EVALUATION AND FITNESS CHECK (FC) ROADMAP			
TITLE OF THE EVALUATION/FC	Mid-term evaluation of the EU Drugs Strategy 2013-2020 and final evaluation of the Action Plan on Drugs 2013-2016		
LEAD DG – RESPONSIBLE UNIT	DG HOME – D4	**DATE OF THIS ROADMAP**	06 / 2015
TYPE OF EVALUATION	Evaluation Interim/Final Mixed	**PLANNED START DATE** **PLANNED COMPLETION DATE**	07 / 2015 11 / 2016
		PLANNING CALENDAR	http://ec.europa.eu/smart-regulation/evaluation/index_en.htm
This indicative roadmap is provided for information purposes only and is subject to change.			

A. Purpose

(A.1) Purpose

This evaluation will allow assessing the status of the implementation of the Drugs Strategy 2013-2020, as well as of the Action Plan 2013-2016 in terms of both outputs and impact of these outputs. It will look at the effectiveness, efficiency, relevance and coherence of the actions undertaken on basis of the Action Plan, as well as at the achieved EU added-value. The evaluation will contribute to ensuring that the objectives of the EU Drugs Strategy are achieved by 2020, by highlighting the areas where progress has been achieved and those where efforts have not yet been sufficient. The outcome of the evaluation will also contribute to the decision whether the Commission will propose a new Action Plan to cover the period 2017-2020.

(A.2) Justification

The EU Drugs Strategy 2013-2020 (Council Recommendation, OJ C 402, 29.12.2012, p. 1) foresees in paragraph 14 that: "The Commission, taking into account information provided by the Member States and available from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol, other relevant EU institutions and bodies and civil society, will initiate an external midterm assessment of the Strategy by 2016, in view of preparing a second Action Plan for the period 2017-20."

B. Content and subject of the evaluation

(B.1) Subject area

Drugs are a complex social and health problem that affects millions of people in the EU and globally.

Every year 6.100 individuals die in the EU because of drug overdose. 1.700 individuals die in the EU of HIV/AIDS attributable to drug use and 1.800 people become infected with HIV because of drug abuse. At least 78.9 million Europeans reported to have used cannabis at least once in their lifetime, while cocaine and amphetamines have been tried by 15.6 and 12 million people respectively. The human and social costs of drugs addiction are very high. The European Agenda for Security, as well as the most recent reports from Europol point out that the market for illicit drugs remains the most dynamic of criminal markets, with a recent trend being the proliferation of new psychoactive substances.

But drugs are not confined to the EU borders. Globally, it is estimated that in 2012, between 162 million and 324 million people, had used an illicit drug — mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulants group — at least once in the previous year. An estimated 183,000 drug-related deaths were reported in 2012. The joint United Nations Office on Drugs and Crime (UNODC)/World Health

Organisation (WHO)/the Joint United Nations Programme on HIV and AIDS (UNAIDS)/World Bank global estimate for 2012 of the number of people who inject drugs living with HIV is 1.7 million.

The European Union and the Member States have developed together, over the past two decades, a European approach to address drugs sustainably. The first European Plan to combat drugs dates back to 1990. Since then a series of multi-annual Action Plans have succeeded, with the first package made of an EU Drugs Strategy and Action Plan being developed in 2000.

The current EU Drugs Strategy was adopted by the Council in 2012 and it provides the overarching political framework and priorities for the EU drugs policy identified by Member States and EU institutions for the period 2013-2020. The Strategy has both an EU internal and an external dimension and it is structured around two policy areas: drug demand reduction and drug supply reduction and around three cross-cutting themes: (a) coordination, (b) international cooperation and (c) research, information, monitoring and evaluation.

The Strategy is operationalised in two consecutive 4-year EU Drugs Action Plans. The current one covers the period 2013-2016 (published in OJ C 351, 30.11.2013, p. 1). On the basis of the evaluation subject to this roadmap, the Commission will decide whether to propose an Action Plan for the period 2017-2020.

(B.2) Original objectives of the intervention

The main objectives of the EU Drugs Strategy, operationalised in the Action Plan 2013-2016, are:

- To contribute to a measurable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms;
- To contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs;
- To encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level;
- To further strengthen dialogue and cooperation between the EU and third countries and international organisations on drug issues;
- 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

(B.3) How the objectives were to be achieved

The EU Drugs Strategy provides for the overarching political framework and priorities for EU drugs policy as identified by Member States and EU institutions, with the objectives outlined in the section above. This framework is operationalised through two consecutive 4-year EU Drugs Action Plans – with the current one covering the period 2013-2016. The one covering the period 2017-2020 will be developed taking into account the results of the evaluation subject to this roadmap.

The current Action Plan is designed around the 5 main objectives of the EU Drugs Strategy.

