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**Evaluation of the implementation of the EU Drugs Strategy 2013-2020 and the EU
Action Plan on Drugs 2013-2016**

Accompanying the document

**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN
PARLIAMENT AND THE COUNCIL**

**Evaluation of the implementation of the EU Drugs Strategy 2013-2020 and of the EU
Action Plan on Drugs 2013-2016: a continuous need for an EU Action Plan on Drugs
2017-2020**

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1. INTRODUCTION

Purpose of the evaluation

The EU's 2013-2020 Drugs Strategy¹ and the 2013-2016 Action Plan on Drugs² set out the EU's political framework and priorities on drugs policy.

The EU Drugs Strategy requires the Commission to *"initiate an external midterm assessment of the Strategy by 2016, in view of preparing a second Action Plan for the period 2017-2020"*.

The European Agenda on Security³, implementing the Political Guidelines of President Juncker⁴, foresees that the Commission will assess the progress made in implementing the 2013-2016 EU Drugs Action Plan and on this basis it will decide whether to propose a new EU Action Plan for the period 2017-2020.

In this context, the Commission, with the support of an external contractor⁵ conducted the mid-term assessment of the EU Drugs Strategy and the final evaluation of the 2013-2016 EU Action Plan on Drugs. Due to their complementarity and interconnection the results of the mid-term assessment and the final evaluation are presented in the form of a single, comprehensive evaluation report.

The evaluation has two main objectives:

- to allow the assessment of the degree of implementation of the 2013-2020 Drugs Strategy, as well as of the 2013-2016 Action Plan in terms of both outputs and their impact⁶. The evaluation was expected to contribute to ensuring that the objectives of the EU Drugs Strategy are achieved by 2020, by highlighting the areas where expected progress has been achieved and those where progress is not sufficiently on track to meet objectives.
- to support the Commission's decision on whether to propose a new Action Plan to cover the period 2017-2020 and which changes would be needed compared to the current one.

The results of the evaluation will inform the decision-making regarding drug policy and allocation of resources to this field. Members of the civil society with an interest in drug policy will be able to use the results of this evaluation for their activity. The evaluation also

¹ OJ C 402, 29.12.2012, p. 1

² OJ C 351, 30.11.2013, p. 1

³ COM(2015) 185 final

⁴ https://ec.europa.eu/priorities/publications/president-junckers-political-guidelines_en

⁵ The external contractor was a consortium made of Ernst & Young and RAND Europe

⁶ In the context of this evaluation, outputs were understood as indicators describing the "physical" product of spending resources through policy interventions. Impact is understood as the change that can be credibly attributed to an intervention; i. e. the long-term "effect" of the intervention or "contribution to change". Where the impact could not be measured the contractor had to explain why this was the case.

provides a comprehensive presentation of the achievements and challenges of the EU drugs policy aimed at the general public.

Scope of the evaluation

The evaluation covers the period 2013 up until August 2016, which is when most data collection was completed, and it assesses whether the outputs of the EU Drugs Strategy and Action Plan, as well as at their impact, have been achieved effectively and efficiently, and whether the actions remain relevant. In addition, it addresses the EU-added value and coherence with other actions in this area at European, international and national level.

The evaluation addresses the main policy areas of the Drugs Strategy, including (a) drug demand and (b) drug supply reduction as well as the cross-cutting themes (c) coordination, (d) international cooperation, and (e) research, information, monitoring and evaluation.

Both the internal and the external dimensions have been addressed.

The evaluation assesses the degree of the implementation of all the 54 actions of the Action Plan as well as the impact of their implementation.

The evaluation covers all 28 Member States and it draws on data from all relevant EU bodies, such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Police Office (Europol), the EU's Judicial Co-operation Unit (Eurojust), the European Medicines Agency (EMA), the European Centre for Disease Prevention and Control (ECDC), the European Commission, the European External Action Service (EEAS), the European Parliament, the Council of the European Union. Civil society organisations and selected third countries have been consulted during the evaluation. A public consultation was also held from mid-February until end of May 2016⁷. More information about the stakeholders consultation carried out in the framework of the evaluation is available in annex II.

