivation in third countries (Action 34) or projects on alternative development for illicit crop cultivation were not considered a priority and thus were not funded (Action 35). Furthermore, risk and harm reduction (Action 36) as well as support to tackle drug-related organised crime in third countries (Action 37) have not been funded either. With regard to drug demand reduction, awareness raising has not been supported by a specific programme, but only via social media and press releases (Action 3) according to additional information on national progress provided by an interviewee from the Reitox Focal Point. As for drug supply reduction, there has been no recording of any seizure of active substances used as cutting agents for illicit drugs between 2013 and 2014 (Action 20).

Member State Fiche for Czech Republic

OVERALL NATIONAL DRUGS STRATEGY	The Czech **National Drug Policy Strategy for the Period 2010 to 2018** was adopted in May 2010. The overall aim of the strategy is 'to ensure the protection of individuals and society from the health, social and economic risks of the harm which drug use may cause and secure individuals, society, and property against the consequences of crime associated with drug trafficking and use'. The Czech national strategy is built on four drug policy cornerstones with corresponding objectives – primary prevention, treatment and social reintegration, harm reduction and drug supply reduction – as well as on three supporting domains: coordination and funding, monitoring, research and evaluation, and international cooperation. The corresponding objective of the first cornerstone, primary prevention, is 'to reduce the level of experimental and occasional drug use, particularly among young people and to reduce the level of gaming among children and youth'; for treatment and social reintegration, the corresponding objective is 'to reduce the level of problem and intensive use of addictive substances and problem gambling; harm reduction should, according to the strategy, 'reduce potential risks related to the use of addictive substances and problem gaming to individuals and society; and the objective of drug supply reduction is 'to reduce the availability of addictive substances, particularly to young people and strengthen the regulation of gambling'. In 2014, alcohol and gambling were incorporated into the national strategy. In 2016, a second revision added an emphasis on the issue of tobacco. The specific objectives were therefore adapted accordingly. The Czech national strategy emphasises the role of harm reduction. Contrary to the EU Drugs Strategy, where risk and harm reduction is part of the overarching aim of reducing demand, the Czech strategy makes harm reduction a pillar in its own right. Also, the Czech strategy gives an individual pillar to treatment and social reintegration as well as to prevention. This means that demand reduction-related pillars make up three of the four pillars in the Czech strategy, with only one pillar devoted to drug supply reduction. A special emphasis is put on the reduction of cannabis use, which is one of the most commonly used drugs according to the strategy, as well as on the reduction of pervitin (methamphetamine) use. The Czech national strategy underlines that besides illegal drugs, legal drugs such as the use of alcohol and tobacco also have an impact on society and therefore are included in the strategy. Furthermore, the strategy states as one of its principles 'European Values', such as the respect for human dignity, freedom, democracy, equality, solidarity, responsibility, the rule of law, human rights, the right to health, healthcare and equal access to services.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, the Czech Republic has implemented a majority of actions under the EU Drugs Strategy and Action Plan, particularly those in the areas of drug demand reduction, drug supply reduction, coordination and information, research, monitoring and evaluation. However, implementation related to international cooperation is minimal. With regard to drug demand reduction, the Czech Republic has implemented universal, selective, indicative as well as environmental prevention measures (Action 1). Furthermore, initiatives to delay the first use of illicit drugs (Action 2) as well as awareness-raising campaigns that aim at the prevention of mental illnesses and infectious diseases (Action 3) have been implemented, although not on a large scale. Treatment services are available all over the country (Action 5). In addition, initiatives have been launched to ensure availability of risk and harm reduction measures. However, accessibility of substitution treatment is limited (Action 7). With regard to healthcare measures for drug users in prison, policies were implemented and more are foreseen for 2016, such as the training of

	medical staff in drug addiction issues (Action 8). With regard to drug supply reduction, the Czech Republic has signed memoranda of understanding with Peru as well as with Ecuador and Mexico (Action 38). The country also provides alternatives in the legal system to coercive sanctions for drug-using offenders (Action 21) and targets drug-related crime on the Internet through the monitoring of drug supply (Action 22). As for the coordination of funding between EU and Member States, resources have been allocated for research, treatment, rehabilitation, social integration, prevention, aftercare, and risk and harm reduction (Action 28). Also, actions on drug policy are coordinated on a regular basis with all relevant parties at the national level (Action 29). Furthermore, non-governmental organisations are involved in the coordination, development, implementation, monitoring and evaluation of the national drugs strategy (Action 30). In the area of information, research, monitoring and evaluation, the Czech Republic is involved in a number of seminars and conferences aimed at the training of professionals in aspects of drug demand reduction and drug supply reduction (Action 49). Furthermore, research on drug demand and supply reduction, blood-borne diseases associated with drug use, and on drug problems among prisoners have been conducted (Action 50). With regard to international cooperation, the Czech Republic stated in its submission for the 2015 Commission Progress Report that policy options, programmes and external assistances were in line with a balanced approach between drug demand and drug supply reduction (Action 32). Furthermore, support to Afghanistan, Georgia, Serbia and Central Asian countries has been implemented in order to develop and implement risk and harm reduction initiatives (Action 36). However, the Czech Republic has funded neither rural development projects and programmes in regions where illicit crop cultivation is taking place (Action 34), nor projects on alternative development for illicit crop cultivation in drug-producing countries (Action 35). Furthermore, in 2013–2014, support of third countries to tackle drug-related organised crime has not been provided (Action 37). As for drug supply reduction, no memoranda of understanding at the national level between law enforcement agencies and relevant bodies (Action 15) and no number of seizures of active substances used as cutting agents for illicit drugs (Action 20) have been reported for the period 2013–2014. Regarding drug demand reduction, there has been no expansion of rehabilitation or recovery services (Action 6) in 2013–2014. And finally, with regard to the coordination of funding between the EU and Member States, the Czech Republic has not reported on specific funding for drug-supply reduction activities (Action 28).

Member State Fiche for Denmark

OVERALL NATIONAL DRUGS STRATEGY	Denmark's national drug policy is comprehensive and covers prevention, early intervention, treatment, harm reduction and law enforcement. Denmark has no general national drug policy document. However, the national drug policy is expressed in strategic documents in some policy areas as well as in legislation and concrete actions. The Danish national drug policy is built on a balanced approach between law enforcement on the one hand and prevention, early intervention, treatment and harm reduction on the other. There is thus clear emphasis on both supply and demand reduction. With regard to demand reduction, the Danish government wants to improve drug abuse treatment and to reduce mortality among people who abuse drugs.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Denmark has implemented the majority of actions contained in the EU Drugs Strategy and Action Plan, with the exception of the area of international cooperation, where implementation is minimal. Denmark has implemented a number of actions aiming at drug demand reduction. With a special focus on young people, prevention measures taking into account population risk factors, situational risk factors as well as individual risk factors have been implemented (Action 1). Initiatives to delay the age of first use of illicit drugs, for example in primary schools and at music festivals (Action 2), as well as awareness initiatives on the risks and consequences associated with the use of illicit drugs (Action 3), have also been put in place. By law, local municipalities are required to provide free medical and social assistance to drug users. Substitution treatment is evidence-based, and in the context of a special programme that runs in nine municipalities until 2018, evidence-based methods are used for the social treatment of drug abuse (Action 5). Also, treatment is provided in all prisons in Denmark, and after release, continuity of care has been provided in 2013–2014. The Danish authorities reported that there have been no new healthcare initiatives for drug users in prison but since the level of existing treatment is not included in the Danish submission for the 2015 Commission Progress Report, it is not clear whether further implementation would be needed to bring Denmark in line with the EU Strategy (Action 8). Furthermore, there has been an expansion of rehabilitation services (Action 6) as well as the launch of initiatives to ensure availability of and access to evidence-based harm reduction measures in 2013–2014 (Action 7). With regard to drug supply reduction and the fight against cross-border trafficking, there are memoranda of understanding between the Danish Customs and Tax Administration and the Danish Health Authority, the Danish Police and other authorities. The Danish Customs Service has also a memorandum of understanding with the Danish National Police and the Director of Public Prosecutions (Action 15). With regard to sanctions for drug-using offenders, Denmark has implemented alternatives to coercive sanctions, such as education, treatment, rehabilitation, aftercare and social integration (Action 21). As for drug supply via the Internet, in a joint operation in 2014 the Nordic countries, targeted drugs sold online and shipped by mail (Action 22). In the area of coordination of Member State and EU drug policy and the aim of achieving a coordinated and appropriate level of resources at both levels, Denmark has allocated specific funding for drug-related research purposes, for treatment, for social integration as well as for a national policy on social drug abuse treatment (Action 28). Denmark has no national drug coordination body. However, the Ministry of Health coordinates government intervention. Drug policy is further coordinated with local and regional authorities and other governmental authorities in the areas of healthcare, social services, customs and the judiciary (Action 29). In Denmark, civil society organisations were involved in the development, monitoring,

	implementation and evaluation of the national drug policy in 2013–2014 (Action 30). With regard to information, research, monitoring and evaluation, training initiatives for professionals were implemented in the area of drug demand reduction and drug supply reduction (Action 49). Furthermore, several research projects were initiated in 2013–2014 with regard to drug demand reduction, drug supply reduction, blood-borne diseases associated with drug use, psychiatric and physical co-morbidity and drug problems among prisoners (Action 50). As for international cooperation, Denmark did not implement the Actions listed in the EU Action Plan. It did not implement policy options, programmes and external actions in line with the balanced approach between drug demand and drug supply reduction (Action 32). Also, no funding for rural development projects in regions where illicit crop cultivation is taking place (Action 34), and no funding for projects on alternative development for illicit crop cultivation (Action 35) was provided in 2013–2014. Besides the support of sub-components of the UNODC's country programme for Pakistan, with the aim of improving border control, no funding for projects that tackle drug-related organised crime in third countries has been implemented (Action 37). Also, risk and harm reduction in third countries has not been supported (Action 36), and no bilateral agreements in the field of drugs were concluded in 2013–2014 (Action 38). The Danish authorities do not assess the variety of substances used as cutting agents. Therefore, the seizure of these substances has not been reported and cannot be analysed (Action 20). With regard to the coordination of an appropriate level of resources at EU and Member State level, Denmark did not report on specific funding for drug-supply reduction (Action 28).

Member State Fiche for Estonia

OVERALL NATIONAL DRUGS STRATEGY	Following the end of the National Strategy for the Prevention of Drug Dependency covering the period 2004–2012, measures to reduce drug use in Estonia have been covered by the **National Health Plan 2009–2020** and the accompanying **Action Plan 2013–2016**. In January 2014, however, Estonia adopted a White Paper on Drug Prevention Policy, setting out an updated approach to combatting drug use and the harms arising from drug use. As set out in the 2014 White Paper, the Estonian policy is largely based on the European approach set out in the EU Drugs Strategy and Action Plans. The Estonian strategy is based on seven pillars: (i) supply reduction; (ii) universal primary prevention; (iii) early detection and intervention; (iv) harm reduction; (v) treatment and rehabilitation; (vi) re-socialisation; and (vii) monitoring. In developing the recent White Paper, the increasingly complex problems relating to drug use of the last 20 years have been taken into account, as well as the identified shortcomings in the effectiveness of previous drug strategies. Estonian drug policy has seen a greater emphasis on demand reduction activities over the past years. Authorities have focused on strengthening the prevention system, notably by implementing evidence-based programmes: around ten programmes were piloted over the past year. A number of new programmes were described in the Estonian submission for the 2015 Commission Progress Report, including universal primary prevention and programmes aimed at early detection of drug addict behaviours. A change in the Estonian drug policy coordination mechanisms was brought about by the creation of the government's Drug Prevention Committee, which has put in place thematic working groups for the enhancement of cooperation. The working groups include service providers, representatives of the relevant ministries and drug coordinators of implementation agencies. The remit of the working groups includes discussion of joint priorities for the planning of the state budget and the resolution of current problems in cooperation. Feedback received from working groups is forwarded to the relevant ministries.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Estonia has implemented a wide range of actions included in the EU Action Plan. As mentioned above, a key priority of the Estonian strategy in recent years has been drug prevention. The areas of the EU Action Plan reported to have been least implemented concern the monitoring pillar of the EU Strategy. Whilst many actions were implemented under other pillars of the Strategy, very few evaluations were undertaken to make an assessment of the measures. Estonia has implemented a variety of prevention measures and new programmes to address a number of individual risk factors (Actions 1 and 2). For example, it has ratified a Memorandum of Understanding on the implementation of the EEA financial mechanism 2009–2014 between Iceland, the Principality of Liechtenstein and the Kingdom of Norway. This Memorandum allowed external funding for the implementation of the programme 'Children and Youth at Risk', which aimed to improve the well-being of children and young people from birth to the age of 26 in Estonia. Estonia has also made progress towards the implementation of the EU Drugs Strategy concerning the expansion of preventive measures and treatment of drug users, as well as rehabilitation and recovery services (Action 1, 5 and 6) and new healthcare measures in prison settings (Action 8). Regarding the reduction of supply, alternatives to coercive measures are available to offenders and law enforcement is actively targeting drug-related crime via the Internet (Action 21 and 22). Collaboration between law enforcement agencies and other relevant bodies, such as airlines, air express couriers, shipping companies, harbour authorities and chemical companies, to fight cross-border trafficking has been constant (Action 15) and was said to be well-functioning and considered to be routine work for law enforcement

	officials. Coordination at the national level is ensured through the Government Committee on Drug Prevention (Action 29). A series of working groups based around the pillars of the 2014 White Paper have been created and contribute to implementing drug policy. At the EU level, an Estonian member of the HDG delegation underlined that NDC meetings have been excellent events for talking about most of the subjects in a more informal manner (Action 24). With regard to international cooperation, some support has been provided through the sharing of best practices (e.g. relating to the funding of harm reduction services) with Ukraine, Kazakhstan and Azerbaijan (Action 36). Overall, however, international cooperation actions have been relatively limited. Estonia ordered a survey in 2014 to develop a methodology on how to monitor the awareness, attitudes and behaviours of the population. The topics were: prevention of violence, drug use, thefts and traffic accidents (Action 50). As well as areas of progress in terms of the implementation of the national strategy and EU Action Plan, the Estonian submission for the 2015 Commission Progress Report and primary data collection also pointed to areas where Actions have not been implemented. Concerning the reduction in drug demand, the envisaged evaluation of some programmes undertaken in 2013–2014 (Actions 1 and 2) was not implemented. This gap should be highlighted as it concerns all actions. On the international cooperation side, the provision of support for third countries in the prevention of illicit drug crop cultivation (Action 34) as well as for alternative development projects (Action 35) is limited. However, it should be noted that the level of development assistance provided by the country overall is extremely limited. Finally, with regard to the information, research, monitoring and evaluation pillar, no specific initiatives exist to train professionals in aspects of drug phenomenon (Action 49). Only one training programme was initiated in 2013–2014, in aspects of drug supply reduction.

Member State Fiche for Greece

OVERALL NATIONAL DRUGS STRATEGY	The Greek drug strategy in force is the **National Action Plan Against Dependence from 2011**. The new Greek National Strategy on Drugs (2014–2016) and the Action Plan on Drugs (2014–2016), have been endorsed in January 2014. The National Strategy on Drugs (2014–2020)[184] covers supply and demand reduction, using a cross-sectional and interdisciplinary approach. The Action Plan on Drugs (2014–2016) consists of five axes: (i) demand reduction (prevention, information and awareness raising, early detection and intervention, harm reduction, treatment and social rehabilitation); (ii) supply reduction; (iii) coordination; (iv) training, monitoring, research, evaluation; and (v) international cooperation. The strategy is therefore in line with the EU Action Plan. The National Action Plan Against Dependence 2011 has two priorities: (i) the development of more treatment places on opiate substitution treatment programmes in order to eliminate waiting lists; and (ii) improving the coordination of drug policy through changes at the institutional level. The new National Strategy on Drugs (2014–2020) focuses on, among other things, the following priorities: 'implementation of specialised actions for the prevention and support of vulnerable population groups, implementation of contemporary strategies for supply and demand reduction, adoption of state-of-the-art international and European policies, implementation of effective policies based on best practices, social participation through social awareness raising'. Alongside illicit drugs, the strategy also covers licit drugs.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Greece has implemented a large proportion of the actions of the EU Action Plan. Despite enhanced international cooperation and Greece's active participation in the main international bodies such as the Commission of Narcotic Drugs (CND), the Pompidou Group, EMCDDA, Europol, etc., implementation in the area of international cooperation remains minimal. With regard to the area of drug demand reduction, Greece has implemented prevention measures that target adolescents who experiment with drugs, students who manifest delinquent behaviour or various psychological problems, single parents, families from culturally diverse groups, immigrants and families with psychological problems (Action 1). Furthermore, measures that aim to delay the first use of illicit drugs (Action 2) and awareness initiatives organised in schools about the risks and consequences associated with the use of illicit drugs (Action 3) have been implemented. In Greece, treatment services, such as psychological interventions, opioid substitution treatment and physical detoxification, are available in the main cities and the capital (Action 5). With regard to the expansion of the provision of rehabilitation services, new programmes and facilities for dual diagnosis and treatment have been implemented (Action 6), according to an interview with the Greek National Drug Coordinator. In 2013–2014, measures to reduce harm with a focus on HIV/AIDS, such as campaigns and distribution of syringes and condoms, were implemented (Action 7). In the same period, healthcare policies in prison for drug users and new measures have been implemented, such as the enhancement of treatment facilities at all the country's prisons. It is planned that the implementation of treatment measures in prison and after release that are set out in national law will be implemented by the end of 2016 (Action 8). With regard to drug supply reduction, Greece has reinforced its border forces. Also, a memorandum of understanding for common Police-Custom Actions in Borders has been agreed (Action 15). Greece also provides

184 Note that the research team has not had sight of the new Strategy. The EMCDDA website does not provide the new Strategy 2014–2020, but only the Action Plan 2011–2012. The information on priorities is taken from the 2014 Reitox national focal point report (p. 21).

	alternatives to coercive sanctions for drug-using offenders such as education, treatment, rehabilitation, aftercare and social integration (Action 21). Furthermore, Greek law enforcement authorities have targeted drug-related crime on the Internet (Action 22). In the area of coordination of Member State and EU drug policy and the aim of achieving a coordinated and appropriate level of resources at both levels, Greece coordinates its positions with all relevant parties at the national level and has, according to the NDC representative, allocated funding in some areas such as recovery and harm reduction, but no funding has been made available for research and evaluation programmes. Furthermore, with regard to drug supply reduction, specific funding has been made available (Action 28). According to the Greek submission for the 2015 Commission Progress Report, a better structure for the circulation of relevant Council Papers is, however, recommended (Action 29). Civil society organisations were involved in the development of the national drug policy documents (Action 30). With regard to information, research, monitoring and evaluation, Greece has implemented training programs for police officers in the areas of drug demand and drug supply reduction (Action 49). Furthermore, studies on polydrug use as well as on blood-borne diseases associated with drug use have been conducted (Action 50). In the area of international cooperation, the submission for the 2015 Commission Progress Report states that Greece has implemented policy options, programmes and external actions in line with the balanced approach between drug demand and drug supply reduction (Action 32). Also, Greece has concluded an international agreement on Police cooperation with Israel in the area of drug supply reduction (Action 38). Furthermore, relations involving training actions have been developed with Guatemala and Ukraine. A drug training programme provided to Ukrainian officers took place in 2015, and in 2016 a training programme was provided to Sudanese officers (Action 37). Greece has not funded any rural development projects in regions where illicit crop cultivation is taking place (Action 34), nor any project on alternative development for illicit crop cultivation in drug-producing countries (Action 35). With regard to risk and harm reduction initiatives in third countries, the Greek authorities did not provide any information (Action 36), and with regard to seizures of active substances used as cutting agents for illicit drugs (Action 20), the Greek authorities reported in the submission for the 2015 Commission Progress Report that no data are available.

Member State Fiche for Hungary

<table>
<tr><td>OVERALL NATIONAL DRUGS STRATEGY</td><td>The Hungarian National Anti-Drug Strategy 2013–2020 is entitled 'Clear consciousness, sobriety and fight against drug crime'.

The strategy defines three intervention areas: (i) health development, drug prevention; (ii) treatment, care, recovery; and (iii) supply reduction. In the area of health development and drug prevention, the strategy focuses on health and physical, mental and social well-being. Prevention measures cover universal, targeted and indicated prevention. As for treatment, care and recovery, the aim is the improvement of the client's health and support of their social reintegration. With regard to supply reduction, the objective is the reduction of drug consumption as much as possible until 2020, while ensuring a balance between demand and supply reduction. Alongside these three intervention areas, the strategy features the following 'priorities' for implementation: monitoring and evaluation, training, cooperation between institutions, financing, research, data collection and international relations. According to its text, the Hungarian national strategy it is completely in line with the EU Drugs Strategy.

The Hungarian strategy gives a special emphasis to the interrelation of the drugs problem with policy strategies and programmes, such as on alcohol, medicines, other behavioural addictions, mental health and crime prevention. These different strategies have to be implemented in a coordinated way. Furthermore, the problem of drug use is also seen as a risk and burden for communities and to the 'health and development of the whole society'. This is why 'clear consciousness and sobriety (...) life without substance abuse leading to personal and community prosperity, and the way of thinking mediating health as a basic value are in the focus of the National Anti-Drug Strategy as indicators of direction'." (National Anti-Drug Strategy p. 8)

The strategy takes a human rights-oriented approach, basing itself on five values: the right to life, human dignity and health, personal and community responsibility, community activity, cooperation and a scientific basis. Furthermore, it recognises the European Convention on Human Rights and the Charter of Fundamental Rights of the European Union and shall ensure their enforcement. In this sense, prevention and treatment of drug use should be achieved without stigmatisation and equal access to health and social care should be ensured.</td></tr>
<tr><td>IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN</td><td>Overall, Hungary has implemented the majority of the actions of the EU Action Plan. However, the in the area of international cooperation, implementation has been minimal.

With regard to drug demand reduction, Hungary has implemented prevention measures that take account of population, situational and individual risk factors (Action 1) as well as measures that aim to delay the first use of illicit drugs (Action 2) and awareness initiatives on the risks and consequences associated with the use of illicit drugs (Action 3). Treatment services in Hungary are available in the main cities and towns of all regions as well as in rural areas (Action 5). Furthermore, services have been extended with the opening of two new rehabilitation institutions for children (Action 6). Risk and harm reduction measures such as substitution therapy and needle exchange programs have been reduced in the past due to budget constraints, but have been allocated more money in recent years (Action 7). Hungary also implemented healthcare policies for drug users in prison in 2013–2014 (Action 8).

With regard to drug supply reduction, Hungary reported a seizure of 6.7 kg of active substances used as cutting agents for illicit drugs in 2014 and 11.9 kg in 2013 (Action 20). The country also provided alternatives to coercive sanctions for drug-using offenders, such as education and treatment (Action 21).</td></tr>
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	As for the coordination of the level of resources at EU and Member State level in order to fulfil the priorities of the EU Drugs Strategy, Hungary offered specific funding for drug demand reduction activities, such as drug-related research purposes, treatment, rehabilitation/recovery, social integration, prevention, aftercare and risk and harm reduction, both in 2013 and 2014 (Action 28). Hungary's positions on drug-related issues are coordinated on regular basis with all relevant parties at the national level (Action 29). Also, civil society organisations were involved in the coordination, development, implementation and evaluation of the national drug policy (Action 30). Hungary also implemented initiatives to train professionals, such as criminal investigators and crime prevention officers in schools, on supply reduction. Other training for professionals covered prevention. Also, workshops and meetings were held (Action 49). Furthermore, new research was initiated in the fields of drug demand reduction, polydrug use and blood-borne diseases associated with drug use. However, no outcomes of this research have been reported (Action 50). According to the Hungarian submission for the 2015 Commission Progress Report, policy options, programmes and external aid has been implemented in line with the balanced approach between drug demand and drug supply reduction (Action 32). However, no other action in the field of international cooperation has been implemented. In 2013–2014, Hungary has neither funded projects to support third countries' efforts in addressing and preventing illicit drug crop cultivation through rural development measures (Action 34), nor projects on alternative development for illicit crop cultivation in drug producing countries (Action 35). Also, no support to third countries to develop and implement risk and harm reduction initiatives (Action 36) or to tackle drug-related organised crime (Action 37) has been given. Furthermore, Hungary did not enter into any bilateral agreements with third countries which included cooperation in the field of drugs (Action 38). With regard to cross-border drug trafficking and border security, Hungary has no memoranda of understanding between law enforcement agencies and relevant bodies in place (Action 15). And finally, with regard to the coordination and the achievement of an appropriate level of resources at EU and Member State level, though Hungary reported on specific funding for drug-demand reduction activities, no evidence of specific funding for drug-supply reduction activities has been provided (Action 28).

Member State Fiche for Ireland

<table>
<tr><td>OVERALL NATIONAL DRUGS STRATEGY</td><td>Ireland's current National Drugs Strategy, covering the period 2009–2016, was launched on 10 September 2009. The overall strategic objective of the document is to 'continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research'.

Whilst the strategy is predominately focused on illicit drugs, it also calls for the establishment of a steering group to develop a national substance misuse strategy covering both illicit drugs and alcohol. The steering group's report was launched on 7 February 2012 and the government has subsequently launched a number of measures within this framework, notably the Public Health (Alcohol) Bill 2015.

A new strategy to begin in 2017 with the termination of the present national drugs strategy is currently under preparation according to a stakeholder from the Irish HDG delegation. This exercise will also involve an assessment of the implementation of the present strategy.

The Irish strategy sets out five strategic priorities: (i) to create a safer society through the reduction of the supply and availability of drugs for illicit use; (ii) to minimise problem drug use throughout society; (iii) to provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs; (iv) to ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; and (v) to have in place an efficient and effective framework for implementing the National Drug Strategy 2009–2016.

A detailed set of specific objectives and KPIs have also been formulated for each of the strategy's five pillars. These are further elaborated through 63 actions spread across the different pillars, which also list the agencies responsible for delivering them.

The Irish national drugs strategy is closely aligned with EU-level priorities set out in the Drugs Strategy and Action Plan. Like a number of other Member States, Ireland has also embedded its drug policy within the wider framework of efforts to reduce (legal) substance misuse and abuse. Irish drug policy has a strong focus on demand reduction and the aim of sustainably addressing drug-related health and social harms. This reflects Ireland's extensive pre-existing drug prevention programmes, with a wide array of universal, selective and indicated initiatives. The country has also been an early implementer of innovative treatment techniques and harm reduction measures (needle and syringe exchanges were first provided in 1989).

The Irish drugs strategy can be characterised by its highly inclusive approach and strong coordination and monitoring mechanisms. The implementation of the strategy is based on a 'partnership' approach, with over 20 statutory agencies, multiple service providers and community and voluntary groups all working together through a network of drugs and alcohol task forces (DATFs) set up at regional and local levels. An Oversight Forum on Drugs (OFD) has also been set up, bringing together the Ministry for Health (Chair), senior representatives of the various statutory agencies involved in delivering on the strategy, and representatives from the community and voluntary sectors. The OFD meets every quarter to monitor progress and address any operational issues. Through the OFD, an Annual Progress Report is also prepared; all 63 actions are examined and progress is reported on each, as well as difficulties and problematic areas. Finally, the National Coordinating Committee for Drug and Alcohol Task Forces (NCC) has been created with the objective of driving implementation of the drugs strategy at the local and regional level and making recommendations to the relevant ministries.</td></tr>
<tr><td>IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN</td><td>Ireland has made strong progress towards the implementation of the EU Action Plan. In the areas of supply and demand reduction and coordination, Ireland has implemented a broad array of actions and activities in line with the Action Plan. Concerning international cooperation and information,</td></tr>
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	research, monitoring and evaluation, relatively little progress has been made, with specific issues identified in the embedding of monitoring and evaluation. Concerning demand reduction objectives, a stakeholder from the Irish Reitox focal point confirmed that Ireland has continued measures that aim to prevent and delay the onset of drug use and raise awareness (Actions 1–3). Social Personal and Health Education (SPHE), a national school-based prevention programme designed to delay the first use of illicit drugs, continues to be implemented. Actions have also been developed targeting population and situational risk factors, such as the implementation of a Traveller-specific education intervention. Prevention measures have notably been adapted and strengthened through the use of online tools and social media. Ireland also continues to enhance the effectiveness of drug treatment and rehabilitation to reduce the use of illicit drugs, building on a pre-existing service offering (Actions 5 and 6). In 2013–2014, a National Drugs Rehabilitation Framework was developed to provide a 'continuum of care' for the recovering drug users, piloting in ten sites across the country. A subsequent evaluation was undertaken in 2014–2015. Authorities continue to increase access to risk and harm reduction options to lessen the negative consequences of drug use (Action 7). Significant increases have been achieved in recent years in access to needle exchanges through the support of the Elton John AIDS Foundation, according to a stakeholder from the Irish Reitox focal point, which enabled authorities to expand the coverage of the needle exchange services through approximately 130 pharmacies outside Dublin. On the supply reduction side, Ireland has continued to pursue efforts to reduce the supply of drugs available on the market through national initiatives and strong cooperation with partners (Actions 10, 13, 14, 15, 17 and 20). Irish law enforcement authorities continue to undertake cooperation within the EU to counter illicit drug activity. Irish authorities actively use mechanisms in place at the EU level (information-sharing services, joint investigative teams, etc.) and continue to strengthen highly developed bilateral relations with the UK. Ireland's Revenue and Customs service has continued to develop cooperative links with law enforcement agencies and relevant bodies through memorandums of understanding aimed at fighting drugs trafficking. National initiatives have also been put in place to develop alternatives to coercive sanctions (Action 21). Finally, Irish authorities have taken steps to take on new challenges, such as new communication channels (Action 22) and NPS. Previously widely available in 'head shops', the availability of NPS has been curbed through new Criminal Justice legislation and law enforcement initiatives, according to a study undertaken by Trinity College Dublin cited by a member of the Irish Reitox focal point. Ireland continues to participate actively in coordination fora at the EU level, such as NDC and HDG meetings (Action 25). Within the framework of a plan to introduce Supervised Injecting Facilities (Action 7), for example, Ireland was able to arrange useful study visits by liaising with the HDG Delegations of Luxembourg and Denmark. At the national level, the OFD and NCC allow for an excellent level of coordination and engagement with a broad range of actors, including civil society (Action 29). The Ministry of Health oversees these mechanisms and ensures the necessary dissemination of information from the EU level to national-level actors (Action 29). Ireland has developed some cooperation with third countries under the priorities identified by the action plan. Whilst the Irish development cooperation programme has not prioritised curbing illicit crop cultivation through alternative development programmes, the country has funded health and HIV/AIDS programmes in Ethiopia, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe (Actions 34 and 35). Finally, Ireland has invested in developing new knowledge of the drugs phenomenon and of the impact of measures to provide sound evidence for future policies and actions. A number of evaluations have been undertaken on

	an ad hoc basis, providing validation and points for improvement for various implemented initiatives (Action 47). According to a member consulted, the Irish Reitox focal point continues to support EU-level knowledge infrastructure and contributes to joint projects, such as the Addictions Conference in Lisbon in 2015, where five focal points presented a paper on opioid substitution treatment (Action 54). Another example of a good project was the Drug-Related Death Monitoring Project, which was undertaken with the Nordic countries and aimed to exchange information on drug-related deaths. Only limited gaps and areas for improvement can be identified on the basis of primary and secondary research. These related primarily to international cooperation and evaluation and research. Concerning international cooperation, there have been few initiatives developed with third countries (Actions 34–37). Ireland's external assistance programmes do not have a strong focus on drugs (neither in terms of demand nor supply reduction). However, Irish Aid did support some harm and risk reduction priorities through more general health programmes. Ireland has also provided limited support to third countries to tackle drug-related organised crime through information-sharing, technical assistance, etc. Documentary review and an interview with a stakeholder from the Irish Reitox focal point also pointed to gaps in evaluation mechanisms (Action 47). Although some 'Evidence Reviews' have been commissioned through the strategy in relation to treatment, harm reduction and prevention, no systematic evaluation mechanisms have been embedded. Concerning drugs research more generally, stakeholders also pointed to the need for a clearer research strategy to be included in the next Irish national strategy. Regarding coordination, a member of the Irish delegation to the HDG underlined some limitations in the principal fora for cooperation and coordination amongst national authorities at the EU level (Actions 23–25). Interviewees who attend NDC meetings reported that these are useful to provide an opportunity to showcase the work that has been done. However, they are not considered to be an optimal forum for interactive debate and discussion; the agenda can be heavy in terms of presentations and inputs, which can impact upon the exchange of views.

Member State Fiche for Italy

OVERALL NATIONAL DRUGS STRATEGY	In 2010, Italy adopted the **Italian National Action Plan on Drugs 2010–2013**. At the time of writing, preparatory meetings for the new national drugs strategy are in development. Italy has a separate **National Action Plan for the Prevention of the Distribution of New Psychoactive Substances and Demand on the Internet in 2014**. The national action plan is built upon two pillars, demand and supply reduction, as well as on five areas of intervention. Demand reduction covers: (i) prevention, (ii) treatment and diagnosis of drug addiction, and (iii) rehabilitation and reintegration. Supply reduction covers: (iv) monitoring and evaluation, and (v) legislation, law enforcement and youth justice. The initiatives under each intervention area also relate to the themes of coordination, cooperation, raising public awareness, assessing results and costs, scientific research and data collection, and training and organisation. The Italian action plan states that the drug problem should be tackled with an integrated and balanced approach between demand and supply reduction. Though the focus of the action plan is on illicit drugs, licit drug use and addictive behaviours are also elements of the strategy, mainly in the area of prevention. Furthermore, the Italian authorities claim the strategy is based on the principles of shared responsibility and proportionality, to be in line with the principle of dignity of everyone affected by the problem of drugs, and to be in compliance with fundamental freedoms and human rights.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Italy has implemented a majority of the actions identified in the EU Action Plan. Some actions, however, have not been implemented. Italy has implemented universal prevention measures as well as schemes aimed at specific target groups (Action 1). Also, measures to delay the first use of illicit drugs, such as national early detection of behavioural disorders and the use of new substances, have been implemented (Action 2), and awareness initiatives have been launched on the risks and consequences associated with the use of illicit drugs (Action 3). Treatment services are available in the main cities and towns of all regions, as well as in the rural areas all over the country (Action 5). In order to ensure availability of and access to evidence-based risk and harm reduction measures, information programmes, training and early outreach programmes are provided, and clean syringes, sterile materials and condoms are distributed (Action 7). Italy has also implemented healthcare policies in prison, such as drug addiction care and treatment for drug users (Action 8). Furthermore, healthcare reforms, as mentioned in the Italian submission for the 2015 Commission Progress Report, mean that prisoners have the same access to services as non-prisoners. With regard to drug supply reduction, Italy has set up initiatives to counter cross-border trafficking and improve border security, such as the establishment of 'conventional understandings with the National Anti-Mafia Directorate', the strengthening of information exchange with German and Swiss structures, as well as joint actions with the Financial Intelligence Unit of the Bank of Italy (Action 15). There are also alternatives to coercive sanctions for drug-using offenders, such as education, treatment, rehabilitation, aftercare and social integration (Action 21). Furthermore, Italy has conducted monitoring activities in order to trace Internet-based drug-related crime (Action 22). As for the pillar of coordination of funding, Italy has allocated specific funding in the area of drug demand reduction for drug-related research purposes, for treatment as well as for prevention (Action 28). Italy's positions on drug policy are coordinated on a regular basis with all relevant parties at the national level (Action 29). Furthermore, civil society organisations are involved in the development, implementation and evaluation of the national drug policy (Action 30).

	With regard to international cooperation, the Italian submission for the 2015 Commission Progress Report indicates that Italy has implemented policy options, programmes and external assistance in line with a balanced approach to drug demand and drug supply reduction (Action 32). Moreover, Italy contributed to programmes for the development of rural communities in Afghanistan and Myanmar (Action 34), and to treatment and care measures in Albania, the Former Yugoslav Republic of Macedonia, Montenegro and Serbia (Action 36). In the area of tackling drug-related organised crime, although there is no information on the funding of projects in third countries, Italy has established Law Enforcement Attaché Offices in several embassies, has signed bilateral cooperation agreements on the exchange of information and has also dealt with requests of mutual judicial assistance. Furthermore, Italy participates in programmes concerning police cooperation at the international level and in the Interflow initiative of the ICPO-Interpol General Secretariat (Information from Italian Ministry of the Interior) (Action 37). Italy also entered into bilateral agreements in the field of drugs, which cover the areas of cooperation, coordination, drug demand reduction, drug supply reduction and information, evaluation, research and monitoring (Action 38). In relation to the EU Action Plan's pillar on information, research, monitoring and evaluation, Italy has implemented a variety of training initiatives for police operators and Italian regions (Action 49). It has also reported further on ongoing research projects with universities and research centres in the fields of prevention and prevention of drug-related diseases as well as on ongoing research in the wider field of demand reduction (Action 50). However, rehabilitation and recovery services have not been expanded in 2013–2014. According to the Italian HDG representative, expansion of these services was not necessary due to the good performance of accredited private social networks and therapeutic communities (Action 6). Also, prison-based services and community-based services provided continuity of care for drug users after release from prison only in some prisons (Action 8). Furthermore, the Italian authorities did not report on any seizure of active substances used as cutting agents for illicit drugs (Action 20). As for the coordination of funding between the EU and Member States, Italy did not report on specific funding for drug-supply reduction activities (Action 28). In the area of international cooperation, Italy did not fund any project on alternative development for illicit crop cultivation in drug-producing countries (Action 35).

Member State Fiche for Lithuania

OVERALL NATIONAL DRUGS STRATEGY	In November 2010, Lithuania's **National Programme on Drug Control and Prevention of Drug Addiction (2010–2016)** was endorsed. Since 2015, an Inter-institutional Action Plan for Prevention of Drugs, Tobacco and Alcohol has also been implemented. A new draft strategy is currently under development. The Lithuanian national strategy is based on five pillars: (i) drug demand reduction among children and youth; (ii) drug supply reduction; (iii) drug use monitoring; (iv) information; and (v) coordination and international cooperation. The overall objective is to reduce the spread of drug addiction, drug supply and drug demand by strengthening public and individual education, health and security. The Lithuanian approach is closely aligned with EU priorities, with all of the EU pillars included in its national strategic framework. Lithuanian drug policy is especially concerned with illicit drugs and their interaction with the young population. Whether regarding the drug demand or supply, the government has placed emphasis on specific target groups, such as young families. Lithuania is mainly considered to be a transit country for illicit substances. It is thus making efforts to improve its response to the drug traffic moving across its borders and jurisdictions. For example, the government endorsed the creation of 'expert groups' on human trafficking, narcotics, money laundering and corruption to train special agents in identifying threats. Efforts were also undertaken to improve judicial cooperation and mutual assistance with neighbouring countries. Finally, the country has achieved some operational successes through the Baltic Sea Task Force on Organised Crime, such as shared controls.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Lithuania has drawn extensively on the EU Drugs Strategy and Action Plan as a source of inspiration for its own strategy documents (both the 2010 National Programme and 2015 Action Plan). Due to the strong alignment between the two, many actions from the EU Action Plan have been implemented. This is particularly evident on the demand reduction side. The only shortcomings identified concern the international cooperation pillar of the EU Strategy. As a transit country for illegal drugs, Lithuania should continue to insist on cooperation with border countries. Lithuania has been very active in the demand reduction field. It has implemented seven prevention programmes since 2013. A call for proposals for prevention programmes for state accreditation was extended with the objective to evaluate and select the most effective examples. From a total of 17 proposals from NGOs and individuals, the government decided to accredit seven prevention programmes. The accreditation process will continue through the entire project implementation period. The programmes cover most of the demand reduction field from harm reduction measures to the development and improvement of the system for prevention services (Actions 1–3). With regard to supply reduction, four memoranda of understanding signed with air express couriers have led to success in the control of post and express courier's parcels, according to Lithuanian Customs. In 2014, more than 90% of investigations were started because courier companies alerted the authorities. Collaboration with bordering countries also allowed police forces to look for possible drug couriers among passengers at the border between Lithuania and Latvia (Action 15). In 2014, Lithuania also participated in an international law enforcement operation aimed at Internet stores operating in anonymous networks (Action 22). With regard to coordination, the National Drug Coordinators' (NDC) meetings were based on focused thematic debates covering all the main fields. In Lithuania, a Drug Control Policy Subgroup and an electronic database and information exchange system for the EU have been established, facilitating

	coordination at the national level (Action 29). A number of activities regarding monitoring, evaluation and research were undertaken to enhance training. Between 2013 and 2014, 11 initiatives were implemented for all kinds of pertinent target groups (Action 49). New research was initiated during this period in order to improve data collection in all the fields suggested by the EU (Action 50). Such initiatives were continued in 2015 and 2016. Thanks to the high level of alignment of the national strategy with EU Strategy documents, only limited gaps and areas for improvement can be identified on the basis of primary and secondary research. Concerning demand reduction, in order to completely fulfil the EU framework, some further activities could be pursued to aid the country’s prison population. On the international cooperation side, as a transit country Lithuania could play a more active role in encouraging third countries to develop their national strategies in order to comply with the EU approach. The country also has a limited international cooperation programme and has thus developed very limited actions in the area of drugs in particular.

Member State Fiche for Luxemburg

OVERALL NATIONAL DRUGS STRATEGY	The national strategy in Luxembourg is the **Governmental Strategy and Action Plan 2015–2019 in the Area of Fight against Illicit Drugs and Associated Addictions**. The Luxembourg strategy follows two pillars, drug demand reduction and drug supply reduction, as well as four transversal themes: (i) risk, damage and nuisance reduction; (ii) information, research and evaluation; (iii) international relations; and (iv) coordination mechanisms. 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 a horizontal issue on its own, which should be applied in both health-related, demand-side responses as well as supply-side activities by judicial or law enforcement agencies. The Luxembourg national strategy not only covers illicit drugs but also licit drugs such as alcohol, tobacco and psychotropic pharmaceutics, as well as other addictive behaviour not related to substances.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	As the new strategy only entered into force in 2015, the implementation assessment covers the National Strategy and Action Plan 2010–2014. This strategy was also structured around the two main pillars, demand and supply reduction, as well as four transversal axes: (i) risk, damage, nuisance reduction; (ii) research and information; (iii) international relations; and (iv) coordination mechanisms. Overall, Luxembourg has implemented most of the actions of the EU Drugs Strategy 2013–2020. However, progress in the area of drug supply reduction is difficult to assess, as relevant data have not been reported by the Luxembourg authorities. With regard to drug demand reduction, Luxembourg has implemented targeted prevention measures as well as specific measures that aim to delay the first use of illicit drugs (Action 2). Awareness initiatives on the risks and consequences of illicit drugs use as well as treatment services have also been implemented (Actions 3 and 5). Also, provisions of rehabilitation, initiatives that aim at risk and harm reduction as well as healthcare policies in prison for drug users are in place (Actions 6–8). In the area of international cooperation, Luxembourg follows a balanced approach between demand and supply reduction with regard to policy options and external assistance (Action 32). In this context, Luxembourg has funded rural development projects in countries where illicit crop cultivation is taking place (Laos and Afghanistan) (Action 34) and has funded projects on alternative development in drug-producing countries (Laos) (Action 35). Furthermore, there has been support given to Moldavia, Ukraine, Romania and Bosnia-Herzegovina for initiatives that aim at prevention and treatment in prison as well as to four projects in Mali and East and West Africa to tackle drug-related organised crime (Actions 36 and 37). Concerning information, research, monitoring and evaluation, Luxembourg has implemented a variety of training programmes for professionals with regard to drug demand and supply reduction (Action 49). Furthermore, research projects on polydrug use, blood-borne diseases associated with drug use, and drug-related consequences have been initiated (Action 50). As for the area of drug supply reduction, Luxembourg has put in place alternatives to coercive sanctions, such as education and aftercare for minors and young adults (Action 21). In the area of drug supply reduction, the implementation of the strategy is not assessable, as data with regard to cross-border trafficking, cutting

	agents for illicit drugs and the use of new communication technologies have not been reported by the Luxembourg authorities (Actions 15, 20 and 22). The same is true for the conclusion of bilateral agreements and cooperation strategies (Action 38).

Member State Fiche for Malta

OVERALL NATIONAL DRUGS STRATEGY	Malta adopted its **National Drugs Policy** in 2008, with the aim of streamlining the work of government and non-government bodies responsible for delivering services to drug users. The focus of the Maltese strategy is to ensure a high level of security, health protection, well-being and social cohesion. Its objectives are to: (i) improve the quality and provision of drug-related services; and (ii) provide a more coordinated mechanism to reduce the supply of and demand for drugs in society. Its six main pillars are: (i) coordination; (ii) the legal and judicial framework; (iii) supply reduction; (iv) demand reduction, including harm reduction; (v) monitoring evaluation, research, information and training; and (vi) international cooperation and funding. The Maltese national strategy engages with all five pillars of the EU Drugs Strategy. It 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. An important emphasis of the Maltese policy framework is placed on prevention. The Reitox national focal point report (2014) indicates that rather than just focusing on drug use, Malta developed a holistic approach by launching a nationwide prevention initiative relating to social exclusion and poverty.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	In general, Malta has implemented the majority of EU Action Points. While the pillars of drug demand reduction and coordination are comprehensively addressed, action points corresponding to the pillars of drug supply reduction, international cooperation, and information, research and monitoring are only partially implemented. In the area of drug demand reduction, all action points have either been fully or at least partially implemented. The main focus of prevention initiatives is placed on socially marginalized people, single parents, people with disabilities, ex-offenders, migrants, the homeless, women and the working poor (Action 1). In this context, the NDC representative from Malta drew attention to the need to adapt services to current trends and changes in the drugs market. In 2014, treatment services were expanded by establishing a Dual Diagnosis Unit for female patients who suffer from drug use and mental health problems (Action 5). Moreover, harm reduction initiatives and healthcare measures in prison are available in Malta (Actions 7 and 8). According to the NDC representative, two harm reduction centres were opened in 2013 and two new shelters for homeless people will be opened shortly. Regarding the reduction of supply, alternatives to coercive sanctions are offered in Malta (Action 21). Drug policy is coordinated at a Member State and EU level and various civil society organisations are involved in the coordination, development and implementation of the national strategy (Actions 29 and 30). According to the NDC representative, one particularly positive aspect about the EU Drugs Strategy is the encouragement to collect data and share information at an international level. The Maltese submission for the 2015 Commission Progress Report, as well as the interview with the Maltese NDC representative, shed light on several areas that could be further developed. Regarding the supply of drugs, Malta implemented no initiatives to counter cross-border trafficking (Action 15), nor drug-related crime via new communication technologies (Action 22). Several shortages are noticeable in the area of international cooperation. Malta does not support any development projects, nor has it established cooperation initiatives with third counties (Actions 34–38). The NDC representative mentioned that because of the changing nature of the drug markets, it is pertinent to maintain high levels of information on new developments in order to react to them appropriately. According to the NDC

	representative, enhanced monitoring and increased evaluation of services could lead to an improved coordination between different service providers. In addition, the interviewee from the Maltese NDC identified a gap in the knowledge base on new psychoactive substances (as is the case in many Member States).

Member State Fiche for Poland

OVERALL NATIONAL DRUGS STRATEGY	In 2011, the fourth **National Programme for Counteracting Drug Addiction (2011–2016)** was adopted in Poland. The Polish national strategy is based on five pillars: (i) prevention; (ii) treatment, rehabilitation, harm reduction and social reintegration; (iii) supply reduction; (iv) international cooperation; and (v) research and monitoring. For the years 2011–2016, a greater emphasis has been placed on improving drug prevention programmes, as well as harm reduction and social reintegration measures. The national strategy takes changes in the drugs market into account and addresses domestic cannabis cultivation, the online sale of new psychoactive substances and the trafficking of chemical precursors. In 2010, Poland passed a law covering supply reduction of new psychoactive substances (legal highs). The new law focuses on the supplier, who may be fined, rather than on the user and takes a health protection approach. As stated in the Reitox national focal point report (2014), the monitoring and interim evaluation of the National Drugs Strategy (2013) identified additional issues that Poland seeks to address, including: the promotion of evidence-based prevention programmes in local communities, treatment programmes for problem cannabis users, harm reduction programmes at a local level, and enforcement activities against synthetic drugs and cannabis production.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Poland has implemented most actions in the EU Action Plan. The majority of unimplemented actions concern the fourth pillar of the EU Drugs Strategy, international cooperation. Poland has implemented a variety of measures to prevent drug use that specifically target children and young people from marginalized communities, children and young people with special educational needs, occasional drug users and parents (Action 1). Measures to delay the first use of illicit drugs use, awareness initiatives and harm reduction as well as healthcare measures in prison are integral parts of Poland's drug demand reduction approach (Actions 2, 3, 7 and 8). Regarding the reduction of supply, alternatives to coercive measures are available to offenders and law enforcement actively targets drug-related crime on the Internet (Actions 21 and 22). The Polish submission for the 2015 Commission Progress Report indicates sufficient levels of coordination between policy stakeholders at a local, national and EU level, as well as with civil society organisations (Actions 29 and 30). Several training initiatives and research programmes ensure that Poland shares and expands its knowledge base on drugs (Actions 49 and 50). However, the submission for the 2015 Commission Progress Report pointed to some areas with potential further implementation. Concerning the reduction of drugs demand, Poland's implementation of the EU Drugs Strategy could be improved in the area of expanding preventive measures, treatment and rehabilitation and recovery services (Actions 1, 5 and 6), and the establishment of new healthcare measures in prison (Action 8). Moreover, the Polish Reitox focal point representative reported that the provision of substitution treatment is insufficiently developed in Poland and pointed out that social reintegration programmes and holistic rehabilitation initiatives should be expanded. According to the information on the EMCDDA website, NPS remain an important concern for Polish policymakers. In comparison to other EU countries, a relatively large amount of NPS was seized in Poland in 2013. According to the Reitox focal point representative, prevention, treatment and in particular harm reduction measures for NPS should be established and expanded in Poland. Regarding the reduction of supply, Poland has not signed any memoranda of understanding in the last reporting period, covering 2013–2014 (Action 15). However, according to an interview with the Polish NDC representative, Poland cooperates with customs in Germany and Czech Republic. In the submission for the 2015 Commission Progress Report, no data were provided regarding the allocation of appropriate resources (Action 28). The Reitox focal point representative

	noted that sufficient coordination between different agencies at a local level is a key requirement for using available resources in an effective way. Similarly to other Member States, there is most scope for improvement in international coordination. The provision of support for third countries in the prevention of illicit drug crop cultivation (Action 34) as well as for alternative development projects (Action 35) could be expanded on. Poland's submission for the 2015 Commission Progress Report and the Reitox focal point representative both raise the concern that while Poland seeks to cooperate with neighbouring countries to the east as well as Central Asian countries, the limited capability of some third countries to execute initiatives and agreements is a restricting factor.

Member State Fiche for Slovakia

OVERALL NATIONAL DRUGS STRATEGY	The **National Drug Strategy of the Slovak Republic for the period 2013–2020** was established in 2013. The strategy directly refers to the EU Drugs Strategy and further guidelines and EU values. The Slovak strategy is based on the same pillars as the EU Strategy. It is built around two pillars addressing (i) demand and (ii) supply reduction, and three cross-cutting themes focused on (i) coordination, (ii) international cooperation and (iii) research, information, monitoring and evaluation. The main objectives of the strategy are to reduce the demand for drugs and the level of addiction and associated harms, to fight drug-related crime, promote coordination, disseminate findings from monitoring, evaluation and research, and further strengthen the cooperation between the EU, third countries and international organisations. The Reitox national focal point report (2014) as well as the EMCDDA Drugs Report (2016) identify specific challenges Slovakia is facing, such as polysubstance use, cannabis cultivation, misuse of medications for the production of drugs, health risks such as HIV and Hepatitis C, and the need to improve treatment services and the coverage thereof. Moreover, new psychoactive substances as well as the use of methamphetamines (pervitin) are identified as particular challenges.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	Overall, Slovakia has implemented many of the action points suggested in the EU Action Plan. Concerning the reduction of demand and supply and coordination, Slovakia has implemented several but not all action points. The Reitox focal point representative placed an emphasis on the importance of information gathering, research and monitoring for Slovak drug policy. Correspondingly, the Action Points of the fourth pillar of the EU Drugs Strategy – information, research, monitoring and evaluation – are fully implemented. Barely any Action Points have been implemented in the area of international cooperation. Regarding the prevention of drug use, initiatives to delay first use, raise awareness and reduce the harms associated with drug use, Slovakia has maintained and even expanded its initiatives in the 2013–2014 reporting period (Actions 1–3, and 7). Target groups for these initiatives include: children and young people, employees, people who learn how to drive, as well as Roma communities. Concerning the reduction of supply, Slovakia places an emphasis on targeting drug-related crime via the Internet and offering alternatives to coercive sanctions (Actions 22 and 21, respectively). The representative of the Reitox focal point raised concerns about the future need to possibly expand court diversion programmes. They explained that politicians in Slovakia are contemplating the depenalisation of possession of small quantities of drugs. Should such a legislative change be passed, Slovakia would need further support from the EU in implementing necessary changes. Concerning the third pillar of the EU Drugs Strategy, Slovakia sufficiently coordinates its actions on a Member State as well as EU level (Action 29). Moreover, Slovakia offers a variety of training initiatives for law enforcement officers and participates in research activities (Action 49). Overall, Slovakia's submission for the 2015 Commission Progress Report pointed towards a generally successful implementation of various Action Points. However, room for further improvement has been identified. Concerning the reduction of drug demand, challenges can be found in the area of drug treatments. The provision of treatment and rehabilitation measures (Actions 5 and 6) has been relatively stable and has not noticeably increased or decreased since 2013. While there are no waiting lists, the decrease in the number of specialised centres for drug dependencies reflects demand decrease. However, several services were cut during the financial crisis, which still impacts on the overall provision of services. Also, as stated in Slovakia's submission for the 2015 Commission Progress Report, and confirmed by a Reitox Focal Point representative, availability of syringes could be more widespread across the country and challenges in treatment

	could be related to the high prevalence of methamphetamine. The area with most potential for improvement is international cooperation. According to Slovakia's submission for the 2015 Commission Progress Report, Actions 34–38 on international development and cooperation with third countries have not been implemented during the last reporting period. The primary data collection revealed a new challenge in relation to the fifth pillar of the EU Strategy: knowledge gaps regarding new psychoactive substances. The Slovak Reitox focal point representative shed light on the emerging challenges a changing drugs market will pose. He pointed out that it is necessary to focus research activities on the challenge of new psychoactive substances in order to learn more about their pharmacology and develop effective responses to surges in consumption of new drugs. The Reitox focal point representative believed that the EU's help in providing expertise and resources for Member States struggling with new psychoactive substances will be of great value.

Member State Fiche for Slovenia

OVERALL NATIONAL DRUGS STRATEGY	The Slovenian national strategy was adopted in 2014. The **National Programme on Drugs (2014–2020)** and the **Drugs Action Plan (2015–2016)** state the objectives of prevention, harm minimisation, treatment and reintegration programmes, coordination and fighting organised crime. The national strategy is built around six pillars: (i) information systems; (ii) drug demand reduction; (iii) supply reduction; (iv) international cooperation; (v) coordination; and (vi) evaluation, research and training/education. The Slovenian strategy includes all five pillars of the EU Strategy and refers to further EU guidelines and EU values. The first pillar of demand reduction is an important priority for Slovenia. The strategy mentions the establishment of a system for testing a limited quantity of drug samples in which drug users could anonymously send samples. According to the Slovenian Reitox focal point national report (2014), Slovenia is taking part in various EU projects including the prevention programme 'Unplugged'. Regarding the emerging challenge of new psychoactive substances (NPS), the Slovenian NDC and HDG representatives emphasised the importance of regulating NPS at an EU level. Slovenia regulated almost 50 NPS in 2013. The NDC representative from Slovenia also stressed that a common EU approach to the legal status of cannabis would be very valuable.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	According to the Slovenian submission for the 2015 Commission Progress Report, covering the periods of 2013–2014, Slovenia has generally implemented the EU Action Points listed under the pillar of drug demand reduction and coordination. The most apparent gaps exist in the areas of drug supply reduction and international cooperation. In general, the NDC representative viewed the EU Strategy and the Slovenian strategy as closely aligned. According to the submission for the 2015 Commission Progress Report, Slovenia places an emphasis on drug demand reduction and has implemented all Action Points in this pillar. In the reporting period 2013–2014, Slovenia has improved the availability of prevention programmes (Action 1). Slovenia's prevention programmes target families, schools and local communities, young people, the Roma and Sinti population, dropout students and the homeless. Furthermore, initiatives to delay the age of first use focus on schools (Action 2) and the training of teachers as well as parents. Slovenian awareness campaigns have been aimed at consumers of new synthetic drugs and young people in primary and secondary schools (Action 3). In the area of prevention, the Slovenian HDG representative highlighted the important contribution that an NGO (DrogArt) is making in the field of NPS. The NGO performs outreach work throughout Slovenia, providing information to young people about the kinds of substances they are using. It also offers drug-testing services and, since it is usually present in nightlife settings, it provides first aid in case of drug-related emergencies. The HDG representative reported that this NGO works in partnership with the National Public Health Institute and the police. In general, the availability of treatment and rehabilitation facilities and harm reduction measures is high (Action 5). The HDG representative described the plan of the Ministry of Health in the coming years to develop the system of Mobile Treatment Vans to ensure that substitution treatment services could be accessed at different and distant geographical locations. One small area for continued development in relation to demand reduction was noted by the HDG representative: that while substitution treatment was widely provided, there was scope for providing further counselling-based services. Concerning the third pillar of coordination, Slovenia has implemented all Action Points. Civil society organisations are involved in the coordination, development, implementation, monitoring and evaluation of the national drugs strategy (Action 30). The NDC representative stressed that coordination at an EU

	level is very important for the exchange of information. Moreover, Slovenia has signed a bilateral agreement with Montenegro in order to strengthen regional cooperation (Action 38). The Slovenian submission for the 2015 Commission Progress Report lists a variety of training initiatives for professionals who work in harm reduction, drug demand and treatment (Action 49). While some the Action Points listed under some pillars are fully realised, the implementation of others is rather sparse. Slovenia has not implemented any of the Action Points listed under the pillar of drug supply reduction (Actions 15–22), and it has not implemented most of the Action Points under the pillar of international cooperation (Actions 32–37). Slovenia has cooperated on a bilateral basis with Montenegro and Serbia in the field of demand reduction (this includes officials from those countries visiting Slovenia to view treatment centres) and the HDG representative noted that there is some police cooperation in relation to supply reduction. However, the HDG representative explained that the actions carried out in other fields of international cooperation are limited, mainly due to lack of funding. In this context, the NDC representative from Slovenia stressed the importance of continuing to work with Balkan countries on drug trafficking via the Balkan route.

Member State Fiche for Spain

OVERALL NATIONAL DRUGS STRATEGY	The Spanish **National Drug Strategy for 2009–2016** is built around four pillars: (i) prevention; (ii) risk reduction and harm reduction; (iii) treatment and social reintegration; and (iv) supply reduction. Furthermore, four cross-cutting or transversal areas are mentioned: (i) improvement of scientific knowledge; (ii) training; (iii) international cooperation; (iv) coordination; and (v) evaluation. The corresponding action plan focuses on the following principles: (i) making sure resources are efficient and optimised; (ii) establishing coordination with participator leadership; (iii) ensuring quality; and (iv) making sure actions are feasible. The Spanish strategy identifies all of the five pillars of the EU Drugs Strategy as key issues and adopts a balanced approach between demand and supply reduction. Throughout the strategy, the specific needs of target groups are taken into consideration. The strategy identifies the training needs of a variety of different stakeholders, including media professionals, citizens organisations, health and social care professionals, the judiciary and enforcement staff. The current action plan places an emphasis on 'a transversal vision with a gender approach, incorporating the specific needs of women in all the actions and interventions proposed'. Moreover, Spain also stresses the importance of using resources in an efficient way and designing initiatives that are feasible.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	In general, Spain has fully implemented the action points listed in the first pillar of drug demand reduction, the third pillar of coordination and the fifth pillar of information, research, monitoring and evaluation. However, according to the Spanish submission for the 2015 Commission Progress Report, the pillars on supply reduction and international cooperation could be further developed. With regard to demand reduction, target group-specific prevention measures have been successfully implemented in the reporting period 2013–2014 (Action 1). The main focus is placed on family prevention, vulnerable minors, specific risk areas, the hospitality sector and the workplace. According to the submission for the 2015 Commission Progress Report, the number of participants in prevention programmes is generally decreasing. Initiatives aimed at delaying the age of first use as well as general awareness raising are largely targeting minors as well as young adults (Actions 2 and 3). According to the Spanish HDG representatives, there are initiatives in Spain seeking to train media professionals in order to ensure that the public is well informed about drugs issues (Action 49). The availability of treatment is very high. In recent years, the offer of services has been expanded in the areas of dual pathology, female drug users and minors (Action 5). Moreover, rehabilitation services have been expanded and inter-agency collaboration as well as social reintegration services have been improved (Action 6). The Spanish submission for the 2015 Commission Progress Report also states that cooperation with mental health services has improved. There are various risk and harm minimisation initiatives available in Spain, including mobile units, social emergency centres, needle exchange programs and supervised injection rooms (Action 7). Harm reduction initiatives have also focused on sexually and parenterally transmitted diseases. With regard to supply reduction, the Spanish Reitox Focal Point representative stated that the country has a long tradition of activities seeking to reduce the supply of drugs, leading to the biggest seizures of heroin and cocaine in the European Union. In spite of this, room for further developments has been identified in regards to certain actions in this pillar. The HDG representative from Spain stated that authorities are placing an emphasis on the confiscation of the proceeds of drug-related organised crime (Action 17) and that, in fact, an important share of the budget for supply and demand reduction interventions is originated from these confiscations. Moreover, a variety of alternatives to coercive sanctions are offered in Spain (Action 21).

	Concerning the third pillar of coordination, drug policy is coordinated well between different stakeholders and agencies in Spain and civil society organisations are involved in the coordination and development of the national drugs strategy (Actions 29 and 30). However, according to the HDG representatives coordination between public authorities, civil society organisations and the private sector could be further improved. Moreover, Spain is seeking to improve the coordination and sharing of intelligence and information between different national law enforcement bodies as well as with Europol. Regarding the fourth pillar of international cooperation, Spain has an important role in Latin America. Aside from leading the COPOLAD Programme (Action 38), the Spanish Reitox Focal Point representative explained that the country has funded projects in the region through the UNODC and has implemented projects in collaboration with the Inter-American Drug Abuse Control Commission (CICAD) and the Pan American Health Organization (PAHO). As the HDG representative from Spain emphasises, due to Spain's geographical location and history, the country is well suited to lead the coordination of this programme. Moreover, Spain offers a variety of training initiatives aimed at law enforcement and intelligence personnel, the military, and health professionals, including GPs (Action 49). Spain also actively contributes to research projects on drug use and associated risks (Action 50). While the general level of implementation of the EU Drugs Strategy is relatively high in Spain, the submission for the 2015 Commission Progress Report also points to some areas that could be improved upon. In particular, Spain has not signed any Memorandum of Understanding in recent years (Action 15) and law enforcement bodies have not undertaken any action specifically targeting drug crime on the Internet (Action 22). Concerning international cooperation, Spain has not reported the funding of any project seeking to address illicit crop cultivation, risk and harm reduction, or organised crime in third countries (Actions 33–37).

Member State Fiche for Sweden

OVERALL NATIONAL DRUGS STRATEGY	The Swedish strategy, called **A Cohesive Strategy for Alcohol, Narcotic Drugs, Doping and Tobacco (ANDT) Policy**, was adopted in 2011. The strategy addresses its objectives through five pillars: (i) prevention; (ii) treatment and rehabilitation; (iii) protection of children and adolescents; (iv) supply reduction; and (v) cooperation. The main objectives of the strategy are to reduce medical and social harm and contribute to a society free from addiction and doping. The strategy places an emphasis on gender equality and the protection of children and youth, and forms part of the overall public health agenda of Sweden. It also emphasises regional cooperation in the Nordic region. The following objectives are listed in the document: reduction of access to drugs, reduction in the number of children and young people using drugs, reduction of people who start using drugs from a young age, improvement of care, reduction in numbers of injuries and deaths resulting from drugs, and the adoption of an EU and international approach grounded in public health considerations. The Reitox national focal point report (2014) also addresses the specific needs of target groups such as school-aged youth, as well as music festival participants, restaurant employees and university students, and emphasises the importance of issues such as social exclusion and societal reintegration with a particular focus on housing, training and education, and employment.
IMPLEMENTATION OF EU DRUGS STRATEGY AND ACTION PLAN	The Swedish HDG representative explained that Sweden has traditionally adopted a zero-tolerance approach to drugs, but the current government is more focused on developing human rights-based demand reduction measures, including treatment and syringe exchange. Following this shift in approach, the HDG representative claimed that nowadays demand reduction (including treatment) has become the main focus of Swedish actions in the field of drugs. In this context, both the HDG and NDC representatives emphasised that the EU Drugs Strategy and the Swedish strategy are aligned. In general, Sweden has implemented the majority of EU Action Points as outlined in the Swedish submission for the 2015 Commission Progress Report. It has implemented various measures to prevent the use of drugs with a focus on cannabis users, homeless people, families affected by domestic abuse, people with mental illness and disability (Action 1), and provides a variety of treatment options as well as harm reduction initiatives, including in prison (Actions 5–8). With regard to supply reduction, the Swedish submission for the 2015 Commission Progress Report indicates that Sweden signed 49 new memoranda of understanding during the reporting period 2013–2014 (Action 15). Moreover, Sweden is providing various different training opportunities to parents, prevention professionals, and student healthcare professionals (Action 49). While the Swedish policy framework and implementation thereof seems to be well developed, the submission for the 2015 Commission Progress Report also pointed to some areas for improvement. The Swedish HDG representative confirmed that Sweden has not run any awareness initiatives on the risks and consequences of drug use (Action 3). Regarding the coordination of drug policy, the Swedish submission for the 2015 Commission Progress Report states that actions on drugs are sufficiently coordinated at national level (Action 29). Moreover, the Swedish NDC representative emphasised that while cooperation with the WHO is very well developed, coordination at the UN-level could be further improved. Most of the Action Points under the fourth pillar of international cooperation (Actions 34–38) have not yet been implemented in Sweden. Regarding the fifth pillar on information and research, although no studies were listed in the submission for the 2015 Commission Progress Report the Swedish representatives reported that research has been conducted in relation to drug demand and drug supply (Action 50). However, the NDC representative noted that some of the measures that are being implemented have not been evaluated. Therefore, the Swedish representative

	emphasised the need to have an improved and evidence-based approach to narcotics.

Table D.2. Coherence of national strategies

Member State / Thematic area	Demand reduction / harm reduction / treatment	Supply reduction	Coordination	International cooperation	Monitoring and evaluation
AUSTRIA	+ + +	+	+ +	+ +	+ +
BELGIUM	+ + +	+ +	+ +	+ +	+ +
BULGARIA	+ +	+ + +	+	+	+
CROATIA	+ + +	+ +	+ +	+ +	+ +
CYPRUS	+ +	+ +	+ +	+ +	+ +
CZECH REPUBLIC	+ + +	+ +	+ +	+ +	+ +
DENMARK	+ + +	+ +	++	++	++
ESTONIA	+ + +	+ +	++	+	+ +
FINLAND	+ + +	+ +	+ +	+ + +	+ +
FRANCE	+ + +	+ +	+ +	++	+ +
GERMANY	+ + +	+ +	+ +	+	+ +
GREECE	+ +	+ +	+ +	+ +	+ +
HUNGARY	+ + +	+ +	+ +	+ +	+ +
IRELAND	+ + +	+ +	+ +	+	+ +

Member State / Thematic area	Demand reduction / harm reduction / treatment	Supply reduction	Coordination	International cooperation	Monitoring and evaluation
ITALY	+ +	+ +	+	+	+
LATVIA	+ +	+ +	+ +	+	+ +
LITHUANIA	+ +	+ +	+ +	+ +	+ +
LUXEMBOURG	+ + +	+ +	+ +	+ +	+ +
MALTA	+ +	+ +	+ +	+ +	+ +
NETHERLANDS	+ +	+ +	+ +	+ +	+
POLAND	+ + +	+ +	+ +	+ +	+ +
PORTUGAL	+ + +	+ +	+ +	+	+
ROMANIA	+ +	+ +	+ +	+ +	+ +
SLOVAKIA	+ +	+ +	+ +	+ +	+ +
SLOVENIA	+ +	+ +	+ +	+ +	+ +
SPAIN	+ + +	+ +	+ +	+ +	+ +
SWEDEN	+ + +	+ +	+ +	+ +	+
UNITED KINGDOM	+ + +	+ +	+	+	+

Note: + Less Focus ++ Same Focus +++ More Focus

ANNEX E: DATA FROM THE SURVEY OF EU DELEGATIONS

Demographics of survey respondents

The table below presents the geographical distribution of survey respondents.

Region	Count
Latin America and the Caribbean	4
East Asia/Pacific	6
Former Soviet Union	4
South Asia	2
Total	**16**

Positions/functions indicated by respondents included: Project office/leader (2x), Programme officer/leader (2x), Task Manager, First secretary (2x), Political adviser/officer (3x), Head of Section (2x), Cooperation Officer, and Advisor.

Policy area responsibilities indicated by respondents included: Justice (2x); Security (4x); Home Affairs; Drugs (2x); Agriculture, Health & Food Safety; Political Affairs/Dialogue (4x); Regional Cooperation (2x); Regional issues (2x); Foreign Affairs; Human Rights (4x); Migration (2x); Media; Governance; Development (2x); Energy; Trade; Higher Education; Climate Change; Counter-terrorism.

On average, at the time of the closing of the survey, respondents had been in office for 41 months, i.e. almost three and a half years.

Full results of the survey's closed questions

To what extent are you familiar with the principles, objectives and actions of the EU Drugs Strategy 2013–2020 and its implementing EU Drugs Action Plan (2013–2016)?

	Count	Per cent
Not at all familiar	2	13%
Somewhat familiar	10	63%
Very familiar	4	25%

Thinking about the 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	19%	31%	19%	31%	16
EU drugs policies are integrated within the political dialogues and framework agreements between the EU and the country you are appointed to	0%	44%	25%	31%	16
EU drugs policies are integrated in the preparation and implementation of the external assistance programmes	14%	36%	29%	21%	14
The EU's balanced approach between demand and supply reduction is reflected in policy options and in the programming and implementation of external assistance towards the country you are appointed to	19%	38%	44%	0%	16

Which statement best characterises the relationship between the EU Drugs Strategy (EUDS) and the national drugs strategy of the country you are assigned to?

Statement	Count	Per cent
The national drugs strategy **is consistent with the EUDS in all or most areas** and this **is** at least partly a result of the EUDS and EU activities	0	0%
The national drugs strategy **is consistent with the EUDS in all or most areas** but this **is not** a result of the EUDS and EU activities	1	8%
The national drugs strategy **is consistent with the EUDS in some areas** and this **is** at least partly a result of the EUDS and EU activities	7	58%
The national drugs strategy **is consistent with the EUDS in some areas** but this **is not** a result of the EUDS and EU activities	2	17%
The national drugs strategy **is not consistent with the EUDS**	1	8%
The country I am assigned to does not have a drugs strategy	1	8%

How have the following aspects of the EU's engagement with the country you are appointed to in the area of drug policy evolved since 2013?

	Improved a lot	Improved somewhat	Stayed the same	Worsened somewhat	Worsened a lot	N
Capacity of the EU Delegation to engage on drug policy issues	21%	36%	43%	0%	0%	14
Flow of information in relation to objectives, trends and developments on EU illicit drug policy towards the EU Delegation	7%	29%	64%	0%	0%	14
Available EU funding to support the country's efforts in the area of drug policy	21%	7%	57%	7%	7%	14
Existence and effectiveness of consultative mechanisms in the area of drug policy with national authorities	0%	43%	57%	0%	0%	14
Existence and effectiveness of consultative mechanisms in the area of drug policy with national civil society	0%	29%	64%	7%	0%	14
Regional networking among EU Delegations on drug issues	0%	21%	79%	0%	0%	14

Does the EU provide assistance to the country you are appointed to in any of the following areas?

Area of assistance	Count
Addressing and preventing illicit drug crop cultivation	4
Implementing alternative development measures	5
Implementing risk and harm reduction initiatives	3
Tackling drug-related organised crime, including drug trafficking	7
Adapting and aligning with the EU acquis in the drugs field	3

ANNEX F: MEMBER STATE DATA ON DRUG-RELATED EXPENDITURE

The table below includes information for each Member State on drug-related expenditure, collated by the EMCDDA.

Table F.1. Member State data on drug-related expenditure

MS	Total annual expenditure (€)	GDP (%)	Most recent estimate	Policy areas where expenditure is reported (% of expenditure indicated where available)	Data availability / quality	Trend
Austria	€278,000,000	Not specified	2013	Healthcare, social and state (police and court activities)	The available information does not allow the size and trends of drug-related public expenditures in Austria to be reported. Estimates are based on a 2013 study on the annual cost of addiction to public services	Insufficient data
Belgium	€446,729,000	0.16	2012	Law enforcement (69%), treatment (30%), prevention (1%), harm reduction (0.3%), 'other' (0.1%)	Prior to 2012 authorities had funded three successive studies of drug-related public expenditure for 2001, 2004 and 2008. Estimates were based on a well-defined methodology. In 2012 authorities decided to start estimating drug-related public expenditure on an annual basis	2004–2008 = Stable (0.11% GDP); 2012 = increase (0.16% GDP)
Bulgaria	€3,707,713	0.02	2013	Not specified	Estimates for drug-related public expenditure have only recently begun to be reported. However, it is not possible to assess what proportion of the total effectively spent is represented by estimates. Estimates provided are preliminary	Insufficient data
Croatia	€102,712,000	0.4	2014	Financed public order and safety activities (79.9%), health (17.6%), education, social protection and defence (less than 3%)	In 2013 authorities estimated total drug-related public expenditure for the years 2009, 2010, 2011 and 2012, based on a well-defined methodology. In 2014 the efficiency of public spending and its compliance with the strategic priorities set in the national strategy and action plan was assessed	2005–2008 = increase; 2009–2012 = decrease; 2013–2014 = increase
Cyprus	€7,408,000	0.04	2014	Law enforcement (45%), healthcare	In 2012 the methods used to estimate public expenditures were improved, following the	2004–2008 = increase (0.02% GDP to 0.06% GDP);

				(46%) and education (10%)*	results of a study commissioned in 2008	2009–2010 = decrease (0.03% GDP); 2011–2014 = stable
Czech Republic	€88,775,000	0.06	2010	Demand reduction (42%) and supply reduction (58%)*	Estimates are based on a well-defined methodology, but data completeness has changed over time. Between 2007 and 2010 unlabelled expenditures were also estimated, applying a comparable methodology (3). Since 2010 only labelled expenditure has been reported	2005–2014 = stable
Denmark	Not specified	Not specified	N/A	Not specified	Available data on drug-related public expenditures are multi-annual and include only labelled expenditures. The available information does not allow the drug-related annual public expenditure effectively spent and its evolution over time to be reported	Insufficient data
Estonia (low estimate)	€3,701,005	0.02	2011	Demand reduction activities (76%) and supply reduction activities (24%)	Estimates that concern labelled drug-related public expenditures have only been published since 2007. The methodology used to collect and estimate these expenditures cannot be assessed, but results appear to be comparable over time (except for 2012)	2008–2010 = decrease
Finland	€412,100,000	0.2	2013	Social protection (25%), healthcare (13%), public order and safety (3%)	In Finland the national drugs strategy and action plan do not have associated budgets. However, the methodology for estimating the public expenditure on drug-related costs has been developed. The method used to estimate total drug-related expenditure was updated in 2012, and subsequent data are not comparable with those reported up to 2012	2012-2013 = stable
France	€2,056,132,242	0.1	2013	Health activities and social protection (44.6%), public order and safety (28.6%), education (13.4%) drug-related defence initiatives and general public services (13.7%)	The total drug-related public social costs have been estimated for 1996 and 2003. A new estimate of the social cost of drugs, alcohol and tobacco was published in 2015	2008–2013 = increase (slower increase between 2008–2010)

Germany	€5,193,899,000–€6,074,299,000	0.2–0.3	2006	Public order and safety (65–70%), health and social protection (30–34%), general coordination activities (less than 1%)	Since the funding of drug initiatives is the responsibility of a number of different bodies – the Länder, federal government, local government and social security – information on drug-related expenditure is not aggregated regularly. However, in 2010 a study estimated the total drug-related public expenditure for the year 2006	Insufficient data
Greece (low estimate)	Not specified	0.07	2012	Partial data that is available mostly concerns the funding of the health sector (proportion not specified)	Estimates that concern labelled drug-related public expenditures only were available for 2012. The mid-term action plan (2011–2012) provided the only comprehensive estimate of planned labelled and executed drug-related expenditure. However, details are not provided on either the methodology or the comprehensiveness of the data	2011–2014 = decrease
Hungary	€39,045,000	0.04	2007	Law enforcement (75.3%), prevention and research (10.5%), treatment (10.4%) and harm reduction (3.8%)	Data based on one study following a well-defined methodology, which estimated total drug-related expenditures for four years (2000, 2003, 2005 and 2007)	2000–2007 = stable
Ireland	€237,000,000**	0.12	2015	2015 planned budget: health (51.7%), public order and safety (26.7%), recreation, culture and religion (8.6%), education (7.3%), social protection initiatives (7.3%)	Recently the method to estimate drug-related public expenditure has been defined and it has become possible to compare drug-related public expenditure over time	2009–2014 = decrease (16%); 2014–2014 = stable
Italy	Not specified	0.18	2012	Law enforcement (46%) and social care and healthcare (54%)	Drug action plans in Italy do not have associated budgets. However, the methodology for estimating the social costs of drug use has been defined for some years (1) and provides an estimate of drug-related public expenditure (2). The same method has been used to estimate total drug-related public expenditure between 2009 and 2012	2010–2012 = decrease from 0.25% of GDP to 0.18%
Latvia	€2,234,000	0.01	2008	Public order and safety activities (35.5%), social protection (32.2%), health initiatives (29.07%), and general public services and education	Latvian drug policy documents do not have associated budgets and there is no review of executed expenditures. However, the evaluation of the national action plan (2005–	Insufficient data

				activities (3.23%).	2008) provided the first overview of central government expenditures	
Lithuania	€6,048,000	0.02	2012	Treatment and rehabilitation (50.9%), prevention (18.4%), law enforcement (17.7%) and coordination and research activities (13.0%)	Between 2008 and 2010 information on drug-related public expenditures was fragmented, but in 2011 the government started to associate an annual budget to the Lithuanian Interagency Activity Plan (2011–2013)	2008–2013 = decrease
Luxembourg	€3,843,800	0.01	2009	Public order and safety (57%) and health (41%)	Estimates of total expenditures spent are available, based on a well-defined methodology established in 2002	2005–2009 = stable; 2009–2010 = decrease; 2011–2012 (partial data) = increase
Malta (low estimate)	€5,493,421	0.08	2012	Not specified	The available information is very limited and does not allow the size and trends of drug-related expenditures to be reported	Insufficient data
Netherlands	Not specified	0.5	2003	Law enforcement (75%), treatment (13%), harm reduction (10%) and prevention (2%).	There has only been one study that has estimated overall drug-related public expenditure, but the methods used are not fully explained and information is sometimes fragmented or forms a part of broader budgets	Insufficient data
Poland	Not specified	Not specified	Not specified	Not specified	Limited data, based on a survey on drug-related public expenditure began in 2012, and reporting on spending under local drug strategies	Insufficient data
Portugal	Not specified	0.03	2005	Not specified	Estimates were not fully accurate because data for some types of expenditure were missing (e.g. prisons, social security, etc.), and in other areas spending on alcohol initiatives had also been included	Insufficient data
Romania	Not specified	0.003	2009–2012	Not specified	Estimates on labelled drug-related public expenditure go back to 2004 but their completeness varies over time. Therefore, it is not possible to provide an estimate of	Insufficient data

					Romanian drug-related public expenditure	
Slovakia	€2,130,600	0.05	2006	Public order and safety (63.3%), treatment (14.8%), prevention (7.6%), coordination (1.8%), education (1.3%), harm reduction (0.9%) and ‘other areas’ (10.3%)	Data has not consistently been collected. There is one 2006 study that has examined expenditure on drugs	Insufficient data
Slovenia (low estimate)	Not specified	0.03	2014	Not specified	Estimates that concern labelled drug-related public expenditures only. Authorities report total drug-related expenditures every year, covering both demand and supply reduction activities, but the methodology used is not detailed and data completeness varies every year	2006–2011 = increase (but decelerated after 2008); 2012 = decrease; 2014 = increase
Spain (low estimate)	€337,321,000	0.03	2013	Most of the funds (65%) were spent by the autonomous communities and cities, and the central government spent 35%. 2012 data shows that, in the autonomous regions, 84.4% was spent on treatment, 12.98% on prevention and the rest on research and institutional cooperation	Estimates are incomplete. One study has looked at the social costs of drug use and included an estimate of drug-related expenditure. The study did not, however, distinguish between public and private expenditure. Spanish authorities provide estimates but these do not cover all sectors and includes mostly labelled expenditure. Comparability over time is limited because reporting entities and data collection methods have changed	Insufficient data
Sweden	€449,000,000–€1,029,000,000	0.2–0.4	2002	Law enforcement (70–76%), treatment (22–28%), prevention (0.7–1.7%), and harm reduction (0.1–0.2%)	Six estimates of drug-related public expenditures have been made in Sweden, but only a 2002 study provides information about the methodology used	Insufficient data
United Kingdom	€8,436,189,000	0.49	2010	Public order and safety (64.9%), social protection (22.5%), health (11.7%)	The government commissioned studies on economic and social costs in 2002, 2006 and 2013. Furthermore, between 2005 and 2010 labelled expenditure was estimated every year through administrative records, but unlabelled expenditure was rarely available. Following the decentralisation of public health spending, implemented in 2013, it is now more difficult	2005–2010 = stable (but some decreases prior to 2010)

					to estimate drug-related expenditure	

Notes: * The evaluation team adjusted the data to remove likely typos in percentages for Cyprus and Czech Republic as reported on the EMCDDA website. ** The evaluation team adjusted the data to remove likely typos in decimal numbers for Ireland as reported on the EMCDDA website.

ANNEX G: LIST OF SOURCES AND STAKEHOLDERS CONSULTED

Table G.1. List of documents reviewed

EMCDDA documentation

- Contribution from the EMCDDA to the research team
- EMCDDA (2011). Online sales of new psychoactive substances / 'legal highs': summary of results from the 2011 multilingual snapshots
- EMCDDA (2014) Drug use in prison: Assessment report. Technical Report
- EMCDDA (2014), Regional strategies across the world: a comparative analysis of intergovernmental policies and approaches
- EMCDDA (2015) Drug use and its consequences in the Western Balkans 2006–14
- EMCDDA (2015). The Internet and Drug Markets. Summary of results from an EMCDDA Trendspotter study
- EMCDDA Best Practice Portal (http://www.emcdda.europa.eu/themes/best-practice/examples)
- EMCDDA Drug Markets Report 2016
- EMCDDA Drug Profiles (http://www.emcdda.europa.eu/drug-profiles)
- EMCDDA European Drug Report 2013, 2014, 2015, 2016
- EMCDDA General Report on Activities 2013, 2014, 2015, 2016
- EMCDDA Perspectives on Drugs
- EMCDDA Prevention Profiles
- EMCDDA Risk Assessments
- EMCDDA Statistical Bulletin
- EMCDDA–Europol (2015) Annual Report on the implementation of Council Decision 2005/387/JHA
- National Drugs Strategies from the 28 Member States (EMCDDA website)
- Reitox national focal point report (2014) to the EMCDDA on the Drug Situation – 28 Member States (EMCDDA website)

CEPOL documentation

- CEPOL Annual Reports 2014, 2015
- CEPOL Common Curricula on Drug Trafficking and Money Laundering
- CEPOL Work Programmes 2014, 2015, 2016
- Contribution from CEPOL to the research team

Europol documentation

- Contribution from Europol to the research team
- Europol Consolidated Annual Activity Report, 2014, 2015
- Europol Internet Organised Crime Threat Assessment 2014, 2015, 2016
- Europol Multiannual Strategic Plan 2016–2018
- Europol Review 2013, 2014, 2015
- Europol Serious and Organised Crime Assessment 2013
- Europol Strategy 2016–2020
- Europol Work Programme 2013, 2014, 2015, 2016

Eurojust documentation

- Contribution from Eurojust to the research team
- Eurojust Annual Report 2013, 2014, 2015
- Eurojust Work Programmes 2014, 2015, 2016

Other EU documentation

- Cocaine Route Programme Newsletters
- DG TAXUD Strategic Plan 2016–2020
- Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR). Indicative list of TAIEX activities in NEAR regions
- Documentation pertaining to EU Research Programmes (Health Programme, ISEC, DPIP, FP7, Horizon 2020), including information on Cordis and OpenAire
- Draft Assessment of the Implementation of the EU-CELAC Action Plan
- Dublin Group Reports
- EU Annual Report on Human Rights and Democracy in the World 2013, 2014, 2015
- EU Annual Reports on candidate countries (Albania, FYROM, Montenegro, Serbia, Turkey) and potential candidate countries (Bosnia and Herzegovina, Kosovo)
- EU Guidelines on the Death Penalty
- EU-CELAC Action Plan
- EU-CELAC Coordination and Cooperation Mechanism on Drugs – Annual Reports
- Eurobarometer surveys

- Operational Human Rights Guidance for EU external cooperation actions addressing Terrorism, Organised Crime and Cybersecurity
- Relevant Commission and Council documentation (proposals, regulations, decisions, etc.)
- Tool-box for a Rights-based Approach, encompassing all human rights, for EU development cooperation

Documentation from international organisations

- CND Resolutions (proposed and adopted versions)
- INCB's 2015 Report on Precursors
- Reports on CND sessions
- UNDP Human Development Report 2013, 2014, 2015
- UNODC (2015) International Classification of Crime for Statistical Purposes
- UNODC Joint Ministerial Statement (2014)
- UNODC World Drug Report 2014, 2015, 2016

Third country documentation

- Afghan National Alternative Livelihood Policy
- Afghan National Drug Action Plan 2015–2019
- Bolivian Fight Strategy against the Drug Trafficking and Reduction of Surplus Cultivations of the Coca Leaf (2011–2015)
- Colombian National Development Plan (2014–2018)
- Colombian National Policy on Manual Eradication and Alternative Development
- Ecuadorian National Plan for Drug Prevention (2012–2013)
- National Drug Policy of Trinidad & Tobago (2014)
- Peruvian National Drug Strategy (2012–2016)
- Operational Plan for Drug Control in Trinidad & Tobago (2014–2018)

Other documentation

- Bardet, C., Nozadze, P. (2013) Mid-Term Review of the Heroin Route Programme financed by the Instrument for Stability
- Busch et al. (2013) Report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries
- Cadet-Tairou, A., Martinez, M. (2016). I-TREND Project Synthesis
- ESPAD Group (2015) ESPAD Report 2015: Results from the European School Survey Project on Alcohol and Other Drugs
- Hillebrand, J., D. Olszewski, & R. Sedefov. 2010. 'Legal Highs on the Internet.' *Substance Use & Misuse* 45(3):330–40
- Gallahue, P. and Barrett, D. (2012) Human Rights Due Diligence for Drug Control: An Assessment Tool for Donors and Implementing Agencies
- Kruithof, K. et al. (2016) Internet-facilitated drugs trade: An analysis of the size, scope and the role of the Netherlands
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Table G.2. Overview of interviewees consulted

Level of stakeholders	Country/stakeholder	Organisation/role
Member State level	All 28 Member States	HDGs, Reitox & NDCs
European institutions and bodies	European Commission	DG HOME
		DG DEVCO
		DG GROW
		DG NEAR
		DG SANTE
		DG TAXUD
		DG RTD
		OLAF
	Council of the EU	Secretariat
		Current Presidency (NL)
		COSI
		CUG
		CCWP
	European Parliament	MEPs
	European External Action Service (EEAS)	EEAS
	Dublin Group	Dublin Group
EU agencies	EU agencies	EMCDDA
		ECDC
		CEPOL
		Eurojust
		Europol
		EMA
Projects funded by the EU	EU funded projects	Euro-DEN
		ALICE RAP
		I-TREND
		COPOLAD II
		Cocaine Route Programme
		Heroin Route Programme
International organisations		UNODC
		UNAIDS
		Pompidou Group
Third countries		United States
		Mexico
		Uruguay
		Kazakhstan
		Armenia
Civil society		Chair of Evaluation Working Group
		Core Group Members
		Members of the Evaluation Working Group
Representatives from the chemical industry		European Chemical Industry Council (CEFIC)
		European Association of Chemical Distributors (FECC)

ANNEX H: EVALUATION FRAMEWORK

This Annex presents the evaluation framework for the assignment.

The evaluation framework was used to guide the evaluation. For each evaluation question, an 'evaluation grid', as presented below, was developed at the beginning of the research project. The evaluation grids:

- Provide an overview of our understanding of the criteria.
- Summarise the approach used to tackle the evaluation criteria and explain the links and consistency between the questions.
- Identify the risks and challenges.
- Detail the proposed evaluation/judgment criteria.
- Present the indicators (see further discussion below) and descriptors (i.e. the pieces of information needed to conduct the analysis).
- Identify for each judgment criteria the source(s) of information to be used during data collection. Two types of sources were collected:
    - Secondary data (existing data) were first collected.
    - Primary data (i.e. data to be created) were then collected in order to fill gaps in the secondary data and generate a more detailed understanding. Primary data collection was done through: interviews, questionnaires and responses to the public consultation.

Effectiveness

Table H.1. Understanding the effectiveness criterion

Criterion/area	Effectiveness
Understanding the criterion	This aim of the effectiveness criterion is to assess the extent to which the objectives of the Strategy have been achieved to date, as well as the extent to which the objectives of the Action Plan have been achieved. The Better Regulation Guidelines specify that as part of this criterion the evaluation should examine why an objective has or has not been met. This focuses on the objectives as described in the intervention logic.
Approach proposed	In order to assess the effectiveness of the Strategy and the Action Plan to date, it is necessary to examine the objectives as described in the intervention logic. The approach taken to respond to the evaluation questions was set in the following manner: • Evaluation Questions 2 and 3 will first be responded to by examining, in accordance with available data, the extent to which the objectives and actions of the Action Plan have been implemented since 2013. A traffic light assessment will be undertaken in relation to the implementation of the Action Plan's objectives. • Next the study team will examine data on trends in relation to the drugs phenomenon and qualitative data to understand the changes and trends in the drugs situation. • Lastly, the evaluation will look at the connection between the implementation and the changes in the drugs situation, to see if there is a causal link that can be identified between the implementation of certain actions and the increase/decrease in trends, or if the implementation at least made some contribution to the changes. • The results of the implementation of the actions will be outlined in order to respond to Evaluation Question 3 and the impacts of the implementation will be identified. • Evaluation Question 1 will then be responded to, in order to ascertain the extent to which the Strategy has been implemented to date.
Risks and challenges	Due to the Action Plan being in place to implement the Strategy, it will be necessary to ensure a more 'high-level' approach is taken to identify the effectiveness of the Strategy to date, with more detail placed on the implementation of the Action Plan. The creation of an intervention logic, which covers the intervention of both the Strategy and the Action Plan as well as the formulation of Evaluation Question 1 (which focuses specifically on the extent to which the Strategy has been implemented), will enable this approach to be undertaken. When assessing the effects of the implementation of the Strategy and Action Plan, it will be necessary to take into consideration the effects that could occur due to the existence of external factors, as listed in the intervention logic. When undertaking data collection, any external factors identified will be taken into consideration and further elaborated when responding to the evaluation questions. The assessment of the effectiveness of the Strategy will also examine the areas where gaps in implementation continue to exist.

Table H.2. Evaluation grid for effectiveness

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
EQ1. To what extent have the objectives of the EU Drugs Strategy been achieved so far?	JC1.1 The objectives of the EU Drugs Strategy are being achieved through implementation by relevant actors	Examination of national strategies in place in Member States to implement the objectives of the EU Drugs Strategy Examination of actions undertaken by relevant actors to reach the overarching objectives Analysis of responses to EQ2 and EQ3 will be used to respond to this question. Particular focus shall be placed on EQ3, relating to the impacts of the EU Drugs Strategy and Action Plan	**Primary Research** All interviewees – according to their area of expertise (e.g. experts in supply reduction will be asked about the priorities in that area, etc.) Responses to Commission-run Public Consultation **Secondary Research** - EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Review of all MS Drugs Strategies and in-depth analysis of strategies of 10 MS
	JC1.2 There are aspects of the EU Drugs Strategy which are considered as a priority by relevant actors	Priority areas identified in the EU Drugs Strategy by stakeholders Focus placed by stakeholders on specific areas through implementation (responses to EQ2 and EQ3 shall be examined) Comparison of different priority areas identified	**Primary Research** All interviewees – according to their area of expertise (e.g. experts in supply reduction will be asked about the priorities in that area, etc.) Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Research projects relating to the drugs phenomenon - Priorities in national drugs strategies not included in the EU Drugs Strategy
	JC1.3 There are aspects of the Drugs Strategy which are no longer considered as a priority	Examination of overall level of implementation of objectives and actions under the Action Plan in order to ascertain whether there are certain aspects which are no longer considered as a priority at Member State and EU level Examination of any new priorities identified by the stakeholders which	**Primary Research** All interviewees – according to their area of expertise Responses to Commission-run Public Consultation

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		are not covered by the EU Strategy and Action Plan Analysis of whether specific aspects of the EU Strategy and Action Plan should be prioritised, taking into account political priorities at EU and national level Responses to questions under EQ2 and EQ3	Survey of EU Delegations **Secondary Research** - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Research projects relating to the drugs phenomenon - Priorities in national drugs strategies not included in the EU Drugs Strategy
	JC1.4 New priorities within the EU Drugs phenomenon have arisen, which have led to not all objectives under the EU Strategy being achieved	New priority areas identified by stakeholders Objectives set in national strategies which are not covered by EU Strategy Responses to questions under EQ2 and EQ3 as well as questions relating to added value and coherence shall be examined in this regard	**Primary Research** All interviewees – according to their area of expertise Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Research projects relating to the drugs phenomenon - Priorities in national drugs strategies not included in the EU Drugs Strategy
EQ2. To what extent have the objectives and actions of the EU Action Plan on Drugs 2013–2016 been implemented?	JC2.1 A large majority of objectives (and actions) under the EU Action Plan on Drugs have been implemented by the necessary actors	Number of objectives (and associated actions) under the Action Plan which have been implemented by the relevant actors (i.e. Member States, EU institutions, EU agencies, civil society, international organisations) Traffic light assessment	**Primary Research** All interviewees – according to their area of expertise Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	JC2.2 Objectives (and actions) under the EU Action Plan on Drugs require further implementation by the necessary actors	Number of objectives (and associated actions) under the Action Plan which have been partially implemented by the relevant actors (i.e. Member States, EU institutions, EU agencies, civil society, international organisations) Traffic light assessment	**Primary Research** All interviewees – according to their area of expertise Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies
	JC2.3 Some objectives (and) actions under the EU Action Plan on Drugs have not been implemented by the necessary actors	Number of objectives (and associated actions) under the Action Plan which have not been implemented at all by the relevant actors (i.e. Member States, EU institutions, EU agencies, civil society, international organisations) Traffic light assessment	**Primary Research** All interviewees – according to their area of expertise. Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies
EQ3a. What have been the results of the actions implemented in relation to the specific objectives of the EU Drugs Strategy and Action Plan?	JC 3.1 The implementation of the Action Plan and strategy has contributed to preventing drug use and delaying the onset of drug use	Evidence to demonstrate that drug use has been prevented and the onset of drug use delayed (Actions 1–4) – Overarching indicators 1, 5, 12 – Percentage of population who use drugs currently, have used drugs recently and who have ever used by drug and age group (EMCDDA General Population Survey) – Level of provision at MS level of evidence-based universal and environmental prevention measures, targeted prevention measures – Level of provision at MS level of targeted prevention measures, including family and community-based measures	**Primary Research** Interviews with: - European Commission DG HOME, DG SANTE - European Parliament - Council - Dublin Group - European Centre for Disease Prevention and Control (ECDC) - European Medicines Agency (EMA) - Civil Society Forum - EMCDDA - HDG, Reitox, National Drug

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		– Level of provision at MS level of indicated prevention measures – Level of provision at MS level of evidence-based prevention and diversionary measures that target young people in family, community and formal/non-formal education settings – Level of awareness in general and youth populations of healthy lifestyles and of the risks and consequences of the use of illicit drugs and other psychoactive substances – Data by MS on levels and patterns of prescribing of psychoactive medicines (by end 2014) – Number of initiatives that focus on the promotion of appropriate use of prescribed and over-the-counter opioids and other psychoactive substances – Awareness-raising activities in place in Member States	Coordinators Responses to Commission-run Public Consultation **Secondary Research** - EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Reitox National Reports - MS Reporting on results of measures - Eurobarometer surveys - Report of ALICE RAP project
	JC 3.2 The implementation of the Action Plan and strategy has contributed to enhancing the effectiveness of drug treatment and rehabilitation	Evidence to demonstrate that the effectiveness of drug treatment and rehabilitation has been enhanced (Actions 5–8) – Overarching indicators 1, 2, 3, 4, 6, 10, 11 – Extent of the diversity of comprehensive and integrated treatment services at MS level – Publicly available MS data on treatment retention and outcomes – Publicly available MS data on extent of increase in rehabilitation/recovery services adopting case management and inter-agency approaches; extent of increase in the number of programmes, specifically targeted at drugs users with co-morbidity involving partnerships between both mental health and drug rehabilitation/recovery services; level and duration of abstentions from consumption of illicit and/or licit drugs by people leaving drug treatment; availability of treatment options to meet needs of people who experience relapses to drug use – Extent of increased availability of and access to evidence-based risk and harm reduction measures in MS – Availability of services for drug users in prisons and the extent to which prison healthcare policies and practices incorporate care models comprising best practices in needs assessment and	**Primary Research** Interviews with: - European Commission DG HOME, DG SANTE - European Parliament - Council - Dublin Group - European Centre for Disease Prevention and Control (ECDC) - European Medicines Agency (EMA) - Civil Society Forum - EMCDDA - HDG, Reitox, National Drug Coordinators Responses to Commission-run Public Consultation **Secondary Research** - EMCDDA Reporting - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Reitox National Reports

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		continuity of care for prisoners during imprisonment – Extent of decrease in drug-related physical and mental health problems amongst prisoners – Extent to which prison-based services and community-based services provide continuity of care for prisoners upon release with particular emphasis on avoiding drug overdoses.	- EMCDDA Best Practice Portal
	JC 3.3 The implementation of the Action Plan and strategy has contributed to embedding coordinated, best practice and quality approaches in drug demand reduction	Evidence related to the embedding of coordinated, best practice and quality approaches in drug demand reduction (Action 9) – Consensus achieved by MS on minimum quality standards building on previous EU preparatory standards – Debates in Council on minimum quality standards – EU Legislation adopted	**Primary Research** Interviews with: - European Commission DG HOME, DG SANTE - European Parliament - Council - Dublin Group - European Centre for Disease Prevention and Control (ECDC) - European Medicines Agency (EMA) - Civil Society Forum - EMCDDA - HDG, Reitox, National Drug Coordinators Responses to Commission-run Public Consultation **Secondary Research** - EMCDDA Reports - EMCDDA Best Practice Portal - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Council Conclusions on minimum quality standards
	JC 3.4 The implementation of the Action Plan and Strategy has contributed to enhancing effective law enforcement coordination and cooperation within the EU	Evidence related to enhancing effective law enforcement coordination and cooperation within the EU to counter illicit drug activity (Actions 10–16) – Overarching indicator 7 – Extent of high-impact, intelligence-led and targeted activities, of joint operations, joint investigation teams and cross-border	**Primary Research** Interviews with: - European Commission DG HOME, DG GROW, DG TAXUD - OLAF - European Parliament - Council of the European Union –

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		cooperation initiatives focusing on criminal organisations engaged in illicit drug activity (with a specific focus on large-scale crime) – Increased use of Europol's drug-related information-sharing, analysis and expert systems – Results achieved from EMPACT projects and bilateral and multilateral initiatives – EU Policy Cycle and crime priorities for 2014–2017 in place – List of priority threats – Training needs assessment carried out – Availability and uptake of relevant training courses at EU level – Number of law enforcement officers trained and effectively deployed as a result – Number of intelligence-led activities leading to the disruption and suppression of drug trafficking routes – Level of information-sharing through effective activity of the liaison officer networks – Number of cases and quantity of stopped or seized shipments of precursors intended for illicit use – Results achieved from the EMPACT projects – Use of Pre-Export Notification (PEN) Online System and increased use of the Precursors Incident Communication System (PICS) – Number of joint follow-up meetings and other activities linked to the prevention of the diversion of precursors and pre-precursors – Increased number of multidisciplinary/ multi-agency joint operations and cross-border cooperation initiatives – Number of effective memoranda of understanding (MOU) agreed between law enforcement agencies and relevant bodies such as airlines, air express couriers, shipping companies, harbour authorities and chemical companies – Improved intelligence and information-sharing on cross-border drug trafficking utilising, inter alia, available border surveillance	including COSI, CCWP, CUG - Dublin Group - HDG, Reitox, National Drug Coordinators - CEPOL - Eurojust - Europol - EMCDDA - Chemical industry Responses to Commission-run Public Consultation **Secondary Research** - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - EMCDDA Reporting - EU Agencies Reporting - Council Conclusions on Supply Indicators

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		systems – Roadmap developed and agreed on the implementation of key drug supply indicators – MS agreement reached on key drug supply indicators	
	JC3.5 The implementation of the Action Plan and Strategy has enhanced effective judicial cooperation and legislation within the EU	Actions 17–21 of the Action Plan – Adoption and timely implementation of agreed EU measures and legislation on confiscation and recovery of criminal assets, money laundering, drug trafficking – Increased number of financial investigations and confiscations in relation to the proceeds of drug-related organised crime through EU judicial cooperation – Number of EAW requests in relation to illicit drug trafficking – Timely and effective responses to EAW requests in relation to illicit drug trafficking – EU legislation in place – Implementation of EU legislation in MS – Adoption and implementation of regulations of the European Parliament and of the Council on drug precursors – Number of seizures of active substances used as cutting agents for illicit drugs – Timely implementation of new EU legislative requirements aimed at securing the supply chain for active substances under Directive 2011/62/EU (the Falsified Medicines Directive) – Increased availability and implementation of alternatives to prison for drug-using offenders in the areas of education, treatment, rehabilitation, aftercare and social integration – Increased monitoring, implementation and evaluation of alternatives to coercive sanctions	**Primary Research** Interviews with: - European Commission DG HOME - OLAF - European Parliament - Council of the European Union – including COSI, CCWP, CUG - Dublin Group - HDG, Reitox, National Drug Coordinators - Eurojust - Europol Responses to Commission-run Public Consultation **Secondary Research** - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - EMCDDA Reporting - EU Agencies Reporting - EMPACT Reports
	JC3.6 The implementation of the Action Plan and Strategy has contributed to effectively responding to current and	Evidence to demonstrate that current and emerging trends in illicit drug activity have been responded to effectively (Action 22) – Results achieved from law enforcement actions targeting drug-	**Primary Research** All interviewees – according to their area of expertise

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	emerging trends in illicit drug activity	related crime via the Internet – Increased number of joint operations and cross-border cooperation initiatives	**Secondary Research** - Progress Report on EU Action Plan on Drugs - Progress review of EU Policy Cycle priorities - EMPACT report - MS Reporting - Reports from EU Agencies Responses to Commission-run Public Consultation
	JC3.7 The implementation of the Action Plan and Strategy has encouraged effective EU coordination in the drugs field	Evidence to demonstrate that effective EU coordination has been ensured in the drugs field (Actions 23–28) – Overarching indicator 14 – Extent to which the EU Drugs Strategy and Action Plan are taken into account in the programmes of other Council working groups including COAFR, COASI, COEST, COLAT and COWEB – Extent to which National Drug Coordinators' meeting agenda reflects developments, trends and new insights in policy responses and provides for improved communication and information exchange – Extent of implementation of the Action Plan – Timeliness of dialogue at the HDG on latest drug-related trends and data – Extent of consistency and continuity of actions across Presidencies – Advancement in implementation of EU Drugs Strategy priorities across Presidencies – Level of consistency and coherence in the objectives, expected results and measures foreseen in EU actions on drugs (linked to questions on coherence) – Inclusion of drug-related priorities in strategies of relevant EU bodies – Intensified cooperation between the HDG and the geographical/regional working groups, including COAFR, COASI,	**Primary Research** Interviews with: - European Commission DG HOME - Council of the European Union – including COSI, CCWP, CUG - Parliament - Dublin Group - HDG, Reitox, National Drug Coordinators - Third countries - Civil Society Forum - Eurojust - Europol Responses to Commission-run Public Consultation **Secondary Research** - Progress Report on EU Action Plan on Drugs - Presidency Reporting - Council Working Group reporting - EEAS Report to HDG

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		COEST, COLAT and COWEB – Amount of funding at EU level, and where appropriate, MS level – Extent of coordination on drug-related financial programmes across Council working groups	
	JC3.8 The implementation of the Action Plan and Strategy has encouraged effective coordination at national level of drug-related policy	Evidence to demonstrate that there is effective coordination of drug-related policy at national level (Action 29) – Overarching indicator 14 – Effectiveness of a horizontal drug policy coordination mechanism at MS level – Number of cross-cutting actions in drug demand and supply reduction at Member State level	**Primary Research** Interviews with: - European Commission DG HOME - European Parliament - Council - Dublin Group - HDG, Reitox, National Drug Coordinators Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Progress Report on EU Action Plan on Drugs - EMCDDA Reporting - Reitox National Reporting
	JC 3.9 The implementation of the Action Plan and Strategy has encouraged the participation of civil society	Evidence to demonstrate civil society participation in drug policy (Action 30) – Timely dialogues between EU Civil Society Forum on Drugs and the HDG during each Presidency period – Engagement of EU Civil Society Forum in reviewing implementation of the EU Drugs Action Plan – Level of involvement of civil society in MS and EU drug policy development – Timely dialogue between the scientific community (natural and social sciences including neuroscience and behavioural research) and the HDG	**Primary Research** Interviews with: - European Commission DG HOME - European Parliament - Council of the European Union – including COSI, CCWP, CUG - Dublin Group - HDG, Reitox, National Drug Coordinators Responses to Commission-run Public Consultation **Secondary Research** - Progress Report on EU Action Plan on Drugs - Feedback from Civil Society Forum at EU level

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	JC 3.10 The implementation of the Action Plan and Strategy has contributed to the integration of the EU Drugs Strategy within the overall foreign policy framework	Evidence to demonstrate the integration of the EU Drugs Strategy within the EU's overall foreign policy framework (Actions 31–44) – Overarching Indictor 13 – Drug policy priorities increasingly reflected in EU's external policies and actions – Inclusion of drug-related priorities in EU strategies with third countries and regions – Integration of EU Priorities in third country policies and strategies – Number of agreements, strategy papers, dialogues, declarations, action plans in place – Extent to which EU's drug policy priorities, especially the balance between demand and supply reduction, are reflected in funded priorities and projects – Level of implementation of coordinated actions in action plans between the EU and third countries and regions – Number of third country national strategies and action plans that incorporate integrated drug policies – Relevant expertise, training and policy guidance provided to EU Delegations – Enhanced Regional networking among EU Delegations on drug issues – Enhanced coordination with MS – Number of third country national policies, strategies and action plans that incorporate integrated approaches to the problem of illicit drug crop cultivation – Improvements in human development indicators in drug-cultivating areas – Number of rural development projects and programmes funded by the EU and MS in regions where illicit crop cultivation is taking place, or in regions at risk of illicit crop cultivation – Reported local decrease in illicit drug crop cultivation in the long term	**Primary Research** Interviews with: - European Commission DG HOME - European Parliament - Council of the European Union – including COSI, CCWP, CUG - Dublin Group - HDG, Reitox, National Drug Coordinators - Third countries - International Organisations - Eurojust - Europol - EEAS - EMCDDA Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Progress Report on EU Action Plan on Drugs - EEAS Reporting - UNDP Reports (human development) - Dublin Group Reports - Europol Reports

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		– Number of third country national policies, strategies and action plans that incorporate integrated approaches to the problem of illicit drug cultivation and effectively organised alternative development initiatives. – Number of evaluated projects that demonstrate positive outcomes relating to sustainable legal and gender sensitive livelihoods – Improvements in human development indicators – Number and quality of risk and harm reduction initiatives developed – Prevalence of drug-related deaths in third countries and drug-related blood-borne viruses including but not limited to HIV and viral hepatitis as well as sexually transmittable diseases and tuberculosis – Number and effectiveness of projects and programmes in third countries – Strengthened cooperation in the field of drugs with relevant partners – Dialogues and declarations organised with partners – Programmes and action plans implemented with/by partners – Level of activity across Dublin Group structures including number of Dublin Group recommendations effectively implemented – Annual dialogue on funding – Human rights effectively mainstreamed into EU external drugs action – Human rights guidance and assessment tool developed and implemented	
	JC 3.11 The implementation of the Action Plan and Strategy has contributed to improving the EU's approach and visibility in the United Nations (UN) and strengthened EU coordination with international bodies related	Evidence to demonstrate that the EU's approach and visibility in the United Nations (UN) has been improved and EU coordination with international bodies related to the drugs field strengthened (Actions 42–43) – Overarching indicator 13 – Effective promotion of EU policies in the UN including at the CND	**Primary Research** Same as JC3.10 **Secondary Research** - Progress Report on EU Action Plan on Drugs - UNGASS Report - EEAS Reporting

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	to the drugs field	– Number of EU Common positions supported by other regions and international bodies – Frequency with which EU speaks with a single effective voice in international fora and in dialogues with third countries – Level of successful adoption of EU resolutions at UN including at the CND – Outcome of the mid-term review of the 2009 UN Political Declaration and Action Plan on International Co-operation towards an Integrated and Balanced Strategy to Counter the World Drug Problem – Adoption of an EU Joint Position Paper for the 2016 UNGASS and reflection of the EU positions in the UNGASS outcome – Number of information exchanges and activities between the EU and relevant international and regional bodies and organisations and initiatives – Effectiveness of partnerships with relevant bodies	- UNODC annual World Drugs Reports
	JC 3.12 The implementation of the EU Drugs Strategy and Action Plan has contributed to enabling the EU to support the process for acceding countries, candidate countries and potential candidates to adapt to and align with the EU acquis in the drugs field	Evidence to demonstrate that the EU has supported the process for acceding countries, candidate countries and potential candidates to adapt to and align with the EU acquis in the drugs field, through targeted assistance and monitoring (Action 44) – Increased compliance by countries with EU acquis – Agreements in place between EU and third countries – Number and quality of completed projects – National drugs strategies and national drugs coordinating structures established	**Primary Research** Same as JC 3.10 **Secondary Research** - Progress Report on EU Action Plan on Drugs - Reports from acceding and candidate countries
	JC 3.13 The implementation of the EU Drugs Strategy and Action Plan has led to adequate investment in research and data collection on all aspects of the drug phenomenon	Evidence to demonstrate adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon (Actions 45– 47) – Overarching indicator 14 – Amount and type of EU funding provided across the different programme and projects – The inclusion of the priorities of the EU Strategy and Action Plan	**Primary Research** Interviews with: - European Commission DG HOME - DG RTD - Joint Research Centre - European Parliament - Council - Dublin Group - HDG, Reitox, National Drug

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		on Drugs in the funding and assessment criteria of EU-funded drug-related research – Number, impact, complementarity and value of EU-funded drug-related research grants and contracts awarded – Number of EU-funded drug-related articles and research reports published in peer-reviewed journals with high impact factors – Annual debate at the HDG on drug-related research projects funded by the EU – Regular progress review to the Council and European Parliament on Strategy and Action Plan implementation – European guidelines for the evaluation of national drugs strategies and action plans published – Delivery of dedicated studies into the effectiveness and impacts of EU and international drug policies – Completed evaluation of the implementation of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence	Coordinators - EMCDDA - EU projects Responses to Commission-run Public Consultation **Secondary Research** - Progress Report on EU Action Plan on Drugs - EMCDDA Recommendations
	JC3.14 The implementation of the EU Drugs Strategy and Action Plan has contributed to maintaining networking and cooperation and developed capacity within and across the EU's knowledge infrastructure	Evidence to demonstrate that networking and cooperation has been maintained and capacity developed within and across the EU's knowledge infrastructure (Actions 48–54) – Overarching indicators 1–15 – Current deficits in the knowledge base established and an EU-level framework developed to maximise analyses from current data holdings – Number of overviews and topic analyses on the drug situation – Number of initiatives at MS and EU level to train professionals in aspects of drug demand reduction and drug supply reduction – Number of initiatives at MS and EU level implemented to train professionals related to data collection and reporting of drug demand reduction and drug supply reduction – Increased availability and implementation of evidence-based and scientifically sound indicators on drug supply reduction and drug	**Primary Research** Same as JC 3.13 **Secondary Research** - Progress Report on EU Action Plan on Drugs - EMCDDA Reporting - CEPOL Reports - Reitox Reports

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		demand reduction – At MS level, extent of new research initiated on emerging trends such as polydrug use and the misuse of prescribed controlled medicines; blood-borne diseases associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis; psychiatric and physical co-morbidity; and other drug-related consequences – EU-wide study carried out on drug-related community intimidation and its impact on individuals, families and communities most affected and effective responses to it – Adoption of evidence-based and scientifically sound indicators on drug problems among prisoners – Extent of new epidemiological, pharmacological and toxicological research initiated on new psychoactive substances and supported by MS and EU research programmes – Extent of information, best practice and intelligence exchange – Extent of sharing by toxicology laboratories and by research institutes of toxicological and health data analyses on new psychoactive substances – Extent of sharing of forensic science data on new psychoactive substances – Ease of access to laboratory reference standards by forensic science laboratories and institutes – Number and effectiveness of new drug-related public health initiatives developed and implemented – Number and effectiveness of existing initiatives that are adjusted to take account of drug consumption or epidemic outbreaks – Number and impact of early warning reports, risk assessment and alerts	
	JC3.15 The implementation of the EU Drugs Strategy and Action Plan has contributed to enhancing the dissemination of monitoring, research and	Evidence to demonstrate that the Dissemination of monitoring, research and evaluation results at EU and national level has been enhanced (Action 54) – Open-access outputs from EU-funded studies disseminated	**Primary Research** Same as JC 3.13 **Secondary Research** - Progress Report on EU Action Plan on

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	evaluation results at EU and national level	– Extent to which Reitox national focal points funding and other resources match requirements – Number and effectiveness of Reitox national focal points dissemination initiatives	Drugs
EQ3b. What have been the impacts of the EU Drugs Strategy and Action Plan?	JC3.16 The implementation of the EU Drugs Strategy and Action Plan has contributed to a measureable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms		**Primary Research** Interviews with: - European Commission DG HOME, DG SANTE - European Parliament - Council - Dublin Group - European Centre for Disease Prevention and Control (ECDC) - European Medicines Agency (EMA) - Civil Society Forum - EMCDDA - HDG, Reitox, National Drug Coordinators Responses to Commission-run Public Consultation **Secondary Research** - EMCDDA Reports - Progress Report on EU Action Plan on Drugs
	JC3.17 The implementation of the EU Drugs Strategy and Action Plan has contributed to the disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs	Examination of level of implementation of the specific objective in relation to the implementation of actions under the Action Plan Examination of priorities which are yet to be achieved under this Specific Objective. This will be based on responses to questions under EQ2 and EQ3	**Primary Research** Interviews with: - European Commission DG HOME, DG GROW, DG TAXUD - OLAF - European Parliament - Council of the European Union - Dublin Group - HDG, Reitox, National Drug Coordinators - CEPOL - Eurojust - Europol - EMCDDA

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
			- Chemical industry Responses to Commission-run Public Consultation **Secondary Research** - Review of EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies
	JC3.18 The implementation of the EU Drugs Strategy and Action Plan has encouraged coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level	Examination of level of implementation of the specific objective in relation to the implementation of actions under the Action Plan Examination of priorities which are yet to be achieved under this Specific Objective. This will be based on responses to questions under EQ2 and EQ3	**Primary Research** Interviews with: - European Commission DG HOME, DG DEVCO, DG NEAR, DG TAXUD - European Parliament - Council of the European Union - Dublin Group - HDG, Reitox, National Drug Coordinators - Third countries - International Organisations - Eurojust - Europol - EEAS - EMCDDA Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Review of EMCDDA Reports - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies
	JC3.19 The implementation of the EU Drugs Strategy and Action Plan has further strengthened dialogue and cooperation between the EU and	Examination of level of implementation of the specific objective in relation to the implementation of actions under the Action Plan Examination of priorities which are yet to be achieved under this Specific Objective.	**Primary Research** Same as JC1.3 **Secondary Research** - Progress Report on EU Action Plan on

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	third countries, international organisations and fora on drug issues	This will be based on responses to questions under EQ2 and EQ3	Drugs - Evaluations of past EU Drugs Strategies - EEAS Documentation - UN Documentation and Strategies
	JC3.20 The implementation of the EU Drugs Strategy and Action Plan has contributed to a better understanding of all aspects of the drugs phenomenon and of the impacts of intervention	Examination of level of implementation of the specific objective in relation to the implementation of actions under the Action Plan Examination of priorities which are yet to be achieved under this Specific Objective. This will be based on responses to questions under EQ2 and EQ3	**Primary Research** All interviewees – according to their area of expertise (e.g. experts in supply reduction will be asked about the priorities in that area, etc.) Responses to Commission-run Public Consultation **Secondary Research** - Progress Report on EU Action Plan on Drugs - Evaluations of past EU Drugs Strategies - Research projects relating to the drugs phenomenon

Efficiency

Table H.3. Understanding the efficiency criterion

Criterion/area	**Efficiency**
Understanding the criterion	Once effectiveness has been examined, the evaluation has to consider the resources used to achieve the results and the changes made to resources in relation to the intervention logic. The efficiency criterion needs to examine the costs and benefits of the intervention as they accrue to different stakeholders.
Approach proposed	In order to examine the efficiency of the EU Drugs Strategy and its accompanying Action Plan, it is necessary to examine the change in resources allocated by the EU and Member States pre- and post-adoption. The sufficiency of the resources will also be examined in order to assess whether the resources allocated are sufficient to achieve the necessary results.
Risks and challenges	A challenge for this evaluation criterion will be the availability of data at national level in relation to the budgetary resources allocated to the implementation of the Strategy and Action Plan. The budgetary resources at national level will relate directly to national policies and programmes rather than those associated with the EU Strategy and Action Plan. Moreover, the resources allocated at national level can cover aspects such as health, policing, education and social affairs, which creates a difficulty in identifying exactly how much of the national budget is allocated specifically to the drugs phenomenon. It will therefore be difficult to make a distinction in resources allocated at national level. In order to militate against the above challenge, stakeholders at MS level will be asked in interviews to indicate the proportion of the national budgetary resources that are allocated to combatting the drugs phenomenon. Where an exact figure cannot be provided, an estimate shall be requested by MS stakeholders.

Table H.4. Evaluation grid for efficiency

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
EQ4. To what extent have the strategy and the Action Plan had an impact on the Member State's budgetary resources?	JC4.1 Member States' budgetary resources have increased due to the need to implement the Strategy and Action Plan	Level of budgetary resources dedicated to areas covered by the Strategy and the implementation of its actions by Member States Increase of budget allocated to actions relating to the Strategy and Action Plan	**Primary Research** Interviews with: - HDG, Reitox and National Drugs Coordinators - Civil society Responses to Commission-run Public Consultation **Secondary Research** - National Strategies and Action Plans - National budget allocations
	JC4.2. Member states have prioritised resources to implement the Strategy and Action Plan	Allocation of budgetary and human resources dedicated to areas covered by the Strategy and the implementation of its actions by Member States, as evidenced by official documentation Influence of Strategy in shaping and prioritising the allocation of resources dedicated to areas covered by the Strategy Proportionality of outcomes/impacts (as identified in effectiveness) in relation to the costs/resources invested	**Primary Research** Same as JC 4.1 **Secondary Research** - National Strategies and Action Plans - National budget allocations
EQ5a Were sufficient resources allocated throughout the years 2013–2016 for reaching the objectives of the Action Plan?	JC 4.3 The resources allocated to the Action Plan led to its efficient implementation	Level of resources allocated to the implementation of the Action Plan by different stakeholder groups: EU, Member States, civil society Level of implementation of the Actions (traffic light assessment) by the Member States Level of implementation of the Actions at EU Level Gaps existing in implementation of the Actions	**Primary Research** All interviewees – according to their area of expertise Responses to Commission-run Public Consultation **Secondary Research** - National Strategies and Action Plans - National budget allocations - EU budget allocations
EQ5b Would additional resources be necessary for the remaining years of the EU Drugs Strategy? If yes, where these additional resources should come from (EU and/or national level, etc.)?	JC 4.4 The resources for the remaining years of the EU Drugs Strategy are considered inadequate to achieve the objectives	Prioritisation of measures and increased political will for further implementation of the Strategy Gaps in implementation of the Strategy up to 2016 Level of resources available for the period 2016–2020 at EU and national level Changes in priorities, introduction of new priorities for the future Action Plan	**Primary Research** Same as JC 4.3 **Secondary Research** - National Strategies and Action Plans - National budget allocations

Relevance

Table H.5. Understanding the relevance criterion

Criterion/area	**Relevance**
Understanding the criterion	The relevance criterion examines the extent to which the EU Drugs Strategy is in line with the needs of Member States and the EU. It will examine the relationship between the EU intervention and the needs and problems that existed in relation to drug policy. The criterion will also assess whether the intervention is properly addressing the needs and problems which were identified and whether gaps existed.
Approach proposed	In order to respond to the evaluation questions relating to relevance, it will be necessary to clearly understand the problems and needs which existed prior to the adoption of the EU Drugs Strategy. The problems and needs which existed will be examined at EU level, with the position of the Member States in Council taken into account. The evolution of the problems in the area of drug policy will then be examined in order to determine whether the Strategy is still up-to-date and in line with current problems or whether future evolution is needed.
Risks and challenges	The main challenge for this criterion will be to collect and synthesise the opinions of a wide range of stakeholders and remain objective in relation to the main needs relating to drug policy, taking into account the different priorities set by various groups of stakeholders. In order to address this challenge, the Team will gather all information in an evidence grid that will gather all responses to the questions asked in interviews and gathered through documentary review. This internal document will enable the team to analyse the responses of numerous groups of stakeholder groups in a synthetic way.

Table H.6. Evaluation grid for relevance

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
EQ6a. To what extent has the EU Drugs Strategy been relevant in the view of the EU's needs?	JC6.1 The Strategy addressed problems identified at EU level prior to its adoption	Problems identified at EU level prior to the adoption of the Strategy including those identified in past strategies Gaps existing following the past Strategy and Action Plan in relation to drug policy Policy reports and strategies, and academic reviews (before and during 2013) identify problems that are addressed by the Strategy and Action Plan's objectives	**Primary Research** Interviews with: - DG HOME, DG DEVCO, DG GROW, DG NEAR, DG SANTE - DG TAXUD, DG RTD - Joint Research Centre - OLAF - European Parliament - Council - Dublin Group - European Centre for Disease Prevention and Control (ECDC) - European Medicines Agency (EMA) - CEPOL - Civil Society Forum - Eurojust - Europol - EEAS - EMCDDA - EU projects - Chemical Industry Responses to Commission-run Public Consultation **Secondary Research** - EU Communications on Drug Policy - Past Evaluations of EU Strategies and Action Plans - Progress Report on the implementation of the Action Plan
	JC6.2 The Strategy has aimed to address problems identified at national level prior to its adoption	Problems identified at MS level prior to the adoption of the Strategy including those identified in past strategies Gaps existing following the past Strategy and Action Plan in relation to drug policy	**Primary Research** Interviews with: - European Parliament - Council - Civil Society Forum - HDG, Reitox, National Drug

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		Policy reports and strategies, and academic reviews (before and during 2013) identify problems that are addressed by the Strategy and Action Plan's objectives	Coordinators Responses to Commission-run Public Consultation **Secondary Research** - National Strategies and priorities - Past Evaluations of EU Strategies and Action Plans - Progress Report on the implementation of the Action Plan
EQ6b. Is the EU Drugs Strategy relevant in terms of current needs?	JC6.3 The Strategy continues to address current problems in relation to drug policy at EU and national level	Policy communications, academic literature on problems in drug policy at EU and national level Examples of the need to continue cooperation as outlined in the Drugs Strategy	**Primary Research** All interviewees – according to their area of expertise (apart from third countries and international organisations) Responses to Commission-run Public Consultation **Secondary Research** - Policy communications on drug policy - Progress Report on the implementation of the Action Plan - Public and policy statements on drugs issues - Academic literature on the evolution of drug policy

Coherence

Table H.7. Understanding the coherence criterion

Criterion/area	**Coherence**
Understanding the criterion	The coherence criterion examines the extent to which the objectives and measures under the Strategy and Action Plan are articulated in an effective way with those of stakeholders including Member States, acceding countries, third countries, international organisations and civil society. The evaluation will look at the alignment of the EU strategy with national and international strategies, the process of cooperation and coordination between the stakeholders and the perception of stakeholders relating to coherence.
Approach proposed	The evaluation of coherence will examine firstly the coherence of the EU Drugs Strategy and Action Plan with policies and strategies at Member State level. It will then examine the coherence of the Strategy and Action Plan with strategies and policies at international level. Finally, the evaluation of coherence will look at the coherence of the EU instruments with policies and strategies in third countries and international organisations.
Risks and challenges	The main challenge of this criterion will be to identify all relevant policies and strategies in third countries and at international level. This point shall be raised through interviews with third countries in order to identify examples of policies and strategies in place.

Table H.8. Evaluation grid for coherence

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
EQ7. To what extent are the EU Drugs Strategy and Action Plan in line with other EU policies as well as with Member States' drugs policies?	JC7.1 The objectives of the Strategy and the Action Plan are aligned with those set out in other relevant EU policies	Policies and programmes relating to drugs prevention at EU level including EU Security Plan, programmes to prevent organised crime Mapping of objectives of Strategy and Action Plan and alignment Existence of synergies between programmes/policies and the EU Strategy and Action Plan Existence of overlaps between programmes/policies and the EU Strategy and Action Plan	**Primary Research** Interviews with: - DG HOME, DG DEVCO, DG GROW, DG NEAR, DG SANTE - DG TAXUD, DG RTD - Joint Research Centre - OLAF - European Parliament - Council - Dublin Group - European Centre for Disease Prevention and Control (ECDC) - European Medicines Agency (EMA) - CEPOL - Civil Society Forum - Eurojust - Europol - EEAS - EMCDDA - EU projects Responses to Commission-run Public Consultation **Secondary Research** - EU policy documents in the JHA and Health areas - Policy documents relating to external cooperation - Policy statements
	JC7.2 The objectives set out in the Strategy and the Action Plan are consistent with those of Member State policies strategies	Policies and strategies in Member States Mapping of strategies existing in Member States Verification of alignment between the policies and strategies at national level and those at EU level Existence of synergies between Member State and EU actions in relation to drugs policies	**Primary Research** Interviews with: - European Parliament - Council - Civil Society Forum - HDG, Reitox, National Drug Coordinators - Responses to Commission Run Public

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
			Consultation **Secondary Research** - National Policy communications on drug policy - Public and policy statements on drugs issues - EMCDDA National Reports
EQ8. To what extent are the EU Drugs Strategy and Action Plan coherent with developments in international fora and with EU external action?	JC8.1 The objectives set out in the Strategy and the Action Plan are consistent with those of strategies at international level	Policies and strategies existing at international level (e.g. UNODC policies) Alignment between EU Strategy and Strategies at international level Overlaps and synergies existing in EU- and international-level strategies Differences existing (gaps in actions) between EU and international strategies Differences in priorities between drug policy at international and EU level	**Primary Research** Interviews with: - European Commission DG HOME, DG DEVCO, DG NEAR, DG TAXUD - European Parliament - Council of the European Union – including COSI, CCWP, CUG - Dublin Group - HDG, Reitox, National Drug Coordinators - Third countries - International Organisations - Eurojust - Europol - EEAS - EMCDDA - Responses to Commission Run Public Consultation - Survey of EU Delegations **Secondary Research** - Documentation on developments in drug policy (UN Communications) - EU Drug Policy and communications
	JC8.2 The objectives set out in the Strategy and the Action Plan complement and/or reinforce EU external action and the objectives are consistent with EU external action	Policies and strategies existing at the level of EU external action (e.g. EU External Policy framework on Drugs) Alignment between EU Strategy and Strategies at external action level in third countries Overlaps and synergies existing between EU Strategy and strategies for EU external action Differences existing (gaps in actions) between EU and EU	**Primary Research** Same as JC8.1 **Secondary Research** - Policy communications on drug policy at EU level and within the External Action Service - Priorities of the EEAS in third countries - Public and policy statements on drugs

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
		external action Differences in priorities existing between EU and EU external action	issues
EQ9. To what extent is the EU cooperation with third countries and international organisations coherent with the objectives of the EU Drugs Strategy?	JC9.1 The EU activities undertaken with third countries and international countries are aligned with the Strategy's objective to strengthen dialogue and cooperation on drugs issues	Examples of efforts made to strengthen dialogue and cooperation after the adoption of the Strategy Synergies between the Strategy and efforts made at international level and within EU foreign policy Examples of initiatives and cooperation on alternative development, drug demand and reduction, drug supply reduction, the promotion and protection of human rights Regional initiatives in place in third countries	**Primary Research** Same as JC8.1 **Secondary Research** - Communications between EU (EEAS) and third countries/international organisations - Progress Report on the implementation of the Action Plan - Public and policy statements on drugs issues between EU and international organisations/third countries - Third country policies on cooperation with the EU

EU added value

Table H.9. Understanding the EU added value criterion

Criterion/area	**EU added value**
Understanding the criterion	The EU added value criterion examines the extent to which the EU Drugs Strategy and its accompanying Action Plan have provided additional value which would not have occurred without the EU's intervention. The benefits brought by the EU Strategy and Action Plan compared to actions which could have been undertaken at regional and national level are examined. The criterion examines the situation before and after the entry into force of the Strategy
Approach proposed	The evaluation will firstly analyse whether EU action is more beneficial than action being undertaken by Member States alone at national and regional level. It will then assess whether the EU added value is sufficient to merit a continuation of the Strategy through the adoption of a new Action Plan. The situation that would exist without the existence of a Strategy and Action Plan will also be examined in order to determine which actions would/could have occurred without EU intervention. The responses to the evaluation criteria above will be considered when responding to these evaluation questions.
Risks and challenges	Assessing EU added value will be challenging with regard to the EU Drugs Strategy and Action Plan since a Strategy and Action Plan existed before the instruments' adoption in 2013. This therefore creates difficulties in assessing the situation 'prior' to EU involvement. In order to militate against this, the questions relating to EU added value will delve into the situation existing if the Strategy and Action Plan did not exist at all, in order to determine what actions could have been taken at national level.

Table H.10. Evaluation grid for EU added value

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
EQ10. 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?	JC10.1 The Strategy and the Action Plan have led to results which could not have been achieved by Member States or regions acting alone JC10.2 The Strategy and Action Plan have optimised the involvement of Member States in the reduction of drug demand and supply in the EU JC10.3 The Strategy and Action Plan have led to a cost-effective and coherent environment in relation to drugs policies JC10.4 The Strategy and Action Plan optimised cooperation at AU and international level	Evidence demonstrating the modification of Member States due to the adoption of the EU Strategy and its accompanying Action Plan Increased cooperation and synergies in place between Member States and national law enforcement authorities which would not have occurred if the Strategy and action Plan had not been put in place – i.e. MS took actions as a result of the Strategy and the Action Plan that would otherwise not have taken place, or would have occurred more slowly or to a lesser extent (reference years 2013–2016) Comparison of budgets between EU Action and national actions The discontinuation of actions under the Strategy and the Action Plan may have had negative consequences for the situation on drugs in the EU (reference years 2013–2016) Synthesis of evidence collected through EQ1–9	**Primary Research** All interviewees – according to their area of expertise Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Progress Report on implementation of Action Plan - National Strategies and Action Plans
EQ11. 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?	JC11.1 There is a need to ensure continuation of ongoing actions through further EU Action	Actions under the EU Action Plan which could merit additional EU action Actions identified under the EU Action Plan which have yet to be implemented fully and are still considered as priorities Synthesis of evidence collected through EQ1–9	**Primary Research** All interviewees – according to their area of expertise **Secondary Research** - Academic articles on developments in drug policies - Progress Report on implementation of Action Plan
	JC11.2 Priorities of the EU Strategy remain to be implemented by 2020	Priorities under the EU Strategy which have yet to be implemented Response to EQ1 shall also be examined	**Primary Research** All interviewees – according to their area of expertise Survey of EU Delegations **Secondary Research** - Academic articles on developments in drug policies - Progress Report on implementation of Action Plan
	JC11.3 The Action Plan requires further	Evidence to demonstrate the need to reduce the number of	**Primary Research**

Evaluation question	Judgment criteria	Indicators and descriptors	Sources
	refinement	actions Evidence to demonstrate the need to simplify the Action Plan	All interviewees – according to their area of expertise. Responses to Commission-run Public Consultation Survey of EU Delegations **Secondary Research** - Academic articles on developments in drug policies - Progress Report on implementation of Action Plan

ANNEX I: INTERVENTION LOGIC

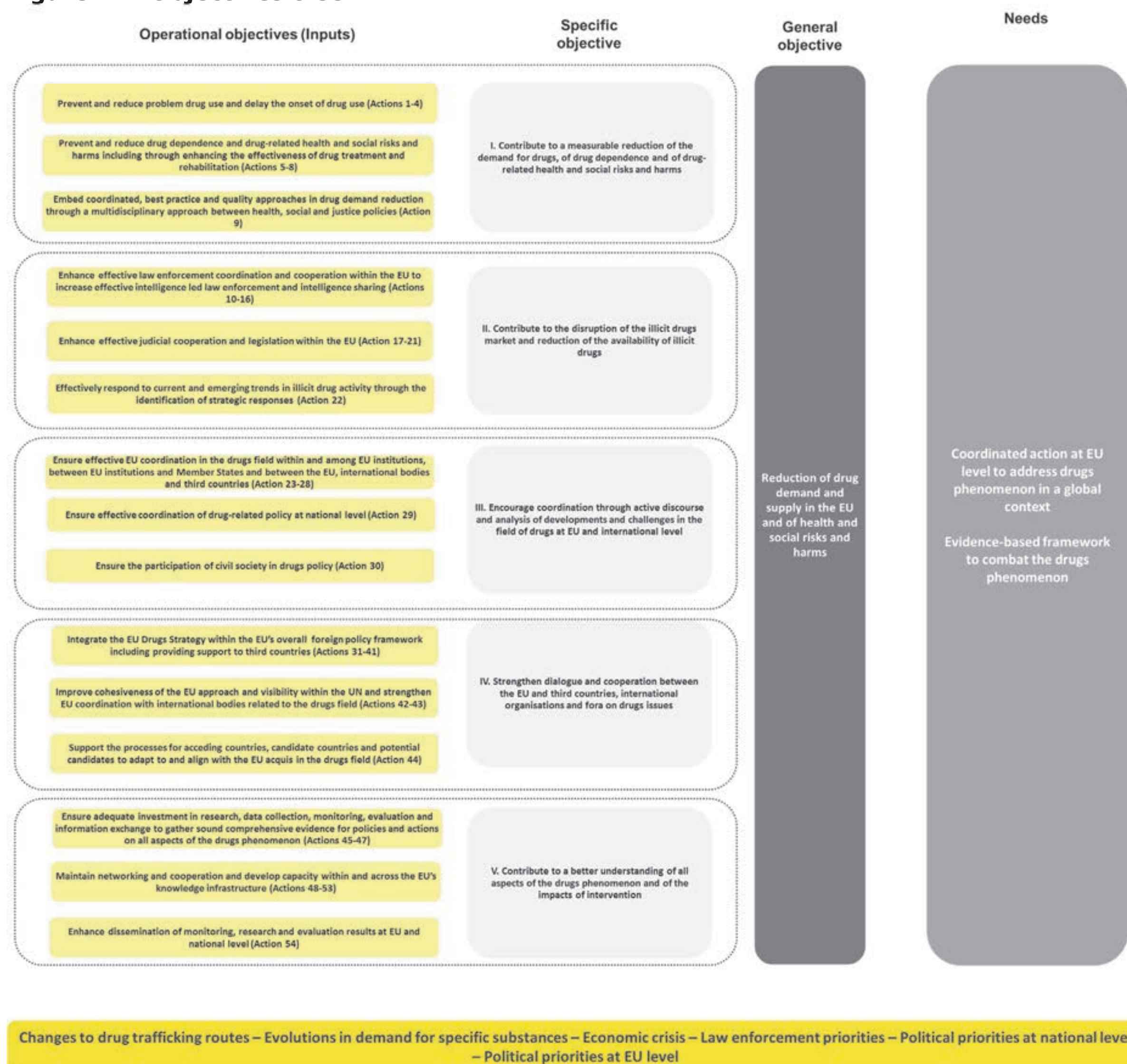
In accordance with the Commission's Better Regulation guidelines, an intervention logic was created for this evaluation.[185]

To construct the intervention logic, the needs and objectives of the EU Drugs Strategy and Action Plan were firstly elaborated in an objectives tree, as presented in Figure I.1 below. This demonstrates the general, specific and operational objectives of the Strategy and Action Plan to address the needs existing at the time of adoption of the Strategy:

- **Needs**: As stated in the Strategy document, the Drugs Strategy was adopted due to the need to improve and develop coordinated action at the EU level to address the drugs phenomenon in a global context, as well as the need for an evidence-based framework to combat the drugs phenomenon.
- **General objectives**: As stated in the Strategy document, the Drugs Strategy aims to contribute to a reduction in drug demand and drug supply within the EU, as well as a reduction in the health and social risks and harms caused by drugs (para 6).
- **Specific objectives**: These are the five overarching objectives that exist for both the Strategy and Action Plan.
- **Operational objectives**: The objectives tree in Figure I.1 groups the 54 Actions in the Action Plan into 15 clusters of operational objectives. This grouping is necessary in order to feasibly evaluate the implementation of all 54 Actions; as a result of this, in some instances the wording used in the objectives tree does not match the exact wording of the Action Plan.

185 An intervention logic aims to reconstruct the expected chain of events of an intervention by using a model of causality, thus demonstrating how an intervention was triggered by existing needs and how it was designed, with the intention of producing the desired changes. Commission Better Regulation Guidelines.

Figure I.1. Objectives tree



Following the development of the objectives tree, the intervention logic was constructed. In accordance with the Better Regulation Guidelines, this outlines the inputs, activities, outputs, results, impacts and external factors that are expected to occur with the intervention:

- **Inputs**: These are the stakeholders named in the Strategy. The intervention logic in Figure 3.2 includes a list of all the stakeholders that the study team have agreed with the Commission as relevant for the evaluation. The links between the stakeholders and the activities are elaborated in the Evaluation Framework – which shows, for each Evaluation Question and Judgement Criteria, which stakeholders data should be collected from.
- **Activities**: The study team has developed groups of activities, reflecting the actions in the Action Plan and the priorities in the Strategy. As explained in relation to the Operational Objectives in the objectives tree, this grouping is necessary to create a single intervention logic.
- **Outputs**: These closely flow from and mirror the activities.
- **Results**: These correspond with the Operational Objectives from the objectives tree, re-phrased slightly (to frame them as results rather than intended objectives).
- **Impacts**: These correspond with the Specific Objectives from the objectives tree, rephrased slightly.

Figure I.2. Intervention logic

ANNEX J: OVERVIEW OF FINDINGS AND RECOMMENDATIONS

Table J.1. Overview of findings and recommendations

Findings	Recommendation	Key actors for recommendation
EFFECTIVENESS		
EFFECTIVENESS: DEMAND REDUCTION		
F1. 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.	**R1.** 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.	Member States European Commission
F2. 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.	**See R1.** 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.	Member States European Commission
F3. 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	**R2.** 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.	Member States EMCDDA

practice.		
F4. Stakeholders from civil society expressed concerns about the extent and quality of harm reduction measures in Member States.	**R3.** 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.	Member States European Commission Council (HDG, Presidency)
F5. As required in the Action Plan, common European Minimum Quality Standards for drug demand reduction have been adopted.		
EFFECTIVENESS: SUPPLY REDUCTION		
F6. 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.	**R4.** 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.	EMCDDA Europol Eurojust
F7. 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.	**R5.** 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	European Commission Council (HDG, COSI)

	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.	
F8. 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 noted that specific law enforcement cooperation platforms, and joint working in general, would be enhanced if there were additional information-sharing.		
F9. 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.[186]		
F10. 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.		
F11. 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.	**See R5.** 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	European Commission Council (HDG, COSI)

186 As of November 2016, there is limited information on the implementation of these measures by Member States because the time for transposition of these measures has recently expired.

	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.	
EFFECTIVENESS: COORDINATION		
F12. Drug policy is increasingly coordinated at both EU and international levels, in line with the objectives of the EU Drugs Strategy.		
F13. 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.		
F14. 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.		
F15. Questions were raised about whether the HDG is genuinely horizontal, since its discussions tend to focus on	**See R5.** A review of current coordination mechanisms between the HDG and the Standing Committee on	European Commission

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.	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.	Council (HDG, COSI)
F16. 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.	**R6.** 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[187] showed that legitimacy conferred by EU institutions was one of the factors facilitating and strengthening the role of the HIV Civil Society Forum.	European Commission
EFFECTIVENESS: INTERNATIONAL COOPERATION		
F17. 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	**R7.** 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	European Commission

187 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.

source of guidance for candidate countries, and a framework for bilateral cooperation with third countries.	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.	Council (HDG)
F18. 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.	**R8.** 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.	European Commission Member States EEAS
F19. 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.	**See R8.** 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.	European Commission Member States EEAS
F20. 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.		
F21. 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.	**See R8.** 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.	European Commission Member States EEAS
F22. 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.		
F23. 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.	**R9.** 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.	European Commission EEAS
F24. 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.		
F25. 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.	**See R7.** 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. **See R8.** 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	European Commission Council (HDG) European Commission Member States EEAS

	reflected.	
EFFECTIVENESS: INFORMATION, RESEARCH, MONITORING AND EVALUATION		
F26. 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.	**R10.** 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.	European Commission
F27. 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.		
F28. 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.	**R11.** 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.	European Commission Member States EMCDDA
F29. The EMCDDA makes an indispensable contribution in monitoring and data collection at the EU level and plays an important role as a knowledge broker.		
F30. 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.		
EFFECTIVENESS: IMPACTS		
F31. Available data on trends described do not suggest a	**See R1.** Member States should focus on the design and	Member States

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.	implementation of evidence-based prevention and treatment programmes with the aim of addressing drug-related harms and decreasing the prevalence of drug use.	European Commission
F32. 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.		
F33. 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 among a variety of factors.		
F34. Individual measures, implemented in Member States, to ensure 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.	**See R1.** 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.	Member States European Commission
F35. 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 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.		
F36. 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.		
F37. 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	**See R7.** 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	European Commission Council (HDG)

and the relatively swift preparation and adoption of an EU Joint Position Paper in preparation for UNGASS 2016.	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.	
F38. 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.		
F39. 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.		
F40. Despite ongoing work on supply-side indicators and continuing investment in monitoring and intelligence relating to supply reduction, there is still limited understanding of the impact of law enforcement efforts on drug markets.	**See R4**. 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.	EMCDDA Europol Eurojust
F41. 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 are conducted within the limits of available resources.	**See R11**. 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.	European Commission Member States EMCDDA
EFFICIENCY		

F42. 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.		
F43. 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.		
F44. 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.		
F45. 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.		
F46. 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 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.		

F47. 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)		
F48. 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.		
F49. 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.		
F50. 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.		
F51. 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).		
F52. 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.		
F53. 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.		
RELEVANCE		
F54. 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.		
F55. 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.		
F56. 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.		
F57. 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.		
F58. 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.		
F59. 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.	**R12.** The five-pillar structure of the Strategy and Action Plan should be maintained to continue to address current needs.	European Commission Council (HDG, COSI, Presidency)

F60. 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.		
F61. 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.[188]	**R13.** 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.	European Commission Council (HDG, Presidency) European Parliament
F62. 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.	**R14.** 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.	European Commission Council (HDG, COSI, Presidency) European Parliament
F63. 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		

188 See section on coherence with national strategies for more detailed information (Section 5.1), as well as the country fiches in Annex D.

number of objectives within a given time span.		
F64. 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).	**R15**. A future EU Action Plan should continue the focus on EU-level activities in relation to international cooperation.	European Commission Council (HDG)
F65. 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.	**R16.** 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.	European Commission Council (HDG, COSI) European Parliament
COHERENCE		
F66. 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.	**R17.** 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.	European Commission (DG HOME, DG SANTE) Council (HDG)
F67. 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.		
F68. 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)..	**See R5**. 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.	European Commission Council (HDG, Presidency) European Parliament
F69. 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.		
F70. 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.		
F71. 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.	**See R7.** 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.	European Commission Council (HDG)
F72. 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.		
F73. 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.	**R18.** 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.	European Commission Council EEAS

Particular priority is given to technical assistance projects in candidate and potential candidate countries.		
F74. 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.	**See R18**. 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.	European Commission Council EEAS
F75. 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.	**See R7**. 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.	European Commission Council (HDG)
F76. 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.		
EU ADDED VALUE		
F77. 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.		
F78. 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.	**See R7**. 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. **See R18**. The ongoing dialogue with regions and third countries should be continued in a future Action Plan and Strategy in order to ensure continued benefits resulting from these actions.	European Commission Council (HDG) European Commission Council EEAS
F79. 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.		
F80. 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.	**R19**. 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.	European Commission

F81. 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.	**R20**. The new Action Plan should be an updated version of the current Action Plan, rather than taking a new approach or introducing more actions.	European Commission Council (HDG, COSI)

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