The Action Plan lists 15 objectives that are in line with the overall aims of the EU Drugs Strategy. For each one of the objectives, a set of actions is listed in the Action Plan. For each action the responsible party for its implementation is identified. Member States, relevant agencies (such as EMCDDA, Europol, Eurojust, CEPOL), the European Commission, the European External Action Service, the Council of the EU and the rotating EU Presidencies would have to join efforts to carry out the actions of the Action Plan. For each action, indicator(s) and data collection/assessment mechanisms are also identified.

The first 3 objectives related to drug demand reduction aim at preventing drug use and at delaying the onset of drug use; at enhancing the effectiveness of drug treatment and rehabilitation; and at embedding coordinated best practice and quality approaches in drug demand reduction. The 9 actions corresponding to these objectives were expected to contribute to a measurable reduction in the use of illicit drugs, in problem drug use, in problem drug dependence and in drug-related health and social harms as well as contributing to a delay in the onset of drug use.

Objectives 4, 5 and 6 related to drug supply reduction aim at enhancing effective law enforcement coordination and cooperation within the EU to counter illicit drug activity; at enhancing effective judicial cooperation and legislation within the EU; at responding effectively to current and emerging trends in illicit drug activity and at strengthening the prevention of precursors and pre-precursors' diversion used in the illicit manufacture of drugs, within the EU and between the EU and third countries. The 13 actions corresponding to these objectives were expected to contribute to a measurable reduction of the availability and supply of illicit drugs in the EU.

Objectives 7, 8 and 9 related to coordination aim at ensuring effective EU coordination in the drugs field; at ensuring effective coordination of drug-related policy at national level; and at ensuring the participation of civil society in drugs policy. The 8 actions corresponding to these objectives were expected to contribute to effective coordination of the drugs policy between the Member States and the EU.

Objectives 10, 11 and 12 related to international cooperation aim at integrating the EU Drugs Strategy within the EU's overall foreign policy framework; at improving cohesiveness of EU approach and EU visibility at the UN; and at supporting the process for acceding countries, candidate countries and potential candidate countries to adapt to and align with the EU acquis in the drugs field. The 14 actions corresponding to these objectives were expected to strengthen dialogue and cooperation between the EU and third countries and international organisations on drug issues in a comprehensive and balanced manner.

Objectives 13, 14 and 15 related to information, research, monitoring and evaluation aim at ensuring adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon; at maintaining networking and cooperation and developing capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs; and at enhancing dissemination of monitoring, research and evaluation results at EU and national level. The 10 actions corresponding to these objectives were expected to lead to a better understanding of all aspects of the drugs phenomenon and the impact of measures in order to provide sound and comprehensive evidence for policies and actions.

C. Scope of the evaluation/FC

(C.1) Topics covered

The evaluation will look at the EU Drugs Strategy 2013-2020, which is the overall political framework of the EU action on illicit drugs, and assess its implementation and impacts until 2016.

This will be done by the evaluation of the Action Plan on Drugs 2013-2016. The evaluation will assess the degree of implementation, as well as the impacts of all the 54 actions of the Action Plan (covering both the internal and the external dimensions) over the entire period 2013-2016. The evaluation will cover all the Member States, as well as actions taken at EU level by relevant bodies (such as EMCDDA, Europol, Eurojust, EMA, ECDC, the European Commission, the European External Action Service, the Council of the EU, etc.).

(C.2) Questions/issues to be examined

The evaluation will look at the degree of implementation of the EU Drugs Strategy and Action Plan on Drugs 2013-2016, as well as at their impacts. It will assess their relevance, effectiveness, efficiency, coherence and EU added value.

The following questions will be addressed during the evaluation:

Current situation

What progress has been made in reaching the objectives of EU Drugs Strategy since 2013?

What is the societal cost of drug use in the EU?

Effectiveness

To what extent have the objectives of the EU Drugs Strategy been achieved so far?

What have been the results and impacts (quantitative and qualitative) of the actions implemented?

Efficiency (taking into account that no budgetary provisions as such are included in the EU Drugs Strategy and Action Plan)

How do the different stakeholders view the monitoring the implementation of the EU Drugs Strategy and Action Plan? To which extent is it perceived as a burden?

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

Relevance

To what extent has the EU Drugs Strategy been relevant in view of the EU needs and is it still relevant in view of current needs?

Would a new Action Plan for the period 2017-2020 be useful and necessary?

Coherence

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

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

To what extent is the EU cooperation with third countries coherent with the objectives of the EU Drugs Strategy?

EU-added value

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

(C.3) Other tasks

This is a mixed evaluation, supported by an external contractor.

D. Evidence base

(D.1) Evidence from monitoring

Member States regularly report to the EMCDDA on the drug phenomenon, via the Reitox which is the European information network on drugs and drug addiction. The data provided by the Member States on five key epidemiological indicators (general population surveys, high risk drug use, treatment demand indicator, drug-related deaths and mortality and drug-related infectious diseases) is generally of high quality and it will be used to support the evaluation of the outcomes of the EU Drugs Action Plan.

Additionally, the EMCDDA and the Reitox network are collecting data on a number of other drug-related issues. These indicators may have differences in the data collection time frames and data comparability, therefore it remains to be seen if and to which extent this data can be used in the evaluation.