2. BACKGROUND TO THE EVALUATION

Drugs are a complex social and health problem that affects millions of people in the EU and globally. The human and social costs of drugs addiction are very high. It incurs costs on public health (related to drug prevention and treatment, health care and hospitals), public safety, the environment and labour productivity, as well as on governance. Drugs are also a serious security challenge affecting the stability of a number of states around the world, as well as the rule of law.

⁷ http://ec.europa.eu/dgs/home-affairs/what-is-new/public-consultation/2016/consulting_0032_en.htm

At least 83.2 million Europeans report having used cannabis at least once in their lifetime, while cocaine and amphetamines have been tried by 17.1 and 12 million people respectively. In addition, 1.3 million adults are high-risk opioid users. For 2014, it is estimated that at least 6 800 overdose deaths occurred in the European Union. This represents an increase compared to the figures for 2013. In 2015, 98 new psychoactive substances (NPS) were detected, bringing the number of new substances monitored to more than 560, of which 70 % were detected in the last 5 years⁸. Over the last 4 years new psychoactive substances have been increasingly accessible on the open market and/or online, posing serious health threats.

Drugs are also a global problem. It is estimated that a quarter of a billion people between the ages of 15 and 64 years, used at least one drug in 2014. Over 29 million people who use drugs are estimated to suffer from drug use disorders⁹.

An EU Drugs Strategy and associated Action Plans for Drugs were also implemented during the period 2005 -2012. The final evaluation of these policy initiatives, carried out in 2012¹⁰, showed that cannabis was in 2012 the most widely used illicit drug in Europe, with cocaine on second place. The number of problem opioid users remained stable over the course of the Strategy but despite progressive trends in prevention, treatment and harm reduction, drug-induced deaths remained at historically high levels, and accounted for the greatest share of morbidity and mortality related to drug use in Europe. In 2012 the EMCDDA informed that newly reported infections with HIV had declined since the adoption of the Strategy whereas the Hepatitis C Virus (HCV) infections were highly prevalent among injecting users in most EU Member States. The 2012 evaluation reported that access to treatment programmes improved over the course of the Strategy.

It was also found that law enforcement cooperation efforts at the EU level had improved from 2005 and that effective information sharing across country borders was the most important facilitator in effective supply reduction. In this framework the Strategy was credited with having fostered frameworks and mechanisms to facilitate the sharing of intelligence, especially in relation to Europol and the Council's Horizontal Drugs Group. The evaluation also showed, however, that there was a lack of progress in developing supply reduction indicators. The previous Strategy and Action Plans on Drugs also only addressed the emergence of new technologies in the production, marketing, purchasing and distribution of illegal drugs from a research perspective.

⁸ *European Drug Report 2016*, EMCDDA

⁹ United Nations Office on Drugs and Crime, *World Drug Report 2016*

¹⁰ [Assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans](#)

The 2012 evaluation also found that the coordinating role of the HDG in the area of supply reduction was becoming more complex since law enforcement activities in drugs policy had become a priority in the EU internal security agenda, giving COSI a more active parallel coordination role. Nevertheless, the evaluation found that the 2009-2012 Strategy was effective in providing guidelines to the Member States for the drafting of their own national drugs policies. The role of the HDG in coordinating drugs policy was viewed largely positively although it was found that its effectiveness was highly dependent on the clout and capacity of the respective Council presidencies. The 2009-2012 Strategy was credited with improving the influence and visibility of the EU on the international stage in terms of the EU "speaking with one voice" and of the impact of the EU funding various projects and initiatives worldwide. The Strategy was also seen as influential especially in providing focus and direction for data collection and it was credited with contributing to the expansion of the EU knowledge base on drugs.

In December 2012 the Council of the European Union adopted, via a Council Recommendation, a new EU Drugs Strategy that provides the political framework and priorities for EU drugs policy for the period 2013-2020. The Drugs Strategy serves as a basis for two consecutive 4-year EU Drugs Action Plans. The first Action Plan covered the period 2013-2016.

The EU Drugs Strategy has five major objectives:

1. To contribute to a measurable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms;
2. To contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs;
3. To encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level;
4. To further strengthen dialogue and cooperation between the EU and third countries and international organisations on drug issues;
5. 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.

The EU Action Plan on Drugs 2013-2016 provides further detail on the 5 major objectives in the form of 15 more operational objectives to be achieved through a set of actions listed in the

Action Plan. For each action the responsible party for its implementation was identified. Member States, relevant agencies (such as EMCDDA, Europol, Eurojust, the EU Agency for Law Enforcement Training (CEPOL)), the European Commission, the European External Action Service, the Council of the EU and the rotating EU Presidencies had to join efforts to carry out the actions of the Action Plan. For each action, indicator(s) and data collection/assessment mechanisms were also identified. These are all detailed in annex H of the contractor's report.

Three operational objectives are related to specific objective 1 of *drug demand reduction* and aim at: 1) preventing drug use and delaying the onset of drug use; 2) enhancing the effectiveness of drug treatment and rehabilitation including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re-integration of problematic and dependant drug users; and 3) embedding coordinated, best practice and quality approaches in drug demand reduction. Nine actions were expected to contribute to the implementation of this specific objective.

Operational objectives 4, 5 and 6 of the Action Plan are in turn related to the second specific objective of the Drug Strategy concerning *drug supply reduction*. These aim at: 4) enhancing 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; 5) enhancing effective judicial cooperation and legislation within the EU; at 6) responding effectively to current and emerging trends in illicit drug activity. Thirteen actions were expected to contribute to the implementation of the second objective of the Strategy.

Operational objectives 7, 8 and 9 of the Action Plan are related to the third specific objective of the Strategy concerning *coordination*. They aim at: 7) ensuring effective EU coordination in the drugs field; 8) ensuring effective coordination of drug-related policy at national level; and 9) ensuring the participation of civil society in drugs policy. Eight actions were expected to contribute to the implementation of this specific objective.

Operational objectives 10, 11 and 12 of the Action Plan are related to the fourth specific objective of the Strategy concerning *international cooperation* and aim at: 10) integrating 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 coherence and coordinated manner; 11) at improving cohesiveness of EU approach and EU visibility in the United National (UN) and strengthen EU coordination with international bodies related to the drugs field; and 12)

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, through targeted assistance and monitoring. Fourteen actions were expected to contribute to the implementation of the fourth objective of the Strategy.

Finally, objectives 13, 14 and 15 are related to the fifth specific objective concerning *information, research, monitoring and evaluation*, and they aim at: 13) ensuring adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon; 14) maintaining networking and cooperation and developing capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly illicit drugs; and 15) enhancing dissemination of monitoring, research and evaluation results at EU and national level. 10 actions were expected to contribute to the implementation of the fifth objective.

The graphic representation below illustrates the intervention logic of the EU Drugs Strategy, summarising in a schematic way how its different elements were expected to interact.

Figure 1 Intervention logic¹¹



¹¹ A more detailed version can be found in the contractor's evaluation report

3. EVALUATION QUESTIONS

In accordance with the Commission's Better Regulation Guidelines, the evaluation looked 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 of these actions.

The following questions were addressed during the evaluation:

Effectiveness:

- (1) To what extent have the objectives and actions of the EU Action Plan on Drugs 2013-2016 been implemented?
- (2) What have been the results of the actions implemented in relation to the specific objectives of the EU Drugs Strategy and Action Plan?
- (3) To what extent have the objectives of the EU Drugs Strategy been achieved and what have been the impacts of the EU Drugs Strategy and Action Plan?

Efficiency:

- (4) To what extent have the Strategy and Action Plan had an impact on the Member States' budgetary resources?
- (5) Were sufficient resources allocated throughout the years 2013-2016 for reaching the objectives of the EU Strategy and Action Plan?
- (6) Would additional resources be necessary for the remaining years of the EU Drugs Strategy? If yes, where should these additional resources come from?

Relevance:

- (7) To what extent has the EU Drugs Strategy been relevant in view of the EU needs?
- (8) Is the EU Drugs Strategy relevant in view of current needs?

Coherence:

- (9) To what extent are the EU Drugs Strategy and Action Plan coherent with other EU policies, as well as with Member States drugs policies?
- (10) To what extent are the EU Drugs Strategy and Action Plan coherent with the developments in the international fora and with the EU external action?
- (11) To what extent is the EU cooperation with third countries and international organisations coherent with the objectives of the EU Drugs Strategy?

EU added value

- (12) What is the additional value resulting from the EU Drugs Strategy and Action Plan, compared to what could be achieved by Member States at national and/or regional level?
- (13) Would a new Action Plan for the period 2017-2020, as foreseen in the EU Drugs Strategy, be useful and necessary? If so, is there anything to be changed (beyond the actual actions) in the new Action Plan compared to the current one? What would be the most urgent issues to be tackled by the new Action Plan?

4. METHOD

4.1. Overview of sources and method

The evaluation was conducted through a mixed-methods approach and was informed by the triangulation of a variety of sources as shown in this section and more in detail in annex III.

An evaluation framework has been built to guide the evaluation. For each evaluation question, an ‘evaluation grid’ was developed. The evaluation grids provided an overview of the approach used to tackle the evaluation criteria and explained the links between the evaluation questions; they identified risks and challenges; they detailed the proposed evaluation/judgment criteria; they presented the indicators and descriptors i.e. the pieces of information needed to conduct the analysis; and they identified for each judgment criterion the source(s) of information to be used during data collection. Two types of data were collected: secondary data (existing data) and primary data in order to fill gaps in the secondary data and generate a more detailed understanding.

The secondary data were collected via desk research which focused on reviewing contributions from EU Agencies and Member States to the 2015 Commission Progress Report on the implementation of the EU Action Plan on Drugs 2013-2016¹² as well as other relevant documentation, including general market data and trends and Member States' drugs strategies. Primary data collection was done through interviews or roundtable discussions with Member States and third countries' representatives, EU institutions and bodies, industry and civil society representatives, experts in the field, a survey of the European External Action Service (EEAS) representatives in third countries, and an analysis of the results of 121 contributions

¹² COM(2015) 584 final

to the public consultation run by the Commission. More details on the stakeholder consultation are available in annex II.

The implementation of the Action Plan was synthesised in a "traffic light" assessment (annexed to the main evaluation report). For each action an assessment was provided, considering the available evidence for all indicators associated with this given action. The evidence underpinning the assessment is also provided. The actions and the operational objectives are assessed as *green* (completed, in progress, or ongoing but on target); *amber* (in progress or some progress, but behind plan) or *red* (deterioration, no progress, little progress or considerably behind plan) depending on the extent of progress achieved.

4.2. Methodological challenges: limitations and robustness of findings

One of the main challenges arising during the evaluation is the availability of comparable data from all Member States, as well as a lack of baseline measures for all actions and objectives against which to compare outcomes of the period covered by the EU Drugs Strategy and Action Plan. Therefore, the attribution and assessment of possible trends and developments to the Strategy and the Action Plan is made difficult, which has had an impact on the analysis of the effectiveness of the Strategy and Action Plan in terms of quantifying the quantitative and qualitative effects and crediting changes corresponding to the objectives solely to the Strategy and Action Plan. To address these limitations the evaluation collected the best possible statistical data available (in terms of its relevance and timeliness), and interpreted this in light of the extensive qualitative data collected. Using evidence from different sources provided opportunities to triangulate data and thereby to validate the information and build up a picture about the weight of evidence.

The same difficulty was encountered when assessing the efficiency criterion where available data were subject to considerable caveats. As there was no comprehensive and up-to-date overview of drug-related expenditure, due to differences in attribution and inconsistent classification of expenses among Member States, the evaluation was not able to draw firm conclusions about the efficiency of the actions implemented as part of the EU Drugs Strategy. Instead, the available data and particularly the consultation of stakeholders provided indications of the extent to which the allocation of financial resources at EU and Member State level was sufficient.

Caveats and limitations related to data availability and to each method used during the evaluation process are explicitly mentioned in the evaluation report. For example, in some

cases available data do not allow for a measurement of a trend in a given indicator because there is only one data point available. In other cases the baseline precedes the current Strategy and Action Plan, which therefore precludes a trend assessment pertaining strictly to the reference period for this evaluation.

With some indicators, the available data did not allow for a conclusion of whether the observed trend represents an improvement or deterioration. This is due to the lack of indicators that accurately measure the phenomena of interest, and/or the absence of contextual information that would enable an identification of underlying drivers. The evaluation recommends that data collection to inform the supply reduction activity indicators be complemented with qualitative, contextual information to obtain a more comprehensive picture of the impact of supply reduction efforts.

Triangulating the findings from each data source has contributed to enhancing the weight of evidence behind the conclusions of the report. While for some research questions, the conclusions are more tentative (e.g. evaluation question 3 on impact), on the whole, the evaluation presents a coherent and robust set of answers to the evaluation questions.

At the same time, the main method for collecting primary data was via interviews. The use of this method was requested by the Commission in order to maximise the participation of the stakeholders in the evaluation process, which would not have been guaranteed by the use of surveys. The relatively low participation of the EU Delegations in the online survey that was created to gather their input supports this point.

However, interviews covered a wide range of topics and did not often discuss specific actions in detail, which may have an impact on the quality and comprehensiveness of the data collected. To mitigate this risk the evaluation looked at contributions received from relevant EU agencies such as the EMCDDA, Europol and CEPOL and at desk research, triangulating data and findings.

5. IMPLEMENTATION STATE OF PLAY (RESULTS)

As explained in section 4 the assessment of the implementation of the Action Plan's actions was conducted in the form of a traffic light assessment. The full assessment can be found in Annex A of the evaluation report.

Overall, the majority of the actions in the Action Plan have been implemented and considerable progress has been made with regard to the 15 objectives referred to in section 2.

A slight majority of objectives (8 out of 15) were assessed as “green,” (completed, in progress, or ongoing but on target) with the remaining seven objectives assessed as “amber,” (in progress, but behind plan).

Under the *drug demand reduction* pillar the operational objective aimed at preventing drug use and delaying the onset of drug use was assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to preventing drug use and delaying the onset of drug use has been addressed through four actions (from 1 to 4, three of which were assessed as "amber" and one "green"). It was found that there has been no recorded decrease in the proportion of the population using drugs but the data that are available have limitations (see section 4 of this document and the full evaluation report). However, it is unclear how overarching trends are connected to the implementation of the Action Plan. Available evidence shows that there has been some progress in three actions aimed at preventing drug use and delaying the onset of drug use, with one assessed as "green" (on target).

The drug demand reduction objective of enhancing the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs, problem drug use, the incidence of drug dependency and drug-related health and social risks and harms, and to support the recovery and social re-integration of problematic and dependent drug users, was also assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to achieving this objective has been addressed through four actions (from 5 to 8, all of which were assessed as "amber" (some progress)). The trends in relevant variables of interest (e.g. drug-related deaths, high-risk opioid use, infectious diseases attributable to drugs, treatment uptake) appear mixed. Nevertheless, available evidence from the Commission’s 2015 Progress Report and interviews suggests that there has been some progress in enhancing the effectiveness of drug treatment and rehabilitation. Drug users in Europe are offered a wide range of services, although this varies by treatment type and context and stakeholders disagree about the recent trend in availability of these services.

The third objective under the drug demand reduction pillar aims at embedding coordinated, best practice and quality approaches in drug demand reduction and it was assessed as "green" (on target). The extent to which the implementation of the Action Plan and Strategy has contributed to this objective has been addressed through one action (action 9, which was assessed as "green" (completed)). It was found that the adoption and the beginning of the

implementation of common European Minimum Quality Standards has contributed to improving quality approaches in demand reduction.

Under the *drug supply reduction* pillar the operational objective aimed at enhancing the 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, was assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to enhancing effective law enforcement coordination and cooperation within the EU has been addressed through seven actions (from 10 to 16). Law enforcement coordination and cooperation in the field of drugs within the EU have visibly improved in recent years. While not necessarily accompanied by positive trends in relevant outcome indicators, progress has been made in implementing all seven actions in this area, five of which are assessed as "green" (on target) and two as "amber" (some progress).

The drug supply reduction objective aimed at enhancing effective judicial cooperation and legislation within the EU was assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to achieving this objective has been addressed through five actions (from 17 to 21, three assessed "amber" and two "green"). Progress has been achieved in enhancing judicial cooperation and legislation within the EU in all areas covered by these five actions, in particular with respect to drug precursors and alternatives to coercive sanctions.

The third objective in the area of drug supply reduction aimed at responding effectively to current and emerging trends in illicit drug activity was assessed as "green" (on target). The extent to which the implementation of the Action Plan and Strategy has contributed to achieving this objective has been addressed through action 22. It was found that there are indications that the relevant law enforcement agencies have set up mechanisms to respond quickly to emerging developments.

Under the *coordination* pillar, the objective aimed at ensuring effective EU coordination in the drugs field was assessed as "green" (on target). The extent to which the implementation of the Action Plan and Strategy has contributed to encouraging effective EU coordination in the drugs field has been addressed through six actions (from 23 to 28). Progress has been achieved in all relevant areas related to EU coordination in the drugs field. All actions in this category are assessed as on target with the exception of financial coordination.

The objective aimed at ensuring effective coordination of drug-related policy at national level was also assessed as "green" (on target). The extent to which the implementation of the

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

The third objective of the coordination pillar aimed at ensuring the participation of civil society in the drugs policy was also assessed as "green" (on target). The extent to which the implementation of the Action Plan and Strategy has contributed to encouraging the participation of civil society has been addressed through Action 30. It was found that civil society organisations are closely involved in drug policy dialogues both at national and EU level.

Under the *international cooperation* pillar the objective aimed at integrating the EU Drugs Strategy within the EU's overall foreign policy framework as part of the 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 assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to integrating the EU Drugs Strategy within the overall foreign policy framework has been addressed through eleven actions (from 31 to 41, five assessed as "amber" (some progress), five as "green" (on target) and one as "red" (no progress)). On the whole, the EU Drugs Strategy can be considered well integrated within the EU's overall foreign policy framework as part of a comprehensive approach. The EU has continued to use a range of policies and diplomatic, political and financial instruments, although some areas with room for improvement persist.

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

The third objective of the international cooperation pillar aimed at supporting 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 assessed as "green" (on target). The extent to which the implementation of the Action Plan and Strategy has contributed to achieving this objective has been addressed through Action 44. It was found that this action is on target, with EU and Member States providing assistance to candidate countries in order to facilitate their compliance with the EU acquis.

Under the *information, research, monitoring and evaluation* pillar the objective aimed at ensuring adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon was assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to adequate investment in research and data collection has been addressed through three actions. Overall, there is progress in this area, with two actions being on target (actions 45 and 47) and one with some progress (action 46).

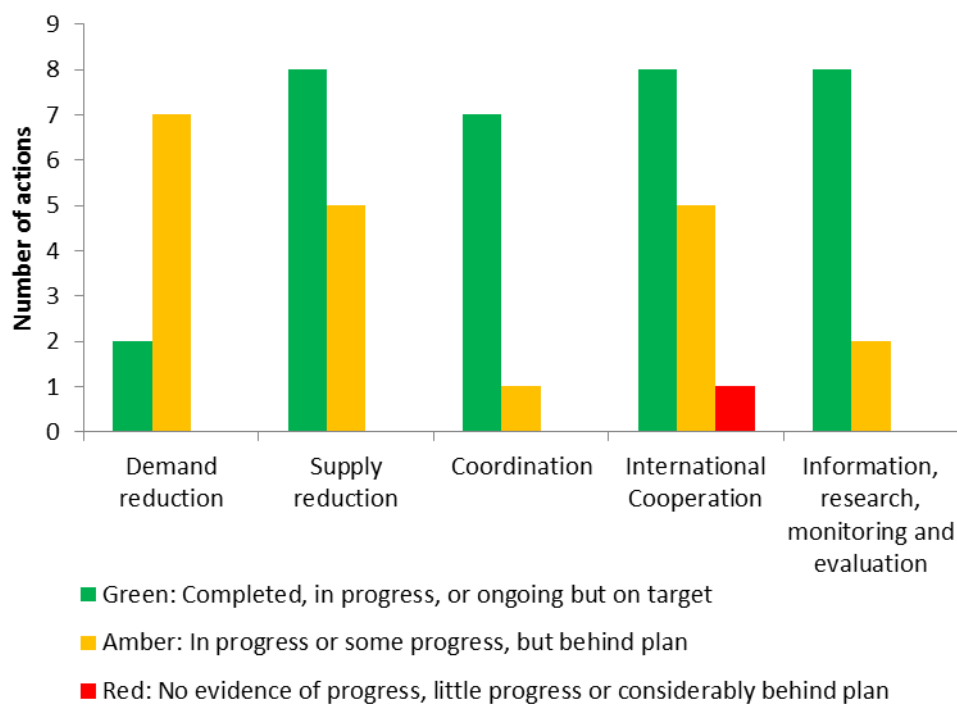
The objective aimed at maintaining networking and cooperation and developing capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly illicit drugs was assessed as "green" (on target). The extent to which the implementation of the Action Plan and Strategy has contributed to achieving this objective has been addressed through six actions (from 48 to 53, all assessed as "green"). Overall it was found that different parties (Europol, EMCDDA and CEPOL) all have contributed to maintaining networking and cooperation within and across the EU's knowledge infrastructure.

The objective aimed at enhancing dissemination of monitoring, research and evaluation results at EU and national level was also assessed as "amber" (some progress). The extent to which the implementation of the Action Plan and Strategy has contributed to achieving this objective has been addressed through action 54. According to available evidence, efforts in disseminating the results of monitoring, research and evaluation activities have continued to be implemented. Some results of EU-funded research projects are also available through open access portals. However, budget constraints at national level have reduced financial support for REITOX focal points, which may have had some negative implications on their operations and capability to deploy dissemination activities.

In terms of individual actions, 33 out of the total of 54 actions were assessed as "green" (on target); 20 actions were assessed as "amber" (some progress, but behind plan) and one action registered no progress.

A detailed overview of the assessment of each action and objective can be found in annex A of the contractor's report.

Figure 1: Summary of traffic light assessment: number of actions implemented per pillar



6. ANSWERS TO THE EVALUATION QUESTIONS

6.1. Effectiveness

The extent to which the objectives and, linked to them, the actions of the EU Action Plan on Drugs have been implemented has been presented in section 5.

As already shown in section 4, the analysis of the effectiveness of the Strategy and Action Plan in terms of quantifying the quantitative and qualitative effects and crediting changes corresponding to the objectives solely to the Strategy and Action Plan was made difficult by the lack of availability of comparable data from all Member States, as well as by the lack of a baseline for all actions and objectives.

In the area of *drug demand reduction* the three actions linked to the operational objective of preventing drug use and delaying the onset of drug use were assessed as "amber" (some progress) and one as "green" (on target). The objective was assessed as "amber" (some progress) because prevention measures have been implemented in all Member States, and, according to the majority of Member States, the availability of such measures has remained stable or improved over 2013-14. But evidence of their effectiveness is limited and key evidence-based elements of such programmes (such as social and personal skills training) are not widely available. There is extensive or full provision of targeted prevention measures for

groups such as pupils with social and academic problems, young offenders and families – including in a range of settings, but no information is available on whether the provision of these services has increased since 2013. Most progress has been achieved in the area of awareness raising. Initiatives to communicate the risks and consequences associated with the use of illicit drugs have been reported by a large majority of Member States and a majority of NGOs. The EMCDDA and other agencies have also produced a range of outputs and activity in this area was acknowledged by a large number of interviewees.

Still in the area of drug demand reduction, the four actions linked to the operational objective of enhancing the effectiveness of drug treatment and rehabilitation including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re-integration of problematic and dependent drug users were assessed as "amber" (some progress). The objective itself was assessed as "amber" (some progress) because integrated treatment services are available in all Member States with good cross-country coverage in the majority of countries. Overall, the availability of treatment has been stable or expanded since 2013, and the number of people entering treatment has remained stable. There has been a decrease, however, in the number of first-time users seeking treatment. While there is considerable variety between Member States, EMCDDA data indicate that more than half of problem drug users have access to treatment. The majority of Member States also claim to make some provision for after-care on release from prison.

Stakeholders disagree however about the recent trend in availability of these services. The majority of Member States reported some expansion in at least one type of treatment services, while a large number of NGOs reported no expansion of rehabilitation/recovery services. A large majority of Member States reported that they have taken specific measures to ensure availability of and access to evidence-based risk and harm reduction measures in 2013-2014. Respondents to the public consultation and the evaluation working group of the Civil Society Forum on Drugs, however, argue that harm reduction programs remain largely under-implemented.

Action 9 linked to objective 3 referring to embedding coordinated, best practice and quality approaches in drug demand reduction was assessed as "green" (completed). Objective three was also assessed as "green" because the adoption and the beginning of the implementation of common European Minimum Quality Standards has contributed to improving quality approaches in demand reduction.

In the area of *drug supply reduction* of the seven actions linked to the objective aimed at enhancing the 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, five were assessed as "green" (on target) and two were assessed as "amber" (some progress). The objective itself was assessed as "amber" (some progress). Law enforcement coordination and cooperation within the EU have visibly improved in recent years. Actions have been taken to improve information flows between relevant agencies and Member States, and to improve the coordination of their actions. This has resulted in measurable increases in the use and in the quality of existing mechanisms. Nonetheless, as with Europol's role more broadly, interviewees noted continuing obstacles to information sharing related to tackling drug trafficking stemming from Europol's legal framework. Europol and Eurojust demonstrate extensive operational activity to tackle organised drug trafficking and support Member State law enforcement agencies. And CEPOL activities contribute to capacity building in Member States, as the number of courses offered and attending participants have increased. Whether these activities have had an impact on the supply and availability of illicit drugs remains to be seen. There are no indications that these have reduced in recent years. And available information does not allow for measurement of activities suppressing drug trafficking routes, although the EMCDDA has been improving its analysis of drug trafficking routes. The traffic light assessment of this objective reflects the improvements in law enforcement cooperation rather than their impact on illicit drug markets. Still in the area of drug supply reduction, of the five actions linked to the objective aimed at enhancing effective judicial cooperation and legislation within the EU, three were assessed as "amber" (some progress) and two as "green" (on target). The objective itself was assessed as "amber" (some progress) because progress has been achieved in the area of EU legislation with the adoption of the Directive on freezing and confiscation and with the amendments to the EU legislation on trade in drug precursors. The regulatory framework for active pharmacological substances had been strengthened. However, the new legislative package on NPS has yet to be adopted, and therefore has not been implemented by Member States.

Action 22 linked to objective 6 of the drug supply pillar aimed at responding effectively to current and emerging trends in illicit drug activity was assessed as "green" (on target). Objective 6 was also assessed as "green" (on target) because relevant law enforcement agencies have set up mechanisms to respond quickly to emerging developments. Examples include regular production of the Internet Organised Crime Threat Assessment (iOCTA) or specific operational actions as part of the EU Organised Crime Policy Cycle.

In the area of *coordination*, of the six actions linked to objective 7 aimed at ensuring effective coordination at EU and national level in the drugs field, five were assessed as "green" (on target) and one as "amber" (some progress). Objective seven was assessed as "green" (on target) because the European Commission, EU Agencies, Council working groups and Member States are involved in EU coordination in the field of drugs. The mechanisms at EU level, most of which pre-date the current Strategy, are effective in this coordination. Its most prominent coordination body, the EU Council's Horizontal Drugs Group, is considered effective by many in monitoring the implementation of the Action Plan and facilitating dialogue on the state of the drugs phenomenon in Europe. There is evidence of consistency over time and continuity across presidencies, with positive feedback from interