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EVALUATION

of the

EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020

{SWD(2020) 151 final}

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Glossary

Term or acronym	*Meaning or definition*
CADAP	Central Asia Drug Action Programme
CELAC	Community of Latin American and Caribbean States
CEPOL	European Union Agency for Law Enforcement Training
CND	United Nations Commission on Narcotic Drugs
CSFD	Civil Society Forum on Drugs
COSI	Standing Committee on Operational Cooperation on Internal Security at the Council of the EU
COPOLAD	Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies
ECDC	European Centre for Disease Prevention and Control
EWS	Early Warning System on new psychoactive substances
EEAS	European External Action Service
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	EU policy cycle for organised and serious international crime - EMPACT
EU-ACT	EU-Action against Drugs and Organised Crime
Europol	European Union Agency for Law Enforcement Cooperation
HDG	Horizontal Working Party on Drugs at the Council of the EU
ICT	Information and communications technology
JIT	Joint Investigation Team
LSD	Lysergic acid diethylamide.
MAOC-N	The Maritime Analysis and Operations Centre-Narcotics
MDMA	3,4-Methylenedioxymethamphetamine (commonly known as ecstasy)
NPS	New psychoactive substances
OCG	Organised Crime Groups

SIENA	Secure Information Exchange Network Application
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNGASS 2016	United Nations General Assembly Special Session on the World Drug Problem (2016)
WHO	World Health Organization

1. INTRODUCTION

1.1 Context, purpose and scope of the evaluation

The EU Drugs Strategy 2013-2020[1] (hereafter referred to as the Strategy) and its second EU Action Plan on Drugs 2017-2020[2] (hereafter referred to as the Action Plan, and together with the Strategy sometimes referred to as the instruments) set out the political framework and priorities for EU drugs policy. The Strategy provided a balanced, integrated, evidence-based framework for tackling drugs inside and outside the EU, and was based on a five pillar structure consisting of two main policy areas – reduction of drug demand and reduction of drug supply – and three cross-cutting themes: coordination; international cooperation; and research, information, monitoring and evaluation. The Action Plan, which followed its predecessor the EU Action Plan on Drugs 2013-2016[3], aimed to facilitate the implementation of the priorities laid out in the Strategy.

The Strategy asked the Commission to *"initiate an external midterm assessment of the Strategy by 2016, in view of preparing a second Action Plan for the period 2017-20."* In this context, the European Agenda on Security[4] also provided for the Commission to assess progress in implementing the 2013-2016 Action Plan and decide on that basis whether to propose a new Action Plan for the remaining years covered by the Strategy. This midterm assessment, along with a final evaluation of the first Action Plan, was concluded in March 2017 with the adoption of the second Action Plan.[5] No updates were made to the EU Drugs Strategy, as this was outside the scope of the exercise.

The midterm assessment found that stakeholders favoured updating the 2013-2016 Action Plan in order to ensure the continued translation of the Strategy into concrete objectives and actions, and to respond to new developments and emerging issues.[6] The midterm assessment confirmed that there is room for improvement in implementation and access to risk and harm reduction measures across various Member States, flagging concerns about the extent and quality of these measures. Another conclusion was that new psychoactive substances (NPS) posed significant risks to health, and should continue to be monitored, and aimed for the reduction of their supply, demand, and associated harms in the context of the Action Plan.

The Strategy also mentions: *"upon conclusion of the Drugs Strategy and its Action Plans by 2020, the Commission will initiate an overall external evaluation of their*

[1] OJ C 402, 29.12.2012, p. 1.

[2] OJ C 215, 05.07.2017, p. 21.

[3] OJ C 351, 30.11.2013, p. 1.

[4] COM(2015) 185.

[5] COM(2017) 195.

[6] For example, use of new communication technologies in illicit drug production and trafficking, and the role of internet in drug prevention. The omission of a discussion on ongoing trends in cannabis policy was noted by a wide range of stakeholders and represented one of the most frequent items raised when exploring whether there are any issues not covered by the Strategy.

implementation." With the support of an external contractor[7], the Commission conducted the evaluation of the Strategy and the Action Plan between June 2019 and April 2020. The overall objective of the evaluation was to assess the implementation of the Strategy and the Action Plan in terms of outputs, results and impacts. Based on the Commission's Better Regulation Guidelines, it looked at the relevance, coherence, effectiveness, efficiency, and the achieved EU added value of the actions undertaken as part of the Action Plan, and on the basis of the Strategy. The evaluation also looked at where the European Union and its Member States could do more together to better address the current and future challenges of the drug situation, but also where national or even sub-national measures would be better suited. The outcome of the midterm assessment was taken into account in this evaluation, as well as the outcome of the evaluation of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[8] conducted in 2018-2019. The evaluation was also in part informed by an external study of the Strategy's and Action Plan's implementation.[9]

The evaluation considered the implementation of the Strategy and Action Plan from January 2013 to October 2019. A wide range of stakeholders were consulted as part of the evaluation. These included: Member States competent authorities at the national, regional and local levels; civil society organisations including those that are members of the Civil Society Forum on Drugs[10]; academia and researchers; practitioners involved in the drugs or health policy fields; chemical and medical industry representatives; the general public; and, the relevant Directorates-General within the Commission, EU agencies and the European External Action Service (EEAS). International organisations and relevant stakeholders from third countries were also consulted when looking at the international cooperation pillar.

This staff working document describes the evaluation, how it was carried out, the outcomes and conclusions that were drawn. It is accompanied by five annexes that contain the intervention logic, procedural information for the evaluation, a summary of the consultations, an overview of the methodology, and a detailed description of the evaluation criteria.

2. BACKGROUND TO THE INTERVENTION

2.1 Description of the intervention and its objectives

The Strategy was adopted by the Council in December 2012, and it maintained the same general structure as its predecessor strategy, although it was adjusted to reflect the key

[7] A consortium composed of ICF Consulting Services Limited together with the Institute for the Study of Lifestyles and Substance Addiction, and the Center for the Study of Democracy.

[8] COM(2019) 228; SWD(2019) 174.

[9] ICF (2020). Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

[10] The Civil Society Forum on Drugs is a specific consultative body created and chaired by the European Commission. Learn more: https://ec.europa.eu/home-affairs/what-we-do/networks/civil-society-forum-drugs_en

findings and recommendations of the evaluation of the previous instrument.[11] For example, it noted for the first time the need to promote access to harm reduction interventions and the issue of NPS.

In the European Agenda for Security, adopted in April 2015, the market for illicit drugs was recognized as a significant challenge under the serious and organised cross-border crime priority. It highlighted important areas that are covered by the Strategy and Action Plan, covering both drug demand and drug supply.

The Strategy has five objectives (later referred to as general objectives), each linked to its five pillars, as follows:

1) **Policy field: drug demand reduction** – 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) **Policy field: drug supply reduction** – to contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs;
3) **Cross-cutting theme: coordination** – to encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level;
4) **Cross-cutting theme: international cooperation** – to further strengthen dialogue and cooperation between the EU and third countries and international organisations on drug issues;
5) **Cross-cutting theme: information, research, monitoring and evaluation** – to contribute to a 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 sound and comprehensive evidence-base for policies and actions.

2.2 Intervention logic

The intervention logic provides an overview of how the EU Drugs Strategy, implemented through the two Action Plans, was expected to work (see Annex I Intervention logic table).

The intervention logic presents the chain of expected effects associated with the Strategy when it was first adopted, starting with the **needs** that the intervention sought to address, namely, for the EU to prioritise and coordinate actions to counteract the supply and demand of illicit drugs.

In response, the Strategy was built on five pillars, each supported by five corresponding **general objectives** (listed above), which frame the intervention logic. These five general objectives were translated in the Action Plan into 15 more tangible **specific objectives**, each pillar of the Strategy corresponding to three such specific objectives.

The **inputs** to support the implementation of the Strategy and the Action Plan included support through EU programmes and instruments as well as resource allocation at the national level by the Member States. The general and specific objectives were to be

[11] For the evaluation of the previous instrument, see RAND (2012). Assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans. Technical Report.

achieved through a number of **actions** that, as stated in the Action Plan, were to be "*evidence-based, scientifically sound, realistic, time-bound, available and measurable with a clear EU relevance and added-value*"[12]. Under each general objective, the actions covered a wide-range of support areas. For example, actions under the general objective of drug demand reduction included activities from prevention, early detection and intervention, treatment, to reintegration and recovery. With regards to drug supply reduction, the Action Plan encompassed judicial and law enforcement cooperation, confiscation of criminal assets and border management. **Key actors and bodies** responsible for carrying out the actions were also identified. Of these, the EMCDDA and Europol were named to have central roles together with Member States and the Commission.

Through the actions listed, the Strategy was meant to yield corresponding **outputs**. The intervention logic makes clear that where these outputs were met, the Strategy should have generated **outcomes** that address the specific objectives. The various outcomes identified in the intervention logic, grouped together per each general objective, should lead to the **impacts**, which mirror the five objectives of the Strategy. Although not included in the intervention logic, the Action Plan also set out a number of over-arching indicators based on existing reporting mechanisms, which were meant to track outcomes and impacts.

The intervention logic also identifies that the generation of impacts may be affected to some extent by other factors, namely, **other policies** (international, EU and MS) as well as for example, **political, social, economic and technological factors**.

Assuming these outcomes were met and impacts were achieved, the Strategy should ultimately lead to the **overarching impacts** highlighted in the intervention logic, thereby responding to the needs and general objectives.

However, the overarching impacts extend beyond what could be measured in the evaluation. These correspond to the desired achievements mentioned in the Strategy: "*a high level of human health protection, social stability and security*"[13]. They are present in the intervention logic because of their importance in bringing together the five strata of the intervention logic.

2.3 Baseline and points of comparison

The baseline was mainly established on the basis of EU figures aggregated from reported Member States data. These figures cover to the extent possible the period in which the Strategy was introduced (2013), but should be viewed with caution. They are not necessarily representative of the entire EU at a set point in time. Specifically, figures may not include data from all EU Member States, and may not reflect the exact baseline year. Member States do not always consistently report, and data is not gathered annually across the different areas covered by the Strategy. The figures used, mostly draw on desk research such as the final assessment of the Strategy's predecessor (the EU Drugs Strategy 2005-2012) and statistics gathered by the EMCDDA, as compiled in the external

[12] OJ C 215, 05.07.2017, p. 21.

[13] OJ C 402, 29.12.2012, p. 1.

study supporting this evaluation. These data were combined with other sources of information, allowing for a general overview of the state of the drug demand, drug supply, coordination, international cooperation, and information, research, monitoring and evaluation (the five pillars of the Strategy) in the EU in 2013. Indicators were selected on the basis of the Action Plan to reflect to the best extent possible the underlying issues related to the objectives of the Strategy (the impacts of the intervention logic). These fives strands are briefly introduced:

Drug demand reduction: Among the age group in which illicit drug use is concentrated – 15-34 age group (EU 28) – on average[14], as reported in 2013[15]: 10.3% used cannabis, 1.1% used cocaine, 0.8% used amphetamines, and 0.9% used MDMA[16] (commonly known as ecstasy), over the last year[17]. In terms of the prevalence of high-risk drug users, on average, 3 per thousand population (aged 15-64) were injecting drug users, and 3.1 were high-risk opioid users. When looking how this translated into treatment demand, on average, 22 per 100,000 population (aged 15-64) entered specialised treatment centres for cannabis use, 38 for opioid use, 5 for cocaine use, and 2 for amphetamine use. Regarding drug-related diseases, on average, 2.13 per million population of HIV notifications were attributed to injecting drug use. On average, there were 11.9 reported drug-related deaths per million population (aged 15-64).[18]

Drug supply reduction: The estimated retail market size of illicit drugs in the EU in 2013 was estimated to be at least EUR 24 billion.[19] The supply of illicit drugs in the EU was characterised at the time by the shift from plant-based drugs to the production of synthetic and semi-synthetic drugs, which was beginning to take root in some EU Member States. The shift to synthetic drugs was closely linked to the availability of drug precursors, which are used to produce drugs, including synthetic drugs. There were five prominent drug markets in the EU: cannabis (which in spite of the shift mentioned above remained the largest market), heroin, cocaine, amphetamines, and MDMA. Herbal cannabis had the highest average number of seizures per 100,000 inhabitants (59 seizures), as well as the highest average quantity seized in kg per 100,000 inhabitants (11 kg). Cocaine was the most expensive drug at the time at EUR 57 per gram, followed by EUR 38 per gram for heroin, and EUR 7 per MDMA tablet.[20]

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[14] In this section, when references are made to average values, the type of average referred to is the median – the 'middle' value in a list of numbers – and not the more commonly used mean. This is the case unless stated otherwise.

[15] Supplied with data from earlier years where recent data for Member States was absent.

[16] 3,4-Methylenedioxymethamphetamine.

[17] Last year prevalence of drug use is often referred to as recent use. It indicates the percentage of the population that reported having used drugs (or a given substance) in the last year.

[18] See Baseline Situation and Annex 9 in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

[19] EMCDDA and Europol (2016). EU Drug Markets Report. For more, see: https://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019_en

[20] See Baseline Situation and Annex 9 in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

Coordination: By 2013, policies in the area of illicit drugs actively engaged stakeholders at EU and national levels and to some extent, civil society. The Horizontal Working Party on Drugs at the Council of the EU (HDG), though playing a central role in the drugs policy discourse at EU level, had very limited to no coordination and formal exchanges with other relevant Council bodies. Finding a common EU position at the time was still hampered by divergent positions within the EU (and HDG). At the national level, most Member States had adopted the EU model of a drugs strategy; 12 out of 24 Member States used the 2009-2012 Action Plan as a guide for developing national strategies; 23 out of 24 Member States indicated the involvement of civil society in national drugs policy. In terms of coordination among law enforcement actors, less than half of national intelligence on drugs was cross-checked with Europol's databases.[21]

International cooperation: In 2013, Europe was an important destination for controlled substances but played a limited role as a transit point. Some production of controlled substances took place internally – for local consumption (e.g. cannabis), but also for export (e.g. synthetic drugs). Some candidate countries and potential candidates for future membership of the European Union used the Strategy's predecessor as guidance for their own national policies and partook in capacity building and data collection programmes, mainly with relevant EU agencies such as the EMCDDA, Europol and Eurojust. The Strategy's predecessor was at this time often recognized by third countries as a standard in drugs policy. A range of EU cooperation programmes with third countries or regions were underway focusing mostly on Latin America and the Caribbean, and Asia. The EU had influence within the United Nations Commission on Narcotic Drugs (CND), but limited visibility with the World Health Organization (WHO) and the Joint United Nations Programme on HIV and AIDS (UNAIDS).[22]

Information, Research, Monitoring and Evaluation: Funding at EU level for drugs related research was allocated within four EU funding mechanisms in 2013: the Drug Prevention and Information Programme, the Prevention of and Fight against Crime programme, the Second Health Programme, and the Seventh Financial Programme. In 2013, this pillar was considered to be one of the strongest in terms of achieved results. The EMCDDA played a central role under this pillar. In 2013, the EU Early Warning System, operated by the EMCDDA and Europol, monitored 350 NPS, of which 81 were notified for the first time. Moreover, that year there were eighteen publications and three joint publications related to the European drug situation on the EMCDDA website. At the Member State level, nineteen evaluations of national drug strategies had been undertaken by 2013.[23]

3. IMPLEMENTATION STATE OF PLAY

The Strategy was implemented through two Action Plans for the periods 2013-2016 and 2017-2020. Both Action Plans were aligned to the five pillars of the Strategy, under which fifteen specific objectives were laid out, three per each pillar. Each specific

[21] See Baseline Situation and Annex 9 in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

[22] Ibid.

[23] Ibid.

objective was further divided into concrete actions, which were assigned responsible parties and timeline for implementation[24], as well as indicators and data collection mechanisms to support monitoring and evaluation. To facilitate the measurement of the overall effectiveness of the Action Plans, fifteen over-arching indicators were set out, along with additional indicators that drew on programme, evaluative and other data sources. These were referenced, as appropriate, across the Action Plans. Utilisation of the indicators has been dependent on data collection processes in each Member State or at EU level.

Differences between the two Action Plans included the number and the topics covered by the actions. The first Action Plan included a total of 54 actions, and the second Action Plan included a total of 55 actions. In the latter, new actions were included on strengthening monitoring of NPS, tracking cannabis policy and legislative developments, and identifying best practices with regard to the internet's role in drug prevention. Other additions included focus on analysis of possible links between drug production and trafficking and other crimes, most notably terrorism financing, migrant smuggling and trafficking in human beings. This midterm assessment of the Strategy along with the final evaluation of the first Action Plan found that the Action Plan covering 2013-2016 had been implemented to different degrees across all five pillars (see Figure 1). Based on the Traffic Light Assessment[25] that also takes into consideration the assigned timeline of each action within the timeframe covered by the instrument, the majority of the actions were considered implemented. 53% of actions were assessed as completed or on track, whilst for 47% of actions some progress had been made but implementation was behind plan. Overall, considerable progress had been made across the 15 specific objectives of the Action Plan.[26]

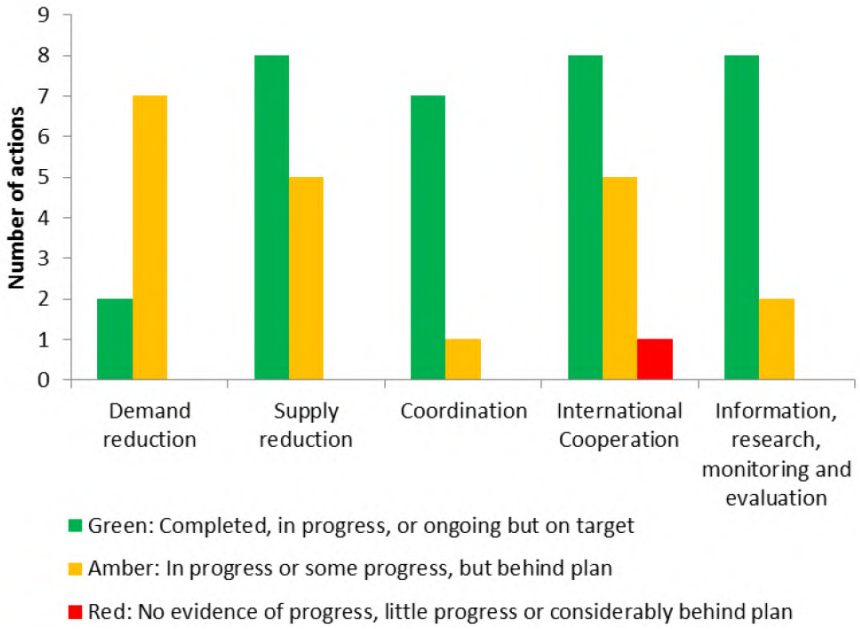
Figure 1: Action Plan 2013-2016 – status of actions implemented per pillar[27]

[24] The timeline for implementation was mainly defined for each action as ongoing, or as a year or range of years within the foreseen timeframe of the instrument.

[25] EY and RAND Europe (2016). Mid-Term Assessment of the EU Drugs Strategy 2013–2020 and Final Evaluation of the Action Plan on Drugs 2013–2016. Final Report. Annex A-Traffic Light Assessment.

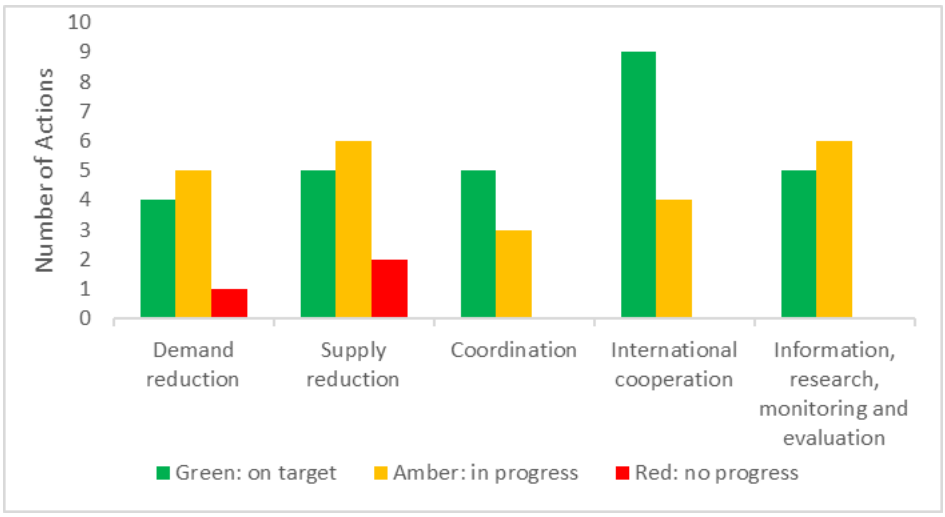
[26] COM(2017) 195.

[27] Ibid.



The current evaluation concluded that the Action Plan covering 2017-2020 has also been implemented to varying degrees across the five pillars, but implementation of demand reduction and supply reduction has seen the most delays since the previous Action Plan (see Figure 2). Most of the actions under demand and supply reduction were either found to lack progress (red) or to still require further progress (yellow). Overall, considerable progress has been made across the other three pillars, however, among these, the pillar on information, research, monitoring and evaluation was assessed to be still in progress to a larger degree.[28]

Figure 2: Action Plan 2017-2020 – status of actions implemented per pillar[29]



[28] See Annex 5 Traffic Light Assessment in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

[29] See Summary of traffic light assessment in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

In the area of drug demand reduction, specific objective (1) to prevent drug use and delay the onset of drug use was found to be on target, while (2) to enhance the effectiveness of drug treatment and rehabilitation, and (3) to embed coordinated, best practice and quality approaches in drug demand reduction were found to be still in progress.

In the area of drug supply reduction, the specific objective (4) to enhance effective law enforcement coordination and cooperation was assessed on target, while (5) to enhance effective judicial cooperation and legislation was behind schedule, and (6) to respond effectively to current and emerging trends in illicit drug activity was assessed as still in progress.

In the area of coordination, all three specific objectives (7-8-9) to ensure effective coordination at EU and at national-level of drug-related policies, and to ensure the participation of civil society in the formulation of drugs policy were assessed to be on target.

In the field of international cooperation, the specific objective (10) to integrate the Strategy into the EU's overall foreign policy framework was assessed as lagging behind, while the specific objectives (11) to improve the cohesiveness of the EU's approach and visibility in the United Nations (UN) and (12) to support the process for acceding and candidate countries and potential candidates countries' to adapt to and align with the EU acquis on drugs were assessed as on track.

In the field of information, research, monitoring and evaluation, further progress was needed regarding specific objective (13) to ensure adequate investment in research, data collection, monitoring, evaluation and information exchange. Progress on (14) to maintain networking and cooperation and develop capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly on illicit drugs, was good and marked on target. Finally, on (15) to enhance the dissemination of monitoring, research and evaluation results at EU and national level, the evaluation found that further progress is still needed.

4. METHOD

4.1 Short description of methodology

The evaluation aimed to analyse the implementation of the Strategy and its second Action Plan in terms of outputs, results and impacts according to the specific criteria set out in the Commission's Better Regulation Guidelines (relevance, coherence, effectiveness, efficiency and EU added value). The evaluation has covered EU-28[30] and applicable international aspects from January 2013 to October 2019.

A wide range of stakeholders were consulted as part of the evaluation. A mixed-method approach consisting of three distinct phases (inception, data collection and field work, and analysis, triangulation and reporting) was developed in order to carry out the external study, which fed into this evaluation. Within each phase, a range of methodological tools and techniques were used. These included:

[30] For the period covered by the evaluation, the UK was an EU Member State.

- 112 interviews covering all relevant stakeholders (Member States relevant authorities, EU-level stakeholders, civil society organisation, chemical and pharmaceutical industry representatives, and international organisations and UN agencies);
- An online survey targeted to four different stakeholder groups (the EMCDDA Reitox network of National Focal Points[31], regional and local authorities in the field of drugs, EU Delegations and project beneficiaries of EU funds);
- A workshop with the Civil Society Forum on Drugs, which also covered civil society organisations that represent people affected by and recovering from drugs, and their families;
- A meeting organised by the external consultant with selected academics and experts in the field to discuss key findings and possible conclusions before the finalization of the external study;
- 2 thematic case studies on the EU Early Warning System on new psychoactive substances and the use of benchmarks in policy documents;
- 8 Member States case studies chosen based on set criteria to achieve a balance of countries including, for example, based on geographical location, covered demand and supply side-indicators, innovative interventions and best practices, and balance between demand-supply policies at national level;
- 20 country fiches of the Member States not covered by the case studies;
- The public consultation was conducted by the European Commission in all EU languages between 12 November 2019 and 4 February 2020, the results of which were made available to the contractor carrying out the external study.

A more elaborate description of the methodologies applied and the stakeholder consultation activities are provided in Annexes III and IV.

4.2 Limitations and robustness of findings

Certain limitations were either identified at the outset of the evaluation or became apparent once the evaluation was underway. An overview of these limitations and a description of how they were addressed follows:

- Figures for the baseline assessment are not consistent across Member States. The figures are not necessarily representative of the entire EU at a set point in time. Specifically, some figures may not include data from all EU Member States, and may not reflect the exact baseline year (2013). Member States do not always consistently report, and data is not gathered annually across the different areas covered by the Strategy. Furthermore, the Strategy covers a broad range of aspects, not all of which were possible to be covered in the Baseline. However, various data sources were combined to mitigate this challenge, including desk research and interviews with Member States authorities.

- There is a usual one to two years data collection delay in the drugs policy field. In some instances, data available was more than two years old, or no data was

[31] Members of the Reitox network are designated national institutions or agencies responsible for data collection and reporting on drugs and drug addiction. These institutions are called 'national focal points' or 'national drug observatories'; For more, see: http://www.emcdda.europa.eu/about/partners/reitox.

available whatsoever. The most recent available data covers the period of the Strategy until 2017 and in some cases, until 2018. Overall, the most impactful drawbacks have been to the analysis on effectiveness and efficiency due to limited availability of statistical data for most of the 15 over-arching indicators and the lack of national quantitative data available for the period 2017-2019. The information gaps due to lack of statistical data were filled largely through qualitative inputs from stakeholders consulted.

- Information on the implementation of the Strategy through the Action Plans was meant to be drawn from a wide range of sources such as Member States reporting, EU agencies and Commission reporting, EEAS (including EU delegations reporting), the Horizontal Working Party on Drugs at the Council (HDG) and Presidency reporting, and others. Due to the differences in (and sometimes lack of) data monitoring and collection, time lags in reporting, the limited comparability of some of the national data available and the sensitive nature of topics covered by the Action Plan, in particular regarding both drug demand and drug supply, information on implementation was fragmented and not always up to date. This was addressed through the extensive stakeholder consultation activities and an EMCDDA briefing note covering an overview of implementation data, submitted to the external consultant.

- The over-arching indicators related to the drug supply strand are relatively limited in number. They are also limited in overall usefulness regarding the extent to which these reflect the baseline situation and the analysis of effectiveness. The evaluation filled some of these information gaps largely through qualitative inputs from stakeholders consulted.

Despite these limitations that stemmed from the wide range of areas covered, and the underlying sensitive nature of both drug demand and drug supply measures, the design of the analytical framework was such that the data collected was adequate in terms of quality and breadth of representation from different categories of stakeholders. At the end of the evaluation exercise, this allowed for methodologically robust conclusions.

4.3. Deviations from the evaluation roadmap

While the Evaluation Roadmap that was published in November 2018 indicated that the evaluation should have been completed in the first quarter of 2020, the actual completion date was in the second quarter of 2020. This was due to the fact that the public consultation was launched later than initially anticipated. In order to allow enough time to process and analyse the outcomes, the Commission opted to extend the evaluation timeframe into the second quarter.

5. ANALYSIS AND ANSWERS TO THE EVALUATION QUESTIONS

By comparing the baseline situation (described in Section 2.3) with the implementation state of play (described in Section 3), it is possible to study to what extent the actions and outputs that can be observed (see the intervention logic in Section 2.2) correspond to the expectations concerning what the Strategy should have achieved through the Action Plans, i.e. the five objectives of the Strategy (see the description of the intervention in Section 2.1). The sections that follow describe the results of this analysis in relation to

the five evaluation criteria, namely relevance, coherence, effectiveness, efficiency and EU added value. For clarity and simplicity, the evaluation questions in this section were grouped together in a single, more general question covering each criteria (for an overview of all the evaluation questions related to each criteria, see Annex IV.)

5.1 Relevance

Evaluation Question: To what extent are the Strategy and Action Plan relevant in view of current and future needs/challenges?

Key findings

- Owing to their broad scope, the Strategy and the Action Plan appear to be overall relevant to the needs of different stakeholders at EU and national level.
- However, the Strategy appears to have partial relevance in view of recent technological, societal, policy/political and environmental developments, and the challenges they entail. Increased poly-criminality of organized crime groups, role of the EU as a producer and exporter, increased levels of violence and corruption that enable the drug trade, technologic enablers such as darknet marketplaces for buying/selling drugs, new patterns of drug consumption between young people and the aging population, as well as gender differences, and environmental effects were amongst the areas considered not sufficiently covered.
- The balanced approach between drug demand and drug supply continues to be relevant in view of the security and health needs related to the drugs phenomenon, as well as the general objectives of the Strategy.
- The areas covered by the five pillars of the Strategy and the actions in the Action Plans remain generally relevant, but due to lack of prioritisation, they are subject to different levels of visibility and means of implementation.
- The Strategy could overall be made more concrete, focused, and set clear priorities to increase its relevance in view of persistent and upcoming trends and threats. In this context, a shorter life span than 8 years would also be more relevant to addressing pressing needs. At the same time, the Action Plan could also be more operational.

The external study found that the wide scope of drug policy intersecting major policy areas such as health and security, and the international and cross-border extent of drug related OCGs, demonstrate the continued need for the EU to be involved in the strategic development of drugs policy. This confirms the continued relevance of the Strategy and Action Plan.

According to the external study, stakeholders considered the Strategy and Action Plan to be as relevant as at the time of their adoption. The Strategy responded to the need for continued evidence-based strategic drug policy development at EU level, and for a balanced approach between drug demand and supply reduction that also addressed relevant cross-cutting themes.

However, while the Strategy and Action Plan were broad in scope and allowed for flexibility to accommodate different needs of Member States, they contained no indication of priorities. The more critical priorities since 2013, such as the emergence of NPS, could have been made clearer in operational terms. Also, from a practical perspective, prioritisation of actions was seen as necessary in view of the limited resources available and in some cases the reduction of resources. The Strategy could overall be made more concrete, focused and set clear priorities according to current and emerging needs, but also be more proactive, meaning the Action Plan could be more operational and relevant if it would address targeted up-to-date pressing needs. In this context, a few stakeholders at EU and national level commented on the duration of the Strategy. Some considered the lifespan of 8 years too long, especially given the dynamic nature of the policy area. A shorter duration was determined to be more relevant because it would have allowed the Strategy to better take into account the fast evolving drugs phenomenon.

The assessment shows that even though overall, the Strategy and the Action Plan have remained relevant to the needs and challenges originally listed in the Strategy, some specific areas, gaps and challenges have been identified that have not been sufficiently covered. This finding accounts for and reflects the technological, societal, policy/political and environmental developments that have taken place since the Strategy was adopted in 2012. A number of new and emerging relevant areas that are currently insufficiently covered or not covered at all, include:

- Demand reduction: gender-approach and the specific circumstances and problems faced by female drug users; vulnerable and other population groups of users with specific needs such as the ageing segment of the population that are long-term substance users, and those with co-morbidity, psychiatric needs and dual pathologies (drug use and mental issues); novel ways of drug consumption; drug impaired driving and its effects on overall road safety; the effectiveness of relevant electronic and mobile health apps; associated health risks of specific drugs as these differ significantly across different types.

- Supply reduction: EU as a producer and exporter linked to the diversion of drug precursors or use of 'designer-precursors'[32] to make drugs, especially synthetic drugs; environmental concerns and high clean-up costs related to toxic waste from drug production illegally dumped; increased poly-criminality of OCGs and their adaptive and innovative *modus operandi*; the use of new technologies for drug related criminal entrepreneurship of OCGs, including the use of darknet marketplaces for drugs, encryption technologies and cryptocurrencies for facilitating anonymity, and the 'uberisation' of the cocaine market whereby through the common use of smart phones sellers compete by offering additional services such as fast and flexible delivery options; use of postal and express services for the delivery of drugs or drug precursors. Stakeholders also singled out that a more explicit link should be addressed between drug use and violence, as well as the violence and corruption used by drug related OCGs.

[32] Designer-precursors are close chemical relatives of a scheduled drug precursor that are purpose-made to circumvent controls by the authorities and usually do not have any known legitimate use.

- Horizontal strands and other priorities: predictive monitoring of the drug situation, including new tools, artificial intelligence and social media analysis for monitoring and predictive forecasting of trends, especially when it comes to NPS; a balanced approach between drug demand and supply reduction measures to the issue of drugs in prisons; prevention efforts covering demand reduction as well as supply reduction such as crime prevention.

A number of different stakeholder types are involved in the area of drugs and/or are affected by it, including, *inter alia,* stakeholders at international, EU, national, regional and local policy level, practitioners, civil society, industry, academia and of course people who use drugs. Overall, owing to the broad scope and coverage of the Strategy and the Action Plan, the majority of stakeholder types consider that their specific needs have been reflected in a general sense. A few areas emerged as not highlighted sufficiently in the Strategy, which can be linked to prioritization. For example, civil society stakeholders emphasised the importance of strengthening the harm reduction approach, and highlighted human rights of drug users.

5.2 Coherence

Evaluation Question: To what extent are the Strategy and Action Plan coherent with and complementary to other relevant policy interventions at Member State, EU, and international level?

Key findings:

- The Strategy is largely consistent with other relevant EU sectoral policies and legislative developments, with no conflicting objectives. However, there is room for better exploitation of the synergies that exist between the Strategy and other sectoral initiatives and cross-sectoral initiatives at EU level.

- Further synergies and coordination between drugs and drug precursors legislation[33] would be beneficial, especially in terms of tackling the issue of 'designer-precursors'. There are complementarities with EU health policy, but additional aspects could be aligned such as prevalence of drug use amongst the aging population. Stronger links with organised crime, cybersecurity, migrant smuggling, terrorism and other relevant security policy topics would establish higher alignment with up to date security developments. Lastly, the EU has been successfully integrating a strong drugs dimension in its approach to enlargement and in the instruments used for preparing candidate and potential candidate countries.

- Overall, the general objectives of the Strategy and actions in the Action Plan are coherent with the mandates and activities of relevant EU agencies especially EMCDDA and Europol, as well as Eurojust, CEPOL, EMA, and ECDC.

- The Strategy and the Action Plan appear to be coherent with national drugs

[33] Regulations No 1258/2013 and No 1259/2013.

policies. Overall, approximately half of Member States seem to have been more likely to closely align to the Strategy and Action Plan, both structurally and thematically, while the other half of Member States have been more likely to depart from the structural paradigm of the Strategy and Action Plan.

- The Strategy is perceived to be a comprehensive guiding document for national stakeholders across the EU, and in case of overlaps, Member States draw from it what is resourceful and applicable for their national context.

- At Member State level, most synergies were found in terms of EU coordination with stakeholders highlighting scope for improvement in the area of international cooperation, especially regarding dialogues with third countries.

- At the international level, the Strategy and Action Plan have been coherent with the United Nations framework and current strategic developments.

- Overall, the Strategy is coherent with the drug-related developments at global level. The EU and its Member States provide support and technical 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 Western Balkans along the heroin route.

Overall, the Strategy and Action Plan appear to be coherent with other EU policy and legislative developments in the field of drugs, although more synergies could have been created with precursor legislation,[34] health policy, as well as stronger links with emerging security priorities.

Since 2013, the EU has adopted legislative actions in the area of drugs, focussing on NPS. These legislative developments appear to be coherent with the Strategy emphasising the need for timely action on emerging trends in the area of drug supply. In this context, EMCDDA actions in rapidly assessing the risks of NPS and maintaining a rapid information system with regard to their use and new methods of using for known existing psychoactive substances are coherent with the corresponding emphasis of the Strategy and Action Plans. The EMCDDA and Europol have been monitoring approx. 788 NPS in 2019[35] through the Early Warning System (EWS) on NPS, providing a permanent function to facilitate the sharing of NPS related information among Member States.

As for drug precursor legislation, the evaluation assessed that this area, which relates both to internal and external trade, appears to be coherent with the Strategy to some extent. However, it stressed the importance to better integrate precursor issues in the Strategy, especially in terms of coordination and consistency between the involved actors. Particular attention should be paid to 'designer-precursors' as these chemicals are

[34] Ibid.

[35] ICF (2020). Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

currently predominantly used in the illicit synthetic drug production in the EU and pose particular challenges for the law enforcement authorities.

While the Strategy shares the same general objective of fostering good health with the EU Health Strategy, there is no real overlap between the two. The evaluation found that the coherence between the two could be further strengthened. For example, the Strategy does not take into account a number of key aspects of the EU Health Strategy, such as: the challenges posed by the ageing population in Europe, the role of new technologies in delivering preventative interventions or treatment services, addictive behaviours and general substance abuse issues.

Although the Strategy is coherent with the EU's Internal Security Strategy and the European Agenda on Security, specifically in terms of the emphasis on disrupting drug related OCGs, the evaluation also determined that further alignment could be achieved with relevant emerging challenges in other security priorities, such as cybersecurity, migrant smuggling and terrorism, and the fight against money laundering and corruption, which enable OCGs.

Overall, the EU has been successfully integrating a strong drugs dimension in its approach to enlargement and in the instruments used for preparing candidate and potential candidate countries. The drug-related acquis is reflected and addressed explicitly within chapter 24 of the accession negotiations and in the Stabilisation and Association Agreements with the Western Balkans. The Strategy and Action Plan support candidate and acceding countries by providing guidance for aligning with the EU acquis.

The evaluation also revealed other key EU priorities that should have an increased level of coherence with the Strategy. These include: EU education and training policy as well as youth policy, early intervention and treatment, and potentially in terms of prevention of drugs, where educational institutions could play a pivotal role in reaching and communicating to young people; and finally, environmental policy regarding illicit dumping of chemicals resulting from drug production in the environment.

Overall, the general objectives of the Strategy and actions in the Action Plan are coherent with the mandates and activities of relevant EU agencies especially EMCDDA and Europol, as well as Eurojust, CEPOL, EMA, and ECDC. In particular, the joint activities between the agencies have contributed to maintaining a high degree of coherence across the EU's drug-related knowledge infrastructure in relation to the Strategy and Action Plan.

The external study was useful in depicting how different Member States follow six patterns in terms of coherence with the Strategy and Action Plan. These patterns show that at national level, the instruments are overall highly aligned with Member States strategies, action plans and other relevant drug policy documents. It appears that all Member States strategies explicitly endorse the balanced approach to drug policy, emphasising the importance of both drug demand and supply reduction. Overall, approximately half of Member States seem to have been more likely to closely align to the Strategy and Action Plan, both structurally and thematically, while the other half of Member States have been more likely to depart from the structural paradigm of the Strategy and Action Plan. Additionally, some Member States also included security and judicial reform as additional priorities in their drug strategies and a few focused on addiction more broadly. A third of Member States did not address one or more of the

Strategy's cross-cutting themes, such as coordination, international cooperation and monitoring and evaluation.

While the Strategy has acted as a guiding framework for national strategies, in some Member States with autonomous authorities, regions and provinces, the evaluation had difficulties in articulating the level of complementarity.

At the international level, the general objectives set out in the Strategy are highly coherent with the drug policies, conventions and declarations of the United Nations (UN) and its bodies. To an important extent, this is because the EU engaged in related negotiations. This finding is based on comparison with the three UN Conventions[36], the Political Declaration of 2009[37], the 2030 Agenda for Sustainable Development of 2015[38], the UNGASS outcome document of 2016[39], the Ministerial Declaration of 2019[40] and the UNAIDS 2016-21 Strategy[41]. The Strategy and UN drug related activities complement and reinforce each other and are mostly coherent.

Drug-related priorities have been incorporated into EU external policies, strategies and actions relating to third countries and regions. Efforts to promote supply reduction are often aligned with priorities that address organised crime or trans-national crime. This also points to the possible need for further alignment and link within security priorities.

Overall, the tasks of the Strategy and the Action Plan have been allocated at the appropriate governance level, with improvements after the adoption of the second Action Plan. A horizontal need identified by the evaluation was to involve civil society in the governance and coordination mechanisms of the Strategy and the Action Plan. With the adoption of the second Action Plan, this has been translated into an increased presence of civil society in the drug policy area at EU level.

5.3 Effectiveness

Evaluation Question: To what extent have the Strategy and Action Plan been effective in delivering intended results?

Key findings:

- The Strategy has been partially effective in achieving the **drug demand**

[36] https://www.unodc.org/unodc/en/commissions/CND/conventions.html

[37] https://www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_2009-Declaration.html

[38] https://sustainabledevelopment.un.org/sdgs

[39] https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

[40] https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf

[41] https://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18

reduction general objective. While progress was overall made in terms of some areas covered under drug demand (e.g. the variety of general and specific prevention and treatment interventions implemented across many Member States), the Strategy did not seem to succeed in reducing drug demand across the EU in comparison to 2013. Prevalence of drug use has increased across most types of drugs across most Member States since the baseline year. The overall increase was particularly pronounced amongst young people. Finally, drug-related deaths across the EU have also increased.

- Similarly, the Strategy has been only partially effective in achieving the **drug supply reduction** general objective. While progress was recorded for example in terms of effective law enforcement coordination and cooperation within the EU, and while seizures of drugs have overall increased, the estimated availability of drugs in the EU has nonetheless increased since 2013 across most types of drugs (in some instances doubled). Purity of most illicit substances has also largely increased since the baseline year. Also, the large-scale operations conducted seem to have been largely insufficient to disrupt the illicit drug markets.

- In terms of the **coordination** general objective, the evaluation found that drug policy was overall effectively coordinated at both EU and international levels. This was marked for example by the ability of the EU to 'speak with one voice' in international fora and with third countries, and the increased involvement of civil society in the policy making process. Weak points included structured continuity of Strategy and Action Plan monitoring between the Presidencies at the Council, including discussion of the evolution and development of the instruments.

- The objective of **international cooperation** has been to a great extent effective. The EU's engagement and coordination in fora for international policy-making on drugs showed to be particularly effective in the context of the adoption of the Outcome Document of the UN General Assembly Special Session in 2016, and of the UN CND Ministerial Declaration of 2019, where the EU was successful in promoting its approach at multilateral-level. Such approach was also successfully promoted with third countries and regions, some of them having largely drawn inspiration from the EU's Strategy when modelling theirs. Dialogues and cooperation on drug issues was mainstreamed in the EU's external action (including enlargement, neighbourhood policies, and development policies). EU-funded projects covering supply and demand for drugs were implemented internationally and resulted in significant activities especially in Latin America and the Caribbean.

- The objective of **information, research, monitoring, and evaluation** has been to a certain extent effective. Understanding of the drugs phenomenon and the impact of interventions has improved particularly due to the development of the two flagship reports, the European Drug Report (and accompanying country reports) by the EMCDDA and the joint EMCDDA – Europol EU Drug Markets Report, which have become a benchmark for high-quality assessment of the drugs situation and effectiveness of policies. However, other areas are not yet as effective, such as the use of the EMCDDA Best Practice Portal on drug demand related interventions, which has not been mainstreamed by Member States into national or local evidence based policies and measures. Another area for

improvement is the development and adoption of supply indicators[42] by the EMCDDA Reference Group on Drug Supply Indicators, which have been gradually adopted by the majority of Member States but still fail to provide sufficient understanding of Member States' effectiveness in supply reduction.

- Internal and external obstacles to the implementation of the Strategy impacted the progress towards achieving its general objectives through the Action Plans. Examples include the continued emergence of highly potent NPS, the increased use of new technologies at all levels of the drug production, supply and distribution chains, and the increasingly poly-criminal nature of organised crime groups (OCGs) taking advantage of other emerging EU security challenges.

By 2020, the Strategy aimed to achieve an overall impact on key aspects of the EU drug situation.. It sought to "*ensure a high level of human health protection, social stability and security, through a coherent, effective and efficient implementation of measures, interventions and approaches in drug demand and drug supply reduction at national, EU and international level, and by minimising potential unintended negative consequences associated with the implementation of these actions"*[43]. The effectiveness of the Strategy was largely evaluated by matching the degree of implementation of the 55 actions in the Action Plan with the assessment of the trends in terms of the five general objectives. Although the impact of the Strategy and Action Plan on drugs demand and supply cannot conclusively establish a causal link with current trends, the current situation on drugs provides a relative benchmark for the effectiveness of implementation of the instruments.

The evaluation found that the two general objectives of demand and supply reduction have only been partially achieved, although progress in different areas covered has been made. While the Strategy has been partially effective in encouraging and coordinating implementation of a wide range of measures covering both demand and supply reduction, there is evidence that the trend in both demand and reduction has not been as positive as expected. On the other hand, the remaining three general objectives in terms of improved coordination, international cooperation, and data collection and research recorded more significant progress than reduction of demand and supply.

Drug demand reduction

The general objective to contribute to a measurable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms, has only been partially achieved. Under this general objective, the Action Plan laid out three specific objectives, two of which are still in progress and the third, which is on track.

The evaluation found that some progress was achieved in terms of the specific objective (1) on prevention measures and delaying the onset of drug use. Prevention measures are available in all Member States and their availability has generally increased since 2013. The availability of universal evidence-based measures has also increased in all Member

[42] Following the Council Conclusions on improving the monitoring of drug supply in the European Union (November 2013).

[43] See paragraph 4 of the Strategy.

States. Targeted prevention measures have been widely available, focusing mostly on groups such as students and young adults at risk, young offenders and families. However, indicated prevention measures[44] were available in less than half of Member States. Most implemented such measures generally focused on young people, with the aim to prevent drug use and delay the age at which children and young adults first try alcohol, smoking, illicit drugs and risky behaviour. Data recorded during the evaluation period showed that the age of first use increased. Among drug users entering treatment in 2017, the reported age of first use of cannabis was 17, and of heroin was 24, as opposed to 16 and 23, respectively, in 2013.

In terms of specific objective (2) – to enhance the effectiveness of drug treatment and rehabilitation services and to support the recovery and social re/integration of problematic and dependent drug users – this specific objective has been assessed as effective only to some extent.

Even though the trends in use of illicit drugs differ across Member States, overall, last-year prevalence (recent use) of drug use among the adult population (aged 15-64) either did not change or increased between 2012 and 2017[45], particularly for cannabis, and decreased for MDMA (see Table 1). On the other hand, the EU weighted average of last-year prevalence of cannabis, cocaine, MDMA and LSD[46] increased among the young population (aged 15-24). As observed for the wider population, the main drug used among teenagers and young adults was cannabis, and its use increased during the period covered by this evaluation in most Member States.[47]

Table 1: Trends in last-year prevalence of drug use 2012-2017[48]

	Population (15-64)	Young population (15-24)	Teenagers and young adults (15-34)
Cannabis	↑	↑	↑
Cocaine	–	↑	–
Amphetamines	–	↓	↓
MDMA	↓	↑	↑
LSD	–	↑	↑

[44] Designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs.

[45] Only 10 Member States have reported 2012 data; data from the remaining countries mostly correspond to 2010 and 2011, although in a few cases it goes back to 2009 (1 MS), 2008, (2 MS), 2007 (1 MS), 2004 (1 MS) and 1998 (1 MS). On the other hand, seven Member States have reported 2017 data; data from the remaining countries mostly correspond to 2015-2016, except in a few cases where it dates back to 2014 (3 MS), 2013 (2 MS), 2012 (1 MS) and 2008 (1 MS).

[46] Lysergic acid diethylamide.

[47] The countries reporting an increase in last-year prevalence of cannabis among teenagers and young adults' use are: AT, BG, CZ, FI, FR, DE, EL, IE, IT, LV, N, PL, PT, RO, SI and SE.

[48] See Evaluation Question 1, and Annex 3 Evidence in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

Source: ICF, based on EMCDDA data statistical bulletin

A range of risk and harm reduction measures for problem drug users has also been available in a large majority of Member States, in some cases implemented through community-based organisations. Harm reduction measures specifically targeted at reducing drug use in festival and nightlife settings and those targeted at the misuse of medicines have been effective in reducing poly-drug use.

However, the perceived effectiveness of the different types of harm reduction services based on their access has not been considered particularly high by some stakeholders, such as civil society organisations. While access to treatment, opiate substitution and needle/syringe programmes were generally positively assessed, the access to drug consumption rooms, drug-checking programmes and naloxone distribution programmes were overall assessed negatively. These differences could be explained by the fact that opioid substitution treatment and needle and syringe exchange programmes have been implemented for a longer period of time and are widely accepted, whereas drug testing services and drug consumption rooms are still somewhat new concepts in many Member States. In terms of quality, most of the harm reduction measures were positively assessed.

Increased efforts to tackle the risk of infectious diseases among drug users have also been reported at national level, most of which seem to have been effective. For instance, HIV home testing kits are available in pharmacies in a growing number of countries (and in some, they are provided by harm reduction services) and the number of Member States that provide unrestricted access to HCV antivirals for all groups of patients has also increased in the last years. The prevalence of HIV and AIDS among drug users decreased between 2012 and 2017 (latest available data), both in terms of EU average and in the large majority of Member States. However, injecting drug use remains an important issue as localised HIV outbreaks were documented between 2014 and 2017.

Effectiveness of harm reduction measures in prisons remains limited even though it seems to have overall increased. The provision of healthcare measures for incarcerated drug users has grown, with all Member States providing opioid substitution treatment in prison. However, even if opioid substitution treatment was indeed available for prisoners in all Member States, the coverage in terms of number of prisoners for whom it was available was often found to be low. In addition, in a small number of Member States treatment cannot be initiated in prison but only continued. Continuation of treatment on release from prison was available only in some Member States. Testing for drug related infectious diseases was available in prisons in most Member States, although it seems to be limited to testing upon entry or to prisoners showing symptoms.

When measuring the effectiveness of this specific objective, it is also important to highlight that the number of drug-related deaths rose from 5,804 in 2013 to 8,238 in 2017.[49] Opioids were present in the majority of fatal overdoses reported in the EU, and there was an increase in the number of opioid-related deaths in some Member States.

In terms of specific objective (3) on embedding coordinated, best practice and quality approaches in drug demand reduction, progress was made and it was considered on track

[49] EMCDDA (2019). Drug Related Deaths and Mortality in Europe, and 2013 data from EMCDDA Briefing Note for the midterm assessment.

with the adoption and initial stages of implementation of the common European minimum quality standards. More than half of Member States reported the use of the minimum quality standards. However, most service providers have been civil society organisations, some of which have seen decreasing financial resources and have limited capacities and skills, which in turn could hinder the implementation of the minimum quality standards.

Drug supply reduction

The general objective, to contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs, has also only been partially achieved. Under drug supply reduction, the Action Plan laid out three specific objectives, of which the first was assessed to be on target and the other two still in progress. Overall, based on the available data, stakeholders agree that there is little evidence to indicate that criminal structures involved in drugs trafficking, distribution and production have been dismantled or fractured to a significant extent by supply reduction activities. In terms of seizures of drugs, law enforcement and judicial cooperation to tackle the supply of drugs has improved since 2013. Even though availability of drugs seems to have increased overall in the EU since the adoption of the Strategy, it can be deduced that availability could have been even higher if not for the record level of seizures.

After a marked decrease in the number of drug law offences relating to cocaine use and seizures between 2009 and 2015, cocaine related offences increased significantly in 2016 and 2017, when it reached levels similar to 2011. By 2017, cocaine seizure more than doubled since 2013. Cannabis seizures also increased during this timeframe (see Table 2). Cannabis was linked to around three quarters of drug use or possession offences reported in the EU in 2017. Regarding heroin seizures, the number and quantity have remained largely unchanged in 2017, compared to 2013. The number of offences for heroin use and supply have also remained stable since 2013. The purity or potency across drug types has increased across the majority of Member States.

Table 2. Trends in the retail drugs market (2013-2017)[50]

	Seizures 2013 (tons)	Seizures 2017 (tons)	Purity change 2013-17 (median)
Cocaine	62.6	140.4	⬆
Heroin	5.6	5.4	⬆
Cannabis Resin	460	466	⬆
Cannabis herb	130	209	⬆
Amphetamine	6.4	6.4	⬆
MDMA	no data	1.7	⬆
Methamphetamine	0.5	0.7	⬆

Sources: ICF based on EMCDDA and EUROPOL EU Drug Markets Report (2019)

[50] See Evaluation Question 1, and Annex 3 Evidence in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

The increase in cocaine and cannabis seizures likely prevented an even larger availability of these drugs across the EU, which could have led to increased consumption or increase in demand. Related to this point, the evaluation found that the specific objective (4) - to 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 - recorded the most progress under supply reduction and was marked on track.

Operational activities by Europol and Eurojust to tackle drug trafficking and support Member State law enforcement agencies have generally strengthened. In comparison to the period prior to the adoption of the Strategy, cooperation on drugs investigations via Eurojust has increased with a greater number of Joint Investigation Teams (JITs), coordination meetings, and drug trafficking cases registered. With the expanded mandate of Frontex after 2016, the Agency became actively involved in contributing to detection, prevention, and combatting cross-border crime, including contributing to significant quantities of drug seizures. The Maritime Analysis and Operations Centre-Narcotics (MAOC-N) has continued to serve and further strengthened its position contributing effectively to numerous operations. As regards to Europol, the number of JITs has remained largely unchanged. Some stakeholders noted that the Strategy and Action Plan have given little impetus to larger scale operation activities in the field of drugs.

Since the adoption of the EU Policy Cycle for organised and serious international crime (EMPACT) in 2010, the Joint Action Days have yielded positive results in terms of drug seizures. At the same time, the EU Policy Cycle has also been described as a process supporting daily and routine cooperation between law enforcement agencies. In that way, it improved cooperation on supply reduction and information exchange. However, stakeholders gave an indication that the insufficient funding and a lack of initiatives by Member States could have acted to prevent more effective tackling of high-level, large-scale drugs trafficking into the EU.

Regarding the exchange of information between law enforcement agencies, the use of the Secure Information Exchange Network Application (SIENA) systematically rose between 2013 and 2018, including in terms of drugs-related exchange of information.

In terms of training of law enforcement officers, the number of courses provided by the European Union Agency for Law Enforcement Training (CEPOL) on elements relating to countering drug-trafficking have steadily increased between 2013 and 2018. In 2013, only two courses were offered, while in 2018 a total of 13 courses were provided. The number of participants also increased, allowing CEPOL to reach a wider audience.

Finally, efforts to prevent the diversion and trafficking of precursors were made during the evaluation period. The EU has continued to address the challenges linked to the diversion and trafficking of precursors. The European Commission has added a number of drug precursors to the list of scheduled substances. In cooperation with the Member States, it has also issued new guidelines on cooperation between authorities and industry. The use of the International Narcotics Control Board pre-export notification (PEN)

online system and the precursors incident communication system (PICS) has increased in the EU between 2013 and 2018.[51]

The specific objective (5) - to enhance effective judicial cooperation and legislation within the EU - was considered to be still in progress. During the evaluated period, a number of legislative initiatives were adopted in the EU.[52] In addition, the 2013 amendments to the EU legislation on trade of drug precursors[53] established among others the introduction of the end-user registration obligation for example, for acetic anhydride, and introduced a 'catch-all' provisions[54] with a view to address the use of non-scheduled drug precursors. While these legislative developments, by improving cooperation, tackling the diversion and trafficking of drug precursors and tackling NPS, have already been implemented in most Member States, according to stakeholders, there is little evidence on the practical application or effects on tackling supply of drugs.

In terms of the application of alternatives to coercive sanctions, all Member States have at least one available alternative sanction for drug-using offenders. The conditions for applying alternatives to coercive sanctions range from a decision of the judge to the decriminalisation of drug use, but in many Member States, such measures are applied when there is no suspicion of drug trafficking and in case of minor offences. The effectiveness in terms of access to and quality of these measures seems to differ greatly across Member States.

The specific objective (6) - to respond effectively to current and emerging trends in illicit drug activity - was found to be still in progress. The main trend addressed was related to the role of new information and communications technologies (ICT) in support of drug supply activities. Despite the lack of reliable and comparative data, there is an indication that between 2013 and 2018 drugs sales over the internet have evolved and fragmented into a growing number of small traders. Steps have been taken to address the role of ICT, including multiple cross-border operations to dismantle or shut down online marketplaces selling drugs. For example, Europol's dedicated 'Dark web team' was established in 2018 to provide operational and technical support. The EU-funded project Illegal Trade on Online Marketplaces (2013-2015) established an EU network to finding

[51] For more information on the evaluation of legislation on trade in drug precursors: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/1474-Evaluation-of-legislation-on-trade-in-drug-precursors.

[52] Including: Regulation (EU) 2017/2101, better defining the procedure on the monitoring and control of new psychoactive substances, and Directive (EU) 2017/2103, which by including new psychoactive substances in the definition of 'drug', further harmonised the definition of drug trafficking offences and penalties therefore further reducing problems arising in the cooperation between the judicial authorities and law enforcement agencies; Directive 2014/42/EU on the freezing and confiscation of the instrumentalities and proceeds of crime, which approximated Member State regimes thus facilitating cross-border cooperation; the 4th and 5th Anti-Money-laundering Directives, which further developed cooperation rules, in particular between FIUs and the Commission, or between competent Member State authorities.

[53] Regulations No 1258/2013 and No 1259/2013.

[54] The aim of these provisions was to allow the competent authorities to intervene in cases where non-scheduled substances, including designer-precursors, were traded or smuggled with a view to use in illegal drug manufacture.

effective ways to combat illegal drug trade online. Another EU-funded project, I-TREND, developed a tool in 2017 aimed at discovering web shops that sell NPS. The tool was then able to identify as many as 500 web-shops in five Member States. At national level, many Member States had taken steps to address new trends, by means of trainings and participation in specific operational EMPACT actions. There is no information about the extent to which new emerging trends have been tackled at the national level and through national level responses.

Coordination

The evaluation determined that the general objective to encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level, was overall achieved. All three specific objectives covered under coordination were found to be on target.

Specific objective (7) - to ensure effective EU coordination in the drugs field - was found to be on track. Drug policy was overall effectively coordinated at EU level. Since 2017, there has been increased effective coordination at EU level in the field of drugs, concerning Council preparatory bodies especially the HDG and the Standing Committee on Operational Cooperation on Internal Security (COSI), EU agencies and EU-funded projects with third countries. The HDG was found to be somewhat effective in terms of enhancing information sharing with other relevant Council preparatory bodies, although most information was shared on an ad-hoc basis. Structured cooperation between Council preparatory bodies working on drugs, and the monitoring of the implementation of the Action Plan through thematic debates by Presidencies were found to be among the least effective actions in the Action Plan under this pillar. As thematic debates, especially after 2017, were not organised in a consistent and planned manner, the state of implementation of the Action Plan was found to have lost some momentum.

EU agencies, especially EMCDDA, Europol, Eurojust and CEPOL, were effective in coordinating activities in terms of implementation of the Strategy. However, it was determined that the increased workload in the drug policy field, including the area of coordination, should also allow for increased financial and human resources available for EU agencies, where needed.

The specific objective (8) - to ensure effective coordination of drug-related policy at national level - was also determined to be on track. Even though there remain differing levels of successful implementation across the EU, horizontal and vertical coordination mechanisms and agencies tasked with the monitoring, evaluation and coordination of national drugs policy are now in place in most Member States.

Finally, the specific objective (9) - to ensure the participation of civil society in drugs policy - was found to have made significant progress marked for example by the regular participation of the CSFD in HDG meetings and their annual attendance at the CND, and an increasing number of Member States engaging with civil society on drugs policy issues. Challenges nonetheless remain, such as ensuring the formal involvement of civil society in drug policy while avoiding discrepancies between Member States, and increasing effective engagement with the scientific community beyond annual conferences.

International cooperation

The objective to further strengthen dialogue and cooperation between the EU and third countries and international organisations on drug issues was to a large extent implemented effectively and was determined to be largely achieved by the evaluation. From the three specific objectives covered by international cooperation, the first was found to still be in progress while the other two to be on target.

The first specific objective (10) – to 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 – was marked still in progress. Drug-related priorities have been effectively incorporated into EU external policies, strategies and actions relating to third countries and regions, but more focus should be put on improving the capacity and strengthening the role of EU delegations, and on emphasizing reporting on EU cooperation projects.

The balanced approach of the Strategy has been commonly integrated within the EU's external action in third countries or regions. While on the one hand the Heroin Route and Cocaine Route Programmes mainly focused on supply side measures, both demand and supply side programmes were implemented via the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD) and the Central Asia Drug Action Programme (CADAP–6). Despite lack of evidence on the impact of the various activities and projects on drug supply or demand, they have contributed to an improved dialogue and cooperation at strategic, institutional and expert level.

The specific objective (11) – to 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 – was found to be on target. The EU's position and contribution to the United Nations global efforts to tackle illicit drugs has been strengthened via joint EU action and better institutional cooperation between EU and UN agencies. The preparation of common positions allowing the EU Member States to promote the EU's approach with a unified voice at the 2016 United Nations General Assembly Special Session on Drugs and the UN CND Ministerial Declaration in 2019 were highlighted as the main success stories in this area during the evaluation period. Complementing the EU's engagement at strategic and policy level, EMCDDA, Europol, and CEPOL furthered their cooperation with UNODC via various capacity building and institutional cooperation projects. Although this specific objective was effectively met, the evaluation found that there is some room for improvement with regards to the adoption of common positions on some drug related topics.

The specific objective (12) – 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, through targeted assistance and monitoring – was also found to be on target. Dialogue and cooperation on drug issues was mainstreamed in EU external actions, enlargement and neighbourhood policies, and development policy/cooperation projects. The Strategy constituted a reference for third countries wishing to adopt similar documents at national level. In this sense, the impact on candidate and potential candidate countries is particularly relevant, as the Strategy provided some necessary guidance supporting these partner countries to better align with the EU acquis in the field of drugs. This was reflected in the national drug strategies adopted in the Western Balkans, all of which are largely in line with the Strategy.

Information, research, monitoring, and evaluation

The general objective, to contribute to a 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 sound and comprehensive evidence-base for policies and actions, has been to a large extent effectively implemented, and has been overall achieved. The first and third specific objectives were determined to still be in progress and the second on target.

Implementation was still in progress in some areas covered by the specific objective (13) – to ensure adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drugs phenomenon. EU funding for drug-related research and studies was available across several mechanisms, but slightly decreased throughout the evaluation period. Moreover, the priorities of the Strategy and Action Plan have generally been taken into account by EU-funded projects, and stakeholders have been generally positive about the added value of these projects. . The evidence-based evaluations of policies and interventions have been supported, but investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon is still limited.

The specific objective (14) – to 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 – was evaluated as implemented effectively and on target.

Important steps have been made towards implementing this specific objective. The EMCDDA and Europol – in cooperation with Member States – have provided comprehensive analyses and organised relevant trainings in cooperation with CEPOL. Data collection tools have been further enhanced largely due to the work of the EMCDDA. The capacity to detect, assess and respond effectively to the emergence and use of NPS continued to progress under the EU Early Warning System on New Psychoactive Substances and the 2017 legislation on new psychoactive substances[55]. The latter also played an important role in aiming for progress on the ability to identify, assess and respond at Member State and EU levels to behavioural changes in drug consumption and to drug-related epidemic outbreaks. However, it was too soon to identify what progress had been made during the evaluation period. At the EU level, EMCDDA's trendspotter methodology has been used since 2011 to provide analysis on new behaviours including on the use of cocaine, ecstasy, NPS, and online trade.

In addition, the collection of data has been enhanced through the development and adoption of supply indicators by the EMCDDA Reference Group on Drug Supply Indicators. These have been gradually adopted by the majority of Member States, but still seem to fail to provide sufficient understanding of Member States' effectiveness in supply reduction. The core monitoring data related to drug demand has remained relatively stable, and has been subject to only minor changes.

[55] Regulations No 1258/2013 and No 1259/2013.

The two flagship reports, the EMCDDA's European Drug Report with accompanying country reports and the joint EMCDDA – Europol EU Drug Markets Report, have become a benchmark for high-quality assessment of the drugs situation and policies.

The potential links between drugs trafficking and terrorist financing, migrant smuggling and trafficking in human beings have been examined. However, some research topics remain underexplored. The EU-wide study on drug-related community intimidation and its impact has not been carried out yet.

Lastly, the EU Early Warning System on New Psychoactive Substances supported the identification of new psychoactive substances, among others through its contributions to the sharing of forensic science data on new psychoactive substances. Cooperation with the Customs Laboratories European Network, European Network of Forensic Science Institutes and The International Association of Forensic Toxicologists also supported the sharing of this data. However, progress is still lacking on the ease of access to laboratory reference standards by forensic science laboratories, customs laboratories and institutes, and on the development of a common methodology for the identification of new psychoactive substances.

The specific objective (15) – to enhance dissemination of monitoring, research and evaluation results at EU and national level – has been largely implemented effectively but remains in progress. While the EMCDDA has been continuously developing and improving the dissemination of EU level research, there seems to still be insufficient dissemination and outreach of results and outputs at the national level as exemplified by their limited use by Member States. An example is the EMCDDA Best Practice Portal on drug demand related interventions, which has not been mainstreamed by Member States into national or local evidence based policies and measures.

Furthermore, concerns exist regarding the support for Reitox National Focal Points and their capacity to implement monitoring tasks agreed at EU level. A lack of adequate support may have already impacted and may impact the capacity of some National Focal Points to enhance dissemination of monitoring, research and evaluation results at national levels.

Internal and external factors that have hindered the effective implementation of the Strategy and Action Plan

The evaluation found that there were several developments that hindered the implementation of the Strategy and Action Plan. One of the most significant challenges has been the emergence of NPS, which are (partly) highly potent and therefore only in very small quantities dangerous for consumption, rendering detection difficult.

The increased presence of new technologies at all levels of the drug production, supply and distribution chains continues to cause challenges in effectiveness of policy and operational responses.

Diversification of the criminal activities carried out by OCGs that have increasingly moved into poly-criminality has highlighted the connection between emerging EU security challenges. For example, between 2013 and 2019 drugs trafficking has been detected together with illegal migrant smuggling.

Another important factor, which affected the effectiveness of the Strategy and Action Plans, could be the diverging viewpoints across Member States in terms of the debate surrounding legislation of therapeutic or recreational uses of cannabis.

One last external factor to consider, are the socio-economic developments across Member States. It was found that rising unemployment, especially among young people, combined with rising inequalities could be important factors to explain rising consumption.

5.4 Efficiency

Evaluation Question: To what extent have the Strategy and Action Plan achieved intended results in the most efficient manner?

Key findings:

- The lack of quantifiable data at national levels prevents making a sound assessment of the implementation costs for Member States brought by the Strategy. Furthermore, national financial estimates for the period of the 2017-2020 Action Plan are unavailable. However, the national budgets dedicated to drug-related policies have remained relatively stable in the majority of Member States over the period under evaluation, based on opinions of national stakeholders. Seven Member States have reported declining and insufficient funding for the drugs field. Factors that have contributed to a stagnation of national funds in the field of drugs include austerity programmes (in particular in the first half of the Strategy's timeframe), and competing priorities, especially in the security area, due to terrorism, cybercrime, higher defence expenditure, and also migration pressures.

- Although the allocation of public spending between demand and supply reduction measures varied across Member States, balance was often maintained in the range of 40/60% – 60/40%. This balance could also vary for the same Member State during different time periods since 2013.

- The EMCDDA, as reported by the Agency during this evaluation, has not been allocated sufficient resources in line with the obvious hike in the volume of work and the higher funds required to address the emerging new trends, such as new drugs and new consumption patterns.

- Europol has also reported as part of this evaluation that it has not been allocated sufficient resources to tackle new challenges in the field of drugs, such as emerging new supply channels and the ever-growing resources of organised criminal groups involved in drugs production and trafficking. Key indicators on supply reduction have not been achieved due to lack of sufficient resources to conduct large-scale investigations, including financial investigations.

- A best practice in terms of strengthening efficiency in this area has emerged on social reuse of confiscated assets associated with drug crimes allocated to fund drug demand and supply reduction measures.

The assessment of efficiency was particularly affected by the lack of available data. The scarcity of relevant empirical data regarding drugs policy related costs, along with the lack of granularity of the available data, made it difficult for the external contractor to carry out the analysis of the Strategy and Action Plan's efficiency.

The external consultant assessed four groups of costs related to the Strategy and Action Plan: (i) public expenditure on drug-related programmes by Member States; (ii) costs of key EU agencies in the field of drugs; (iii) costs of internal EU programmes (supporting actions within the EU); (iv) costs of external EU programmes (supporting actions outside of the EU). Where data was not available, the external contractor developed estimates and considered stakeholder opinions. For example, data on costs at the national level was based on estimates. For most Member States, these estimates were outdated, and no trending data was available. For two Member States, there were no estimates available at all. The main reason for the lack of exact data was that a large portion of the drug policy related expenditures are so-called 'unlabelled' expenditures, i.e. expenditures which are part of a broader area, e.g. public health, education, law enforcement, and others.

An additional challenge was the timing of the costs. The timeframe of national drug strategies and action plans do not always coincide with the timeframe of the Strategy. EU-funded external programmes were started prior to the launching of the Strategy or may continue to operate after 2020. These challenges made it impossible to conclusively quantify the costs incurred during the evaluation period as a result of the Strategy and Action Plan, and to establish the specific impact of the instruments.

There is no conclusive evidence that the results attributed to the Strategy and Action Plan have been achieved at either a reasonable or unreasonable cost. In terms of public expenditures by Member States, which represent the largest share of drug-related costs in the EU, estimates could only be made for 26 Member States based on mixed data from after and before 2013. Nevertheless, estimates of public expenditure, usually presented as a percent of GDP, seem to vary between 0.01% and 0.5% of GDP, with most Member States falling within the 0.02% to 0.3% range. This would seem to indicate that the scale of the costs that could be associated on account of the Strategy and Action Plan, appear to vary quite extensively. Levels of public spending on drug policy measures can be affected by austerity measures and changing priorities (e.g. due to economic slowdown or to security concerns triggered by the migration crisis and terrorist attacks). A significant reduction of public expenditure on drugs in a number of Member States was recorded especially in the timeframe covered by the first Action Plan under the Strategy.

Whilst it is impossible to quantify the impact of the Strategy and the Action Plan on national spending on drugs, the evaluation revealed that in Member States where drugs policies were considered to lack funding, the Strategy was used as a supporting tool by civil society organisations to justify the need for continued funding, often regarding drug demand related measures.

The distribution of public expenditure between demand and supply reduction efforts[56] varied across Member States. For most however, there seems to be a balance between

[56] National costs regarding the other three pillars in the Strategy could not be quantified per each pillar for each Member State as such costs were not made available. However, in many cases, the costs covering the other three pillars were often integrated under demand and supply reduction pillars.

spending on demand and supply reduction, in the range of 40/60% – 60/40%. The distribution of national funding for the same Member State can also vary in time with changing priorities.

At national level, seven Member States representatives indicated that resources were declining, while in twelve Member States drug-related resources were reported as stable, but there was no indication whether they were sufficient or not. Nevertheless, a best practice for funding has been identified where the entire amount of confiscated assets associated with drug crimes has been dedicated to drug-related actions for both demand and supply reduction.[57]

Among the key EU agencies responsible for a large portion of the actions in the Action Plan, namely EMCDDA, Europol and Eurojust, the evaluation raised the question whether the increased hike in the volume of work was in balance with sufficient resources, especially for the first two agencies. EMCDDA[58], Europol and CEPOL indicated they had not been allocated sufficient resources in line with the obvious hike in the volume of work and the higher funds required to address emerging new drugs, new supply channels and the seemingly ever-innovative OCGs involved in drugs production and trafficking. It was also indicated that public funding for Reitox National Focal Points[59] has been declining and was insufficient.

EU-funded programmes have to a great extent addressed the objectives of drug demand and supply reduction pillars. Within the timeframe of the Strategy, relevant projects related to demand and harm reduction were included for example under the Health and Justice programmes, the latter also funding projects related to coordination. Furthermore, projects in support of the supply reduction pillar were included under FP7, Horizon 2020 such as the ANITA project on advanced tools for fighting online illegal trafficking or the BorderSense project on border detection of illicit drugs and precursors by highly accurate electrosensors, and ISF Police such as MAOC-N or the Wastewater Analysis of Traces of illicit drug-related Chemicals for law enforcement and public Health..

The external EU-funded programmes implemented in the evaluation period included COPOLAD, the Cocaine Route Programme, CADAP 5 and 6, and the EU-Action against Drugs and Organised Crime (EU-ACT)-the former Heroin Route Programme. While all these interventions are fully in line with the objective to enhance international cooperation of the current Strategy and the Action Plans, most of them have been initiated before 2013.

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[57] For example in Spain, was reported that the entire amount of confiscated assets associated with drug crimes is allocated to drugs-related actions (70% to demand reduction and 30% to supply reduction measures).

[58] Based on the evaluation of the EMCDDA that concluded in May 2019 (SWD(2019) 174), the budget and number of staff of EMCDDA remained relatively stable from 2012-2017, while needing to respond to new challenges and an increasing volume of tasks. These challenges have so far been managed efficiently by the Agency, as concluded by the evaluation. However, this finding does not take into consideration the exponential increase in trends and threats in the drugs policy filed, as reported in the EU Drug Markets Report (November 2019 – by EMCDDA and Europol), and which the Agency, along with Europol and CEPOL, is thus also facing.

[59] Reitox National Focal Points are funded by Member States contributions, and in part by EU via the EMCDDA budget.

There have been no reports on wasteful or inappropriate use of funds dedicated to implementing the objectives of the Strategy and the Action Plan. Stakeholders and experts consulted did not raise concerns about inefficient use of resources in the drug field. However, the efficiency of EU-funded drugs-related development programmes in third countries and regions was questioned by a limited number of national level stakeholders, on grounds of lack of transparency on how much is spent in total for international cooperation, and what long-term benefits were observed for the EU from these programmes.

5.5 EU Added Value

Evaluation Question: To what extent have the Strategy and Action Plan achieved EU added value as opposed to what could have been achieved at either the national or the international level?

Key findings:

- The Strategy and Action Plan generated EU added value insofar as they achieved results that national or other EU initiatives would not have otherwise achieved.

- In a field that covers many different areas from health to security, and that has local to international impact, the Strategy is an example of a successful consensus building tool. It provided EU added value by creating a common ground (in the form of a conceptual and operational framework) to present the EU perspective of the drug phenomenon and the realm of values, priorities and actions in tackling drug related challenges faced by Member States. The Strategy also supported the monitoring of the drug field at EU level and exchanges of information among Member States and international partners.

- The Strategy and Action Plan played different roles for different stakeholders. At national level, they were used to align national strategies, action plans and other relevant national drug policy initiatives. For civil society organisations, the Strategy served as a tool and a reference to demand action at national levels where they deemed such action to be needed (e.g. funding for harm reduction or treatment).

- At EU level, the Strategy and Action Plan supported coordination mechanisms and EU level actions. It encouraged cross-border coordination and exchange of information and best practices among Member States and thus created economies of scale in terms of synergies and efficiencies (instead of each Member State using resources for similar or overlapping issues or objectives).

- The Strategy helped promote the EU approach to drugs policy with ‘one voice’ in international fora and with third countries.

- Many of the results of the Strategy and Action Plan would likely not have been achieved by Member States acting alone, in particular in terms of cross-border or international aspects. Where some national initiatives might have been able to achieve the same or at least similar results, this would only have likely been

achieved through longer, costlier and less well-articulated processes.

The Strategy and Action Plan, and indeed drugs policy, cover different areas from health to security that have local to international impact. The evaluation found that the Strategy is an example of a successful consensus building tool in this context. As a conceptual and operational framework, both the Strategy and Action Plan provided EU added value by creating a common ground to present the EU perspective of the drug phenomenon and the realm of values, priorities and actions in tackling drug related challenges faced by Member States. Among others, one stakeholder noted that the very existence of the Strategy was an inspiring example to other regions and countries in the world that a consensus can be reached on such complex and controversial issues as drug demand and supply reduction. The Strategy has served as a 'common political declaration on drugs policy', providing common ground and a reference document to represent EU's values and priorities as regards to drugs. Most stakeholders representing Member States shared this interpretation of the role of the Strategy: no Member State alone could deliver a common strategic framework for addressing the drugs phenomenon.

The impact on coordination was recognised as an EU added value. The expert workshop defined this as 'bridging' between Member States, between different levels of governance, and between researchers and civil society organisations. Specifically, the role that the Strategy and Action Plan played, differed among stakeholder groups. At national level, they were used to guide common priorities in the field of drugs, and align national strategies, action plans and other relevant drug policy documents. Overall, the Strategy contributed to a process of convergence of national strategies, while certain differences remain in the structure and scope of national strategies such as the inclusion of other addictions (e.g. tobacco, alcohol). For civil society organisations, the Strategy served as a tool and a reference to demand action at national levels where they deemed such action to be needed (e.g. funding for drugs harm reduction or treatment).

At EU level, the Strategy and Action Plan encouraged cross-border coordination, exchange of information and best practices among Member States and thus created economies of scale in terms of synergies and efficiencies as oppose to each Member States using resources for similar or overlapping issues or objectives. Based on stakeholder consultations and the country-specific data collected, the Strategy contributed to establishing a level playing field particularly in the three horizontal pillars, namely coordination, cooperation and information exchange, monitoring and evaluation, by allowing all Member States to take advantage of common information and institutional resources, and by being represented in international fora on drugs. Furthermore, the Strategy and the Action Plan prompted to a large extent actions which tackled significant transnational and cross-border aspects in a number of areas, including exchange of best practices in demand and harm reduction; coordinating activities targeting drugs trafficking and combating cross-border organised crime (including continued interventions in third countries and regions, such as Latin America, West Africa and Central Asia); cooperation in the area of identifying NPS through the Early Warning System and combating their production and trafficking. Several stakeholders noted that the drugs phenomenon, and in particular drugs trafficking, is international by nature, and it can only be tackled as a cross-border issue.

At the international level, the Strategy helped the EU to promote a balanced, integrated and evidence-based approach to drugs with 'one voice'. Examples of achievements delivered thanks to the Strategy and the Action Plan (as opposed to actions by Member States): supported the creation of the Early Warning Systems in third countries; the promotion of the EU's approach as part of the Outcome Document of UNGASS 2016 and its implementation, as well as the 2019 UN CND Ministerial Declaration, allowing the EU to 'speak with one voice' to influence policy developments in international fora; setting up of quality standards for drug treatment centres in CELAC countries, and preparation for the launch of new dialogues on Drugs with China and Iran, to be chaired by the European Commission.

Moreover, many of the results of the Strategy and Action Plan would likely not have been achieved by Member States acting alone, in particular at international level. Representatives of some Member States pointed out that due to the Strategy and the common EU position they can participate more actively in international dialogues. Where national initiatives might have been able to achieve the same or at least similar results, this would only have been achieved through longer, costlier and less well-articulated processes.

Through the Action Plans, the Strategy has been the impetus for a range of activities, many of which have become more consolidated over the years. At the same time, with the fast emergence of challenges and trends, new initiatives, sectoral and cross-sectoral, have been developed. That is why the evaluation assessed whether the outcomes of the Strategy could be sustainable. The analysis showed that for example, the Strategy as a common framework for elaborating the EU approach to drugs; EU-wide coordination; the created evidence base, updated regularly by the situational reports and other publications by EMCDDA, EUROPOL and other EU agencies; the visibility and recognition of the EU evidence-based, balanced and integrated approach to the drugs phenomenon among partners and regional and international organisations, could be considered sustainable outcomes. It should be noted however that all these benefits are sustainable only to a certain extent. They are still dependent on future resources.

The evaluation also identified several possible negative consequences for Member States in the absence of the Strategy and Action Plan. Negative effects would likely be mostly felt by Member States that have been using the instruments for guidance. Possible negative effects could include deviation from the balanced approach to the drugs phenomenon to polarize focus on law enforcement aspects or the opposite, on health related aspects, or in the case of austerity measures, cuts in available resources dedicated to drug demand or supply reduction measures could be more drastic and de-prioritisation of drug policy from the political agenda. The ability of Member States to enact appropriate measures would be limited. National stakeholders pointed out that one consequence would be the lack of the evidence base, which is currently provided within the framework of the Strategy. There would possibly be less cross-border coordination at EU level and among Member States. National stakeholders also pointed out that the benefits of information exchanges would be lost, and that countries would have to organise their own research and testing of solutions for issues that are common to many Member States. The most significant damage would be felt in the areas of international cooperation and monitoring and research. Stakeholders representatives of Member States, international organisations and of civil society organisations agreed that many of the results of the 2013-2019 period could not have been achieved without the Strategy and Action Plan.

6. CONCLUSIONS

The overall objective of the evaluation was to assess the implementation of the EU Drugs Strategy 2013-2020, and the EU Action Plan on Drugs 2017-2020 in terms of outputs, results and impacts. The evaluation considered their implementation in light of evaluation questions under the five mandatory evaluation criteria provided in the Commission's Better Regulation Guidelines (relevance, coherence, effectiveness, efficiency and EU added value).

The analytical framework that was developed in order to evaluate the Strategy and Action Plan was able to overcome a number of limitations, including: a limited baseline situation for 2013 to be used as a point of comparison; the limited data on drug policy related costs, especially at the national level, along with the lack of granularity of the data that was available; and the limited usefulness of drug supply indicators and the delay in their reporting. The solutions that were devised in order to overcome these limitations ensured that the data that was collected from a wide range of consulted stakeholders was of sound quality and provided a solid basis from which to answer the evaluation questions.

On the basis of the comparison that was made between the baseline situation (described in Section 2.3), the implementation state of play (in Section 3), and feedback from stakeholders, the evaluation found that:

- The evolving threat picture and context in which the Strategy and the Action Plan were adopted has changed considerably since 2013. In view of the fast evolving drugs phenomenon, as well as recent technological, societal, policy/political and environmental developments and the new and emerging challenges that they entail, the two instruments only have partial relevance.

- The Strategy and Action Plan appear to have remained broadly consistent with relevant European sectoral legislation as well as policy at international level. Several complementarities exist. However, the dynamic developments in the drugs situation since 2013 (e.g. the criminal patterns of OCGs, and new ways of drug consumption) have been weakening the coherence between the Strategy and the two major policy fields it covers, namely health and security.

- The Strategy and Action Plan have been only partially effective in achieving the two general policy objectives (drug demand and drug supply reduction). Meanwhile, because implementation of the actions under the cross-cutting themes made the most progress, the instruments have been closer to achieving their three general objectives (i.e. in terms of coordination, international cooperation, and information, research, monitoring, and evaluation). Generally speaking, it would seem that the Strategy did not make significant contributions towards achieving its planned overall impact to *ensure a high level of human health protection, social stability and security.*

- The evaluation found no conclusive evidence whether the results attributed to the Strategy and Action Plan have been achieved at a reasonable nor un-reasonable cost. The lack of available quantifiable data regarding drugs policy related costs, along with the lack of granularity of the data that was available, made it difficult to carry out a sound assessment of the efficiency of implementing the five general

objectives. EMCDDA, Europol and CEPOL indicated they had not been allocated sufficient resources in line with the hike in the volume of work precipitated by emerging new trends in the drugs situation. Further to the proportionality of allocated costs, civil society organisations used the Strategy to point out gaps in insufficiently funded measures at the national or regional level, and justify proposals for continued or increased funding.

- The Strategy and the Action Plan generated EU added value insofar as they achieved results that national or other EU initiatives would not have achieved. In particular, they established a common strategic framework for actions at the EU, national and regional levels, 'bridging' between Member States, and between different levels of governance. They encouraged cross-border coordination and exchange of information and evidence-based best practices among Member States and thus created economies of scale in terms of synergies and efficiencies (instead of each Member State using resources for similar or overlapping issues or objectives). The Strategy helped enhance the position of the EU Member States to promote the EU's approach as 'one voice', while providing a framework for engagement with third countries, including candidate and potential candidate countries, regions and international partners, and at multilateral level.

The evaluation makes clear that the Strategy, a central guiding model in EU drugs policy, has played an important role in bringing attention to a wide array of areas and needs related to drug demand and drug supply, and it sparked a considerable amount of progress aimed at enhancing coordination, strengthening international cooperation, and contributing to better dissemination of monitoring, research and evaluation results in the drugs field.

Even though overall, all areas addressed by the instruments remain pertinent, new trends and threats have emerged. Examples include the increased poly-criminality of OCGs and their adaptive and innovative *modus operandi*, the increased role of the EU as a producer and exporter, the increased levels of violence and corruption that enable the drug trade, the new patterns of drug consumption between young people and the aging population of drug users in Europe, as well as detrimental effects of the drugs phenomenon on the environment. The direct and indirect consequences of the drugs situation are becoming more complex and intertwined, extend across different sectors, go beyond Europe's borders, and need to be accounted for in addressing the level of health and security of Europeans in the years to come. This could mean closer synergies and further integration with EU level security challenges as well as relevant health-related topics to better achieve the Strategy's two policy general objectives and overall impact.

The evidence collected during the evaluation indicated that the lack of prioritization of the topics covered by the instruments, limits the value of the broad coverage of issues. From a practical perspective, prioritisation of actions has been seen as necessary in view of the limited resources available. Therefore, the structure of the Strategy and Action Plan could be overall revisited to be made more concrete and focused and in this way, accentuate the issues that should be prioritised according to current as well as fast-emerging needs. In this context, the Strategy's current lifespan of 8 years could be shifted to a shorter one, especially given the dynamic nature of the drugs policy area.

The consultations with stakeholders that were carried out as part of the evaluation suggest that there is continued support on the part of Member States and other stakeholders such as civil society organisations for strategic EU involvement in drugs

policy. While opinions on the matter varied, the outright discontinuation of the Strategy was seen by Member States and civil society as likely to have negative effects.

ANNEX I: INTERVENTION LOGIC TABLE

Intervention logic of the EU Drugs Strategy and consecutive Action Plans[60]

Needs: Prioritise and coordinate actions in the EU Member States to respond to the global drugs phenomenon - the supply and demand of illicit drugs

Other policies: UN Drugs Policy; EU policies and strategies in the areas of security, health, research, EU enlargement and neighborhood policy and external action cooperation; MS policies on drug supply and demand

General objectives	Specific objectives	Activities (Actions)	Outputs	Outcomes	Impacts	Overarching impacts
I. Drug demand reduction	1. Prevent drug use and delay the onset of drug use 2. Enhance the effectiveness of drug treatment and rehabilitation 3. Embed coordinated, best practice and quality approaches in drug demand reduction	•Improve availability and effectiveness and exchange of best practices of prevention and diversionary measures, incl. for specific groups •Awareness-raising and response to psychoactive substances •Develop and expand treatment, recovery and risk reduction services •Health care measures in prison •Implement EU minimum quality standards in demand reduction	•Evidence-based prevention and diversionary measures (universal and targeted) •Exchanges of best practices •Awareness raising activities •Initiatives targeting misuse of psychoactive medicines •Healthcare measures, treatment, recovery, rehabilitation and risk reduction •Implement EU minimum quality standards	•Enhanced effectiveness and quality of prevention measures •Reduction and delayed onset of drug use for mainstream and at risk population •Improved quality and effectiveness of treatment and rehabilitation measures	A reduction in drug use, drug dependences and in drug-related health and social harms	A higher degree of protection and improvement of the well-being of society and of the individual Better protected public health and a high level of security for the general public
II. Drug supply reduction	4. Enhance effective law enforcement coordination and cooperation within the EU to counter illicit drug activity 5. Enhance effective judicial cooperation and legislation within the EU 6. Respond effectively to current and emerging trends in illicit drug activity	•Utilise intelligence and information-sharing law enforcement instruments, channels and communication tools •Identify and priorise threats •Strengthen law enforcement capabilities to counter cross-border drug trafficking •Enhance EU judicial cooperation •Strengthen actions to prevent the diversion of drug precursors and pre-precursors	•Intelligence led activities •Threat assessments •EMPACT projects and bilateral and multilateral initiatives •Drug seizures and confiscations of proceeds •Trainings of law enforcement •Financial investigations •Mutual legal assistance requests	•Strengthened coordination and cooperation of law enforcement and judicial authorities at EU level •Enhanced capacity and capability of law enforcement and judicial authorities to counter illicit drug activity •Enhanced EU legislative measures •Response to trends in the drug market •More effective investigations and prosecutions	Disruption of illicit drug markets and reduction of drug supply.	
III. Coordination	7. Ensure effective EU coordination in the drugs field 8. Ensure effective coordination of drug-related policy at national level 9. Ensure the participation of civil society in drugs policy	•Information-sharing and coordination actions on EU coordination implemented by HDG, EU Presidencies and other relevant EU actors •Coordination actions at national and EU levels •Strengthen dialogue between civil society and EU and MS	•Meetings HDG and other relevant Council Working Parties •Meetings of National Drug Coordinators •Thematic debates and conferences •implementation of EU Drugs Strategy priorities across Presidencies	•Effective EU coordination in the drugs field within and amongst EU institutions •Effective coordination amongst national actors at national and EU levels •Increased dialogue and participation of civil society	Coordinated policies and active engagement actors at EU and national level and with civil society	
IV. International cooperation	10. Integrate the EU Drugs Strategy within the EU's overall foreign policy framework 11. Improve cohesiveness of EU approach and EU visibility in the United Nations 12. Support the process for acceding countries, candidate countries	•Coordination between internal and external policies •Strengthen capacity of EU delegations, promote alternative development and provide support to third countries, incl. civil society •Reinforce dialogue, cooperation and partnerships	•Meetings and conferences with third countries and international policymakers •Training and policy guidance provided to EU delegations •Agreements, strategy papers, action plans	•Integration of EU Drugs Strategy within overall foreign policy framework •Improved cohesiveness of the EU approach at international fora	Strengthened dialogue and cooperation between the EU and third countries and international organisations	
V. Information, research, monitoring	13. Ensure adequate investment in research, data collection, monitoring, evaluation and information exchange 14. Develop capacity of the EU's knowledge infrastructure 15. Enhance dissemination of monitoring, research and evaluation	•Finance research and studies and EU-supported projects •Evaluation of policies and interventions •Carry out analysis and information sharing •Provision of training •Forensic science •Monitoring and information exchange	•Studies and reports •Research projects •Grants and contracts •Training •Promotional events	•Adequate investment in research, data collection, monitoring, evaluation in the area of drugs policy •Enhanced status of EU's knowledge infrastructure in the area of drugs policy •Enhanced dissemination, montioring and research in the area of drugs policy	Better understanding of all aspects of drugs phenomenon and the impacts of interventions	

Inputs: Human and financial resources from key actors and bodies; Allocations through EU financial programmes and instruments (e.g. Health Programme 2014-2020, Justice Programme 2014-2020, Horizon 2020, Cocaine Route, European Neighborhood Instrument, etc)

Key actors and bodies: European Commission, European Council, MS, EMCDDA, EUROPOL, EUROJUST, CEPOL , Frontex.

External factors: Political factors within and external to the EU (changing political priorities, fragile states) Economic factors (illicit market trends) Social factors (social media) technological factors (new substance developments)

[60] See Annex 12 in ICF (2020), Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

ANNEX II: PROCEDURAL INFORMATION

1. Lead DG and Decide Planning

The Evaluation Roadmap for the initiative was published by DG Migration and Home Affairs (DG HOME) on the Commission's 'Have your say' webpage[61] in November 2018. The Terms of Reference for engaging a contractor to carry out the external study as part of the evaluation were drawn up starting later in the spring of the same year. A request for service was issued on 15 February 2019, and a contractor selected by an evaluation committee consisting of staff from DG HOME later during the spring.[62] The study commenced in June 2019 and ended in May 2020. The agenda planning (Decide) reference assigned to the evaluation is PLAN/2018/4584.

2. Organisation and timing

As per the Better Regulation Guidelines, an inter-service steering group was set up within the Commission to oversee the evaluation. Several Directorates-General (DGs) within the Commission[63] and the European External Action Service (EEAS) were invited to nominate representatives to the steering group.

The meetings of the steering group were chaired by DG Migration and Home Affairs (HOME). The steering group was regularly consulted over the course of the evaluation, typically in conjunction with the submission of specific draft reports by the contractor responsible for carrying out the external study. These consultations took place in the context of regular meetings, via email and telephone. The steering group was convened to meet at every milestone of the evaluation in order to receive information and provide feedback (meeting on the inception report in August 2019, meeting on the interim report in November 2019, and meeting on the final report in March 2020). Input on the draft reports and final report was also provided by email before and after the meeting.

The steering committee was also consulted and invited to provide feedback by email and telephone on relevant steps in the evaluation starting with the Terms of Reference for the external study; the Stakeholder Consultation Strategy which described how the Commission intended to consult with different stakeholder groups in the context of the evaluation; templates related to stakeholder consultation activities and other research tools (public consultation questionnaire, interview questionnaire, case studies templates). The steering group was consulted during the drafting of this staff working document. The

[61] The Roadmap is published via the following link: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/1980-Evaluation-of-the-EU-Drugs-Strategy-2013-2020

[62] The call for service was issued via framework contract HOME/2015/EVAL/02. Two contractors submitted bids to carry out the evaluation. The evaluation committee considered a number of criteria in selecting a winning bid, namely: compliance with the technical specifications described in the Terms of Reference; demonstrated understanding of the objectives and tasks; the quality of the preliminary assessment of difficulties and expected results; the quality of the proposed methodology; and the quality of the project management and team organisation. The Commission ultimately awarded the contract to ICF.

[63] The DGs invited to participate in the steering group included: the Secretariat-General of the Commission (SG); Legal Service (LS); Human Resources (HR); Budget (BUDG); Justice and Consumers (JUST); International Cooperation and Development (DEVCO); Mobility and Transport (MOVE); Internal Market, Industry, Entrepreneurship and SMEs (GROW); Taxation and Customs Union (TAXUD); Health and Food Safety (SANTE); Neighbourhood and Enlargement Negotiations (NEAR); Maritime Affairs and Fisheries (MARE); Trade (TRADE); Agriculture and Rural Development (AGRI); Research and Innovation (RTD); and the Joint Research Centre (JRC).

evaluation was extended given the fact that the public consultation was launched later than initially anticipated. This decision was made out of respect for the Better Regulation Guidelines and in order to allow the contractor adequate time to account for all responses to the Consultation (which ended on 4 February 2020. In practical terms, this led to the postponement of the delivery of the contractor's draft Final Report in March 2020 and Final Report in May 2020.

3. Exceptions from the Better Regulation Guidelines

In conducting the evaluation, no exceptions from the usual procedural requirements described in the Better Regulation Guidelines were required.

4. Evidence, sources and quality

The evaluation drew on different types of documents at EU, international and national level, respectively. Documents at the EU level provided indications as to the nature and scope of EU policy in the field of drugs and organised crime, as well as security, health, precursors and cooperation. Particular attention was paid to relevant legislation, other initiatives and developments in the sectors covered by the Strategy. At international level, documents were reviewed describing international initiatives and developments relating to drugs policy and those where the EU has influence. Finally, at the national level, documents of relevance included national drug strategies, action plans and legislative measures that in one way or another were relevant to the EU approach to drugs as illustrated by the Strategy or relevant in implementing the actions contained in the Action Plan.

In addition to the review of relevant documents, the evaluation also relied on extensive consultations with a wide range of stakeholders. These consultations served as opportunities to collect new data, fill gaps or confirm the validity of already collected data. Additional information concerning the stakeholder consultations is provided in Annex III.

5. External expertise

The evaluation drew on a number of external experts. Besides subject matter experts at Member State level, civil society were also consulted along with international organisations. Some of the respondents to the public consultation also possessed expert competence.

ANNEX III: SYNOPSIS REPORT OF THE STAKEHOLDER CONSULTATION

1. Introduction

1.1 Overview of stakeholder consultations

A broad range of stakeholder consultations were carried out as part of the evaluation of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020. The aim of the consultations was to gather different views that could be useful in answering the evaluation questions concerning the relevance, coherence, effectiveness, efficiency and EU added value of the instruments.

This synopsis report aims to describe and summarise the consultation activities carried out during the evaluation period and the results.

1.2 Methodology

The evaluation involved a number of different types of broad-based and targeted consultations on the implementation of the instruments as part of the evaluation itself. However, no input was received on the Evaluation Roadmap.

The nature and scope of the consultations were guided by a Stakeholder Consultation Strategy, which was approved by an inter-service steering group established by the Commission to oversee the evaluation. The Consultation Strategy served to identify key stakeholder groups within a consultation methodology developed to most effectively reach these different groups.

Specific details concerning the methodology used in consulting different stakeholders at different points during the evaluation are provided in subsequent sections, along with the results and findings.

1.3 Consulted stakeholder groups

The key stakeholder groups identified in the Stakeholder Consultation Strategy include: Member States competent authorities at the national, regional and local levels; civil society organisations including those that are members of the Civil Society Forum on Drugs; academia and researchers; practitioners involved in the drugs or health policy fields; chemical and medical industry representatives; the general public; and, the relevant Directorates-General within the Commission, EU agencies and the European External Action Service (EEAS). International organisations and relevant stakeholders from third countries were also consulted when looking at the international cooperation pillar of the Strategy. (See Table 3 that shows how many and what type of stakeholders were reached through main consultation tools). All stakeholder groups were contacted and consulted. In addition, the external consultant contacted multiple times pharmaceutical industry representatives with requests for an interview but received no response.

Table 3. Overview of consulted stakeholders[64]

	Interviews[65]	Public Consultation	Online survey	Workshop with civil society
Horizontal Working Group on Drugs (HDG)/National Drug Coordinators (NDC)[66]	43		9	
Other national authorities[67]	23		8	
EU Agencies	6			
EU Inst. & EEAS	15		10	
EU-funded programme	5		5	
Civil Society Orgs.[68]	9	51		10
Chemical and pharmaceutical industry	2	1		
Int. organisations	9			
Academic/research institutions		18		
Business association		3		
Consumer organisation		4		
EU Citizens		378		
Non-EU Citizens		2		
Public authorities		34		
Other		13		
TOTAL	112	504	39	10

[64] ICF (2020). Evaluation study of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020.

[65] This column also includes the interviews conducted for the case studies. The figures reflect the number of interviews and not the number of people interviewed. In some cases, several representatives were interviewed within the same interview.

[66] HDG representatives and NDCs are in some cases the same person. They were interviewed once and their views from the two points of view were gathered in the same interview.

[67] In support of the preparation of eight country case studies, additional national authorities were consulted via interviews. These included law enforcement authorities, prison authorities and civil society.

[68] Different types of civil society organisations were consulted during the interview process including representatives of drug users (general drug users, women drug users and recreational drug users), an NGO representing professionals working to provide healthcare to drug users, an NGO representing young people with drug addiction and an NGO representing a network of NGOs advocating for better drug policies.

2. Targeted stakeholder consultations

2.1 Consultation methods/tools

Online survey: The online survey was launched on 18 December 2019 via the European Commission's EU Survey platform, and it closed on the 4 February 2020. This survey complemented the PC, further focussing on questions about relevance, coherence, effectiveness and EU added value. It targeted four types of stakeholders: (1) Reitox National Focal Points (NFP), (2) Regional and local authorities in the field of drugs, (3) EU Delegations, and (4) Project beneficiaries of EU-funds (e.g. H2020, FP7, DPIP Justice Programme). The survey received 39 responses.

Interviews: As outlined in Table 3, the external consultant carried out interviews with 112 key stakeholders (138 stakeholder representatives in total) at EU, national and international level. These interviews were conducted face-to-face or by phone, depending on the location and availability of the interviewees, and covered all evaluation criteria. For 22 interview requests across stakeholder groups the external consultant either received a rejection or no response.

The figures in Table 3 also include interviews conducted regarding the eight country case studies, namely Bulgaria, Estonia, Finland, France, Germany, Netherlands, Poland and Spain. The country case study interviews focussed on the implementation of selected actions of the Action Plan, namely prevention and awareness raising (actions 1, 2 and 4), drug treatment and rehabilitation (actions 6, 7 and 9), drug supply reduction (actions 14, 15 and 16) and coordination (action 30). The same questionnaire was used across all interviews with Member States representatives. Interviews were conducted with 14 HDG/NDC representatives, 4 law enforcement representatives, 4 penitentiary authorities and 2 relevant Ministry of Justice representatives.

Workshop with civil society stakeholders: A workshop was held with the Civil Society Forum on Drugs (CSFD) on 5 December 2019. The goal of the workshop was to capture the expertise, perspective and level of involvement of civil society organisations regarding implementation and monitoring of the Strategy and Action Plan. The workshop was attended by 10 participants and lasted 2.5 hours with one 10-minute break. The 10 participants represented a range of civil society, either operating at the EU, international level or from Member States: Spain, Hungary, France and Czechia. The participating civil society organisations represented the interests of youth, AIDS-patients and others covering drugs in their wider work on human rights and working with vulnerable people. This was complemented by aforementioned one-on-one interviews with civil society and a position paper sent by the CSFD to the external consultant.

Expert meeting: The external consultant convened an expert validation meeting with four academic experts and two representatives of the European Commission. The meeting was held on 20 February 2020 on ICF premises and was organised to discuss the preliminary conclusions and findings of the external study.

2.2 Findings

2.2.1 The European Commission, the European External Action Service, and EU Agencies

A total of 26 stakeholders representing different Directorate General (DGs) within the European Commission, the European External Action Service, EU-funded projects and programmes (CRIMJUST, CADAP, Cocaine Route programme, COPOLAD I and II) and EU Agencies and bodies (EMCDDA, Europol, MAOC-N, CEPOL, Frontex, EMA and CHAFEA) were consulted as part of the assessment through interviews and the online survey.

Relevance: Through the interviews, the majority of EU stakeholders highlighted that the Strategy and Action Plan contributed to improved coordination by solidifying a platform to discuss common problems and a convergence in a European approach on drugs. EU stakeholders agreed that the Strategy and Action Plan are relevant documents in guiding Member States, especially smaller ones, and avoiding duplication and inconsistencies across work on drugs. This stakeholder group stressed that the promotion of a balanced approach to drug demand and supply reduction was a highly relevant aspect of the Strategy.

Coherence: Most stakeholders specified that the Strategy is reasonably well connected with EU strategic planning tools such as the EU policy cycle. EU stakeholders however highlighted some room for improvement with coherence with EU strategies on health and security, such as by including direct links and cross-references. Here, stakeholders also highlighted that there could be further coherence between the work of the HDG and other Council Working Parties.

Effectiveness: EU stakeholders agreed that the Strategy prompted coordination and cooperation between EU actors. Here, stakeholders underlined that the Strategy has been most effective in bringing together relevant stakeholders at the EU, Member State and civil society levels and fostering consensus-building and trust. Additionally, EU stakeholders noted that the Strategy has been effective in making the European approach on drugs visible and a leading example on the international stage. Nonetheless, stakeholders highlighted the fragmented implementation across Member States and that not enough scientific research is being used to detect new substances.

EU Added Value for EU stakeholders was the Strategy's ability to fine-tune a European approach to drugs policy, which brought cohesion across the EU but also made the EU position at the UN and with third countries clear. Indeed, EU stakeholders underlined that drugs is a cross-border issue, thus one that Member States cannot tackle alone and warrants EU-level strategic direction. Another added value of the Strategy suggested by EU stakeholders was that it has prompted debates in certain countries that may not have arisen if it were not for the cooperation with other Member States.

2.2.2 Member States

Stakeholders at the Member State level were consulted through interviews, the online survey, and the public consultation. The three main groups at Member State level that were the subject of targeted consultations included: National Drug Coordinators (NDCs), Reitox NFPs, and national and regional authorities.

Relevance: Interviews with Member State authorities outlined that the Strategy and Action Plan were relevant documents, in their acknowledgement that the drug phenomenon is a cross-border issue that requires a multidisciplinary response. Interviewees also argued that the documents continue to satisfy the need for streamlining drug policy across Member States. National authorities pointed out that the Strategy is

comprehensive and broad, yet its long-time span of seven years means it does not reflect the rapidly evolving drug markets. Stakeholders highlighted trends in the field of drugs that need to be addressed such as darknet, cryptocurrencies and access to information and treatment for migrant populations. The Strategy and the Action Plan are perceived as highly relevant by respondents to the online survey. A majority of this stakeholder group report that the Strategy and the Action Plan addressed the needs of their organisation to some or to a great extent. Almost all NFPs and authorities answered that there were no other needs and challenges that have not been addressed in the Strategy.

Coherence: Interviews with national stakeholders revealed differing patterns of coherence across Member States. Indeed, whilst some Member States used the Strategy and Action Plan to formulate their own national drug policy documents, others chose to create national strategies that significantly diverge from them. Additionally, some national stakeholders revealed that they feel their national strategies go beyond the Strategy. Notwithstanding, Member States highlighted the value of coherence in research efforts brought by the Strategy.

Effectiveness: Interviews with national authorities reflected a heterogeneous picture of effectiveness of the Strategy and Action Plan across the EU Member States. The majority of stakeholders highlighted that legislation on NPS, the HDG and dialogues with third countries were particularly successful elements of the Strategy. Indeed, national authorities emphasised that the strategic documents significantly improved coordination and cooperation between EU Member States, not only through the HDG but also bolstering other avenues of communication such as the EMCDDA, Reitox and other networks. Internal coordination was not as successful in all Member States, as stakeholders underlined that for some Member States this was far easier to implement than others due to their institutional structures.

Efficiency: National authorities had differing accounts of financial and human resources in their respective Member States on drugs policy. Most national authorities underlined that exact figures were difficult to obtain, especially for Member States with federal structures. Some national stakeholders argued they would like the EU to provide guidance on distribution of financial and human resources for specific actions in the Action Plan.

EU Added Value: National stakeholders agreed that the documents facilitated cooperation between Member States on cross-border issues, especially on the issue of NPS. The interviews also revealed that the documents were instrumental in facilitating dialogues with third countries. National stakeholders also pointed out that the Strategy has built a framework for consensus-building, facilitating exchange of best practices and information-sharing.

A majority of respondents to the online survey agree or strongly agree with the statements that the Strategy and Action Plan have had a positive impact on national and regional actions of Member States in the field of illicit drugs and on national drug strategies and action plans of candidate and neighbouring countries. A short majority of respondents agree or strongly agree that the Strategy and the Action Plan have had a positive impact on national drug strategies and action plans of other third countries.

2.2.3 Civil society organisations

Civil society stakeholders were consulted through interviews, the public consultation and a dedicated workshop. The nine stakeholders interviewed represented different relevant areas and target populations in drugs policy, including drug users, youth, addiction, human rights and public health.

Regarding **relevance**, civil society representatives underlined that they would like to see health and social inclusion initiatives as higher priorities. Civil society representatives nonetheless underlined that the Strategy and Action Plan have been vital, but could do more to promote the voices of drug users.

Coherence: Civil society stakeholders agreed that achieving policy coherence in both internal and external aspects of EU drugs policy has been successful while noting that more can be done to ensure the balanced approach to drug demand and supply reduction in relation to Member State and EU budgets.

Effectiveness: Interviews revealed that coordination and the inclusion of civil society in policy debates has significantly improved. Stakeholders also underlined that the Strategy has been key in improving research in the field of drugs, making the EU a leading example. It was however highlighted the need for more emphasis on alternatives to coercive sanctions in future strategic documents.

EU added value: Stakeholders argued that the Strategy is a useful document for non-governmental and civil society organisations across the EU to argue for issues mentioned above.

2.2.4 Civil Society Forum on Drugs

In addition to the targeted interviews with civil society representatives, ten CSFD representatives were consulted to deepen understanding of civil society involvement in EU drugs policy in a workshop. Additionally, the CSFD also submitted a position paper.

Relevance: Throughout the workshop and position paper, CSFD representatives highlighted that whilst the need for the Strategy has not changed, the possible future strategic document should include more links to other EU policy aspects (health, gender, security, development, human rights) and should strongly promote civil society engagement in policy design, implementation and monitoring. CSFD representatives also underlined the necessity of a more meaningful engagement with civil society representing drug users. Throughout the workshop, participants underlined the improved cooperation between NGOs and the EU, the Strategy as a strong advocacy tool and its positive higher emphasis on harm reduction.

Effectiveness: CSFD representatives highlighted the varying levels of inclusion of civil society in the policymaking process at EU level. Workshop participants emphasised that the Strategy and Action Plan formalised cooperation between civil society and policymakers and acted as effective tools for civil society to advocate at national level for the EU approach on drugs policy. Moreover, participants underlined that potential improvements to amplify the documents' effectiveness include a more comprehensive understanding of drug demand reduction, especially of vulnerable groups to target for harm reduction measures.

On **efficiency**, CSFD representatives shed light on budget cuts to harm reduction services in several Member States and alerted to ensure that EU funds will remain available to NGOs working in the field of demand reduction.

EU Added Value: Consultations with the CSFD revealed that stakeholders believe the Strategy and Action Plan significantly improved coordination between EU, national and civil society stakeholders. The CSFD argued that without the Strategy, drugs policy across the EU, and globally due to the EU's influence in the UNGASS document, would be less focussed on evidence, data collection, human rights and health.

2.2.5 International organisations and bodies

A total of nine stakeholders representing different international organisations and bodies (UNAIDS, UNODC, WHO, CICAD, Interpol, African Union and Pompidou Group) were consulted as part of the study through targeted interviews, two of which (UNODC and WHO) also submitted position papers to consolidate their contribution to the study.

Relevance: Stakeholders from international organisations agreed that the Strategy and Action Plan recognise the importance of shared responsibility over the drug problem. The position papers submitted as part of the PC underlined other aspects to focus on, including incorporating a gender-sensitive and environmental dimension and a larger focus on cooperation with third countries, particularly suggesting the concrete involvement of African, Caribbean and Pacific states.

Coherence: International stakeholders argued that the Strategy and Action Plan fit well in the EU and international landscape, showing strong coherence with the African Union Action Plan on Drugs and the Pompidou Group and UN's work. However, the position papers emphasised how a larger focus on human rights could be included, such as by ensuring compliance of treatment services for drug use disorders with human rights obligations.

Effectiveness: International stakeholders underlined the significance of the Strategy in its impact on the UNGASS document and honing a 'European approach' on drugs policy, recognised internationally. However, stakeholders noted that its impact whilst felt very significant in Latin American countries, is limited across the African continent. Additionally, the two position papers submitted by UN Agencies included recommendations with regards to effectiveness, including for demand reduction to include gender-inclusive targeted prevention campaigns, the removal of barriers to accessing harm reduction and health services such as discrimination and stigma. Additionally, regarding supply reduction, the position papers suggested that success should be measured in amount of dismantled drug trafficking groups and transnational organised criminal groups, rather than drugs seized.

EU-added value: Interviews with international stakeholders revealed that the Strategy and Action Plan facilitate high-level dialogue with the EU due to the more homogenised approach to drugs policy across Member States. Stakeholders also underlined that a lot of the progress seen on synthetic drugs and opioids comes from the EU's strong work on the matter, showing the EU's leading work on drugs. Indeed, stakeholders claimed that other regions also consult the Strategy as a guiding policy document.

2.2.6 Academic experts

The expert workshop included consultation with four academic experts for validation of the research conducted by the external consultant and expertise on recommendations.

Coherence: The academic experts underlined the necessity for a more structural connection between the Pompidou Group and the HDG. Additionally, participants of the expert meetings underlined that the tasks of the Pompidou Group in comparison to those of EU bodies in the field should be clarified.

Regarding **effectiveness**, the academic experts underlined that there could be better, more concrete and measurable indicators, especially on the supply side. Additionally, the academic experts underlined that some clarifications should be made such as: there is not one but many drug markets with varying internal and external dynamics. Also, more focus is needed on registration and reporting of drug law offences, with a stronger differentiation between drug supply and demand by law enforcement authorities. Lastly, the academic expert meeting included discussions on including a better overview of national and EU-level funding, a lower threshold for civil society for EU funding, and a roadmap for the dissemination of data and research.

Efficiency: Throughout the academic expert meeting, participants highlighted the difficulties in assessing efficiency, for example, due to the challenges faced by those collecting data on drugs-related budgets, the limitations of only using ear-marked data when analysing efficiency and the lack of impact studies.

2.2.7 Chemical and pharmaceutical industries

Consultations with chemical and pharmaceutical industries consisted of targeted interviews with two stakeholders and contributions to the public consultation. The smaller number of stakeholders interviewed has resulted in a more concise consultation synopsis than for other stakeholder groups.

Industry representatives focussed primarily on the Strategy's work on drug precursors, arguing that this is very relevant to their work and has led effective cross-EU work on the issue. Additionally, stakeholders underlined the need for opioid use disorder to be recognised as a medical condition.

Moreover, regarding **coherence**, industry representatives argued that the EU's work on drug precursors as outlined in the Strategy, strengthened and complemented their work.

On **EU-added value** industry stakeholders argued that the documents helped homogenise EU approaches to drug precursors, which is especially useful for multinational companies dealing with multiple Member States.

3. Public consultation

3.1 Summary

The public consultation was open to all citizens and stakeholders, and collected views covering four of the five evaluation criteria, namely effectiveness, coherence, relevance and EU added value. It was launched online on 12 November 2019 and was open for 12 weeks until 4 February 2020. It was published on the European Commission's 'Have your say' webpage and was available in all official languages of the EU. It received contributions from 504 respondents, ranging from private individuals to representatives

of NGOs and public authorities. Additionally, three position papers were submitted to the Commission as part of the PC from international and industry stakeholders.

Of the 378 responses submitted by EU citizens, 287 (76%) were submitted by German citizens, with similar responses pointing to the legalisation of the use of cannabis. Almost all of these responses (267 or 93%) were submitted in three days of each other between 14-16 January 2020. Prior to that date, there were only two responses from German citizens. This suggests that it is likely that the participation in the PC from this group was inspired by a local campaign to legalise the use of cannabis. As these replies were similar but not identical, they were nonetheless included in the analysis of the PC.

The findings of the public consultation should be taken into consideration within the limitation that the majority of respondents indicated that they do not have detailed knowledge of the Strategy nor the Action Plan.

3.2 Findings

Overall, the respondents to the PC found the Strategy to be limited in **relevance**. The dominant opinion was that the Strategy addresses only to some extent or does not address at all the ten challenges and needs identified in Strategy. Only a minority of respondents indicated that the Strategy has addressed to a great extent seven of the ten challenges and needs. About half of the respondents said that there are other drug-related challenges that their organisation/Member State are facing that are not reflected in the current Strategy. Other challenges mentioned include the need for a greater focus on harm reduction among drug users, the need to react faster to new synthetic drugs coming to the market, and the effects of the criminalisation of cannabis.

In contrast to the aggregate results, public authorities and academic institutions contributing to the PC found the Strategy to be highly relevant.

Coherence: A greater share of respondents to the PC disagrees than agrees with the statements that the Strategy complements the actions of national initiatives in the respondent's Member State, the actions of other EU-level programmes and initiatives, and EU external actions. Public authorities, NGOs and academic institutions have a more positive outlook on the complementarity of the Strategy than EU citizens. National ministries and authorities have a more positive outlook on the complementarity of the Strategy than regional authorities. A greater share of respondents agrees that there is overlap with the objectives of national instruments and programmes (34%) and the objectives of other EU-level instruments and programmes (24%). About a third of respondents tend to agree that the objectives and activities of the Strategy are in line with the drugs related objectives and activities of EMCDDA, Europol and the ECDC. Opinion is almost equally split on the alignment of the Strategy with the EMA. International stakeholders in a position paper submitted to the PC emphasised how the future EU strategic document on drugs must place a larger focus on human rights.

As for **effectiveness**, the majority of respondents to the PC disagree that the five key objectives of the Strategy have been achieved. Only a minority of respondents agree or strongly agree that the implementation of the Action Plan has contributed to its 15 objectives.

Efficiency: About half of the respondents to the PC disagree or strongly disagree with the statements that the Strategy and the Action Plan provided for adequate distribution of

funding for activities in the field of drugs and drugs addictions at national level and that considering the costs of the actions and the archived results, the benefits outweigh the costs. A short majority disagree or strongly disagree with the statement that the activities outlined in the Strategy and its Action Plan in the field of drugs and drug addictions received sufficient funding. International stakeholders in the position papers submitted to the PC also underlined that the EU must ensure a drugs responsive and cost-efficient budgeting for internal and external actions in the next EU budgetary cycle.

EU Added Value: A majority of respondents indicate that the Strategy and the Action Plan did not contribute to providing effective EU response to drugs challenges. At the same time, however, large majorities of respondents tend to agree that EU support is required to encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at the EU and international level, to further strengthen dialogue and cooperation between the EU and third countries, international organisations and fora on drugs issues, and to achieve better dissemination of monitoring, research and assessment results and a better understanding of all aspects of illicit drugs. In contrast to the aggregate results, greater shares of public authorities, NGOs and academic institutions tend to see more EU added value.

4. Conclusions based on the outcomes of the consultations

The findings from the targeted consultation activities demonstrate that stakeholders who are closely involved with the Strategy and the Action Plan (i.e. EU and national public authorities, relevant civil society groups and industries) find the EU policy documents to be relevant, coherent with other EU and MS level legislation and initiatives, effective and efficient. The Strategy helped avoid duplication and inconsistencies, was effective in making the European approach on drugs visible and a leading example internationally, and improved coordination and cooperation between EU Member States. The key EU added value of the Strategy is the promotion of cooperation between Member States on cross-border issues, especially on the issue of new psychoactive substances and the framework created for consensus-building, facilitating best practice and information-sharing. Some of the negative feedback received related to for example, the lack of financial and human resources to implement the Strategy.

In contrast, the findings from the public consultation – open to a broader set of stakeholders – were less positive. The majority of respondents did not find the Strategy and the Action Plan relevant, effective, efficient and coherent. It should be noted, however, that the majority of respondents indicated that they do not have detailed knowledge of the instruments.

5. Feedback to stakeholders

The Commission is involved in a number of activities aimed at providing feedback to the stakeholders that were consulted as part of the evaluation. One of the primary target groups is the Member States representatives. The contractor responsible for carrying out the external study provided a summary of their findings for example regarding the country fiches and case studies, to which the Member States representatives were offered the opportunity to respond. Other follow-up activities may be organised by other Directorates-General within the Commission, as well as the relevant networks. Furthermore, a Synopsys Report of the responses to the public consultation will be published on the Commission's website.

ANNEX IV: METHODS AND ANALYTICAL TOOLS

In this annex, the methods and sources that were drawn upon in carrying out the evaluation are described, as well as the limitations that were encountered.

A range of methodological tools and techniques were included in the analytical framework that were developed during the preparatory phase of the study. This contained both desk and field research involving interviews, online surveys, workshops, and case studies targeting a wide range of stakeholders. The external consultant also made use of the results of the public consultation, which was open from 12 November 2019 until 4 February 2020.

The field research is described in detail in Annex III. It should be noted that limitations related to data collection have already been detailed in section 4.2 Limitations and robustness of findings.

Desk research

As part of the desk research, a systematic mapping, collection and analysis of relevant sources was carried out, including academic literature, and policy, legislative and other documents published at EU, national and international level. The relevant sources for the evaluation were classified as follows:

- EU policy documents;
- EU legislative documents;
- EU reports and communications;
- National drugs strategies and action plans and other documents;
- International reports;
- Web-based sources;
- Academic publications.

Additionally, a briefing note from the EMCDDA (referred to as the 'EMCDDA contribution') was developed by the Agency for the purpose of the evaluation, 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.

Generally speaking, much of the desk research described above was completed at the first stage of the evaluation. The review of pertinent sources enabled the extraction of all the relevant evidence for each of the evaluation questions (which has been triangulated with the data collected through field research in order to answer the evaluation questions, which finally, are listed in Annex V).

ANNEX V: EVALUATION CRITERIA AND QUESTIONS

In accordance with the Commission's Better Regulation Guidelines, the evaluation's overall objective was to assess the relevance, coherence, effectiveness, efficiency and EU added value of the Strategy and Action Plan in EU-28. International aspects relevant to the EU and covered by the Strategy and Action Plan were also evaluated. In achieving this aim, a number of specific evaluation questions related to the different evaluation criteria were developed and are listed below. For clarity and simplicity, the evaluation questions were grouped together under each criteria in the analysis section (see section 5 Analysis and answers to the evaluation questions).

Evaluation question on effectiveness: To what extent have the Strategy and Action Plan been effective in delivering intended results?

EQ[69] 1. To what extent have the general objectives of the EU Drugs Strategy and the EU Action Plan on Drugs 2017-2020 been met? To what extent is the progress/ lack of progress towards the general objectives linked to the strategy?

EQ 2. To what extent have the operational and specific objectives of the Strategy and the Action Plan been met in the five pillars? In particular, what have been the results and impacts (both quantitative and qualitative) of the actions on drug demand reduction, drug supply reduction, coordination, international cooperation and information, research, monitoring and evaluation?

EQ 3. What factors have hindered and facilitated the achievement of the Strategy and Action Plan objectives? What was the influence of external factors on the effectiveness of the implementation?

Evaluation question on efficiency: To what extent have the Strategy and Action Plan achieved intended results in the most efficient manner?

EQ 4. What are the benefits of the EU Drugs Strategy and the Action Plan on Drugs 2017-2020 and costs generated? To what extent have they been cost-effective?

EQ 5. What are the factors that have influenced the efficiency of the Strategy and the Action Plan?

EQ 6. To what extent have the Strategy and the Action Plan had an impact on the Member States' budgetary resources and to what extent are these costs proportionate given the associated benefits?

EQ 7. To what extent have the resources allocated throughout the years been relevant for reaching the general objectives of the Strategy and the Action Plan?

EQ 8. Could the results delivered through the implementation of the Strategy and Action Plan have been achieved with less EU and/or national funding?

[69] EQ refers to Evaluation Question.

Evaluation question on relevance: To what extent are the Strategy and Action Plan relevant in view of current and future needs/challenges?

EQ 9. To what extent has the EU Drugs Strategy and the Action Plan on Drugs 2017-2020 been relevant in view of the EU needs/challenges and is it still relevant in view of current needs and challenges, and likely future needs?

EQ 10. To what extent has the Strategy and the Action Plan been relevant in view of specific needs of stakeholders, in particular Member States and civil society?

Evaluation question on coherence: To what extent are the Strategy and Action Plan coherent and complementary to other relevant policy interventions at Member State, EU, and international level?

EQ 11. To what extent are the objectives and activities determined by the EU Drugs Strategy and the Action Plan on Drugs 2017-2020 coherent with other relevant EU policy developments and interventions in the EU as well as candidate and neighbouring countries?

EQ 12. To what extent are the objectives and activities determined by the Strategy and the Action Plan coherent with the objectives and activities of the relevant EU Agencies? Are there any overlaps and synergies between the Strategy and Action Plan with the objectives and activities of these relevant EU Agencies?

EQ 13. To what extent are the objectives and activities determined by the Strategy and the Action Plan coherent with and complementary to the objectives and activities of the Member States?

EQ 14. To what extent are the objectives and activities determined by the Strategy and the Action Plan coherent with and complementary to relevant international policy developments?

EQ 15. To what extent have the Strategy and Action Plan allocated the tasks in accordance with the responsibility at the appropriate governance level (e.g. EU, national, local and regional levels)?

Evaluation question on EU added value: To what extent have the Strategy and Action Plan achieved EU added value as opposed to what could have been achieved at either the national or the international level?

EQ 16. What is the European added value of the EU Drugs Strategy and the Action Plan on Drugs 2017-2020?

EQ 17. To what extent are the outcomes of the Strategy and the Action Plan sustainable?

EQ 18. What would be the most likely consequences of not having an EU-wide Drugs Strategy and Action Plan on Drugs?

EQ 19. In case the initial problem and its causes (e.g. negative externalities, spill-over effects) varied across the national, regional and local levels, did the EU level action help establishing a level playing field?

EQ 20. To what extent have the Strategy and Action Plan tackled significant/appreciable transnational/cross-border aspects?

EQ 21. Was the initial problem tackled with the Strategy and Action Plan widespread across the EU or limited to a few Member States?