The European Core Health Indicators (ECHI), an important tool for monitoring of the health status, determinants and care in EU member countries and which aims at creating a comparable health information and knowledge system to monitor health at EU level, would also be used.

DGs TAXUD and GROW gather statistics on seizures of precursors intended for illicit use which will likely support the evaluation.

(D.2) Previous evaluations and other reports

In 2012 a technical assessment report was produced by an external contractor on the assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans.

The EMCDDA prepares every year a European Drug Report that provides a top-level overview of the long-term drug-related trends and developments at European level, while homing in on emerging problems in specific countries.

A Eurobarometer report from 2014 on "Young People and Drugs" exists. The previous one dates from 2011.

Once every two years the EMCDDA and Europol publish an "EU drug markets report" providing a comprehensive overview of illicit drug markets in the EU. It covers issues such as production, consumer markets, trafficking, organised crime and policy responses, along with a review of the markets for heroin, cocaine, cannabis, amphetamine, methamphetamine, ecstasy and new psychoactive substances. The last report dates from 2013 and the next one is planned in the beginning of 2016.

A report from the Civil Society Forum on Drugs to the Member States and the Commission regarding the "new

Drugs Strategy and Action Plan" was presented in 2012.

The International Narcotics Control Board (INCB) publishes an Annual Report, as does the United Nations Office on Drugs and Crime (UNODC) – the annual World Drug problem report. They both include information about developments in Europe. The INCB also publishes an annual report on precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

On international cooperation, the different dialogues on drugs between the EU and other international organisations or groups of countries normally produce annual reports of activities, i.e. the Annual Report of the EU-CELAC (Community of Latin American and Caribbean States) cooperation and coordination mechanism on drugs. The Report of the Organization of American States (OAS) "The Drug problem in the Americas", published in 2013 is also a relevant source of information.

(D.3) Evidence from assessing the implementation and application of legislation (complaints, infringement procedures)

The EMCDDA and Europol issue every year an assessment report of the implementation of the Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances (NPS). The last report available was adopted in 2015, looking at the implementation of the Council Decision in 2014.

Currently the Commission is running a progress review of the implementation of the EU Drugs Strategy and Action Plan 2013-2016. This review is looking only at the outputs of the Strategy and Action Plan for the period 2013-2014. The implementation report that the Commission will produce as a result of the progress review is expected to be published at the end of 2015. Its results will feed into the final evaluation of the EU Action Plan 2013-2016.

In 2007 and 2013 reports on the state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries (2003/488/EC/ OJ L 165/31 of 3.07.2003) were issued by/on behalf of the Commission.

Member States need to notify to the Commission their national legislation that subjects NPS to control measures in accordance with Directive 98/34. DG GROW is in charge of dealing with these notifications. These notifications can also be used in assessing the degree of compliance with the current legislation.

(D.4) Consultation

Stakeholders will be consulted on all of the 5 objectives of the EU Drugs Strategy and corresponding actions of the Action Plan and on the key evaluation criteria: effectiveness, efficiency, relevance, coherence and EU added value of the EU Drugs Strategy and Action Plan.

A public consultation will be initiated and undertaken during the evaluation. It will be open online for 12 weeks for all interested parties to provide their input. The public consultation will take the shape of a questionnaire addressed to the general public/all stakeholders and it will be shaped around the 5 objectives of the EU Drugs Strategy.

In addition, the Commission will ask the external contractor supporting the evaluation to conduct consultations with Member States representatives (such as national drugs coordinators, representatives of relevant public services in charge of drugs policy at national level, representatives in the Council's Horizontal Drugs Group, REITOX network members, etc.), civil society, relevant EU agencies (such as EMCDDA, Europol, Eurojust, CEPOL), European Commission's and other EU institutions' (such as the European External Action Service, the Council of the EU, the rotation Presidencies of the Council, members of the European Parliament) representatives. It is expected that the consultation run by the contractor will provide an opportunity to get quantitative and qualitative data from across the EU on drug-related matters according to the main objectives set out in the EU Drugs Strategy.

Consultations with stakeholders run by the external contractor are expected to be done mainly via interviews and collect mainly qualitative data. The interviews might be accompanied, where necessary, by a written questionnaire to collect quantitative data.

Representatives of selected third countries the EU currently engages with strategically in the field of drugs (such as officials in charge of projects run in cooperation with the EU, co-chairs of dialogue groups with third countries) would be consulted mainly via online questionnaires.

The contractor will be asked to attend a meeting of the Commission Expert Group on Drugs (Civil Society Forum) to lead a dedicated discussion round on the evaluation of the EU Drugs Strategy and Action Plan.

The relevant EU agencies will also be asked by DG HOME to provide any further relevant input they may have

according to their responsibilities in implementing actions as identified in the EU Action Plan on Drugs.
(D.5) Further evidence to be gathered
N/A

E. Other relevant information/ remarks
N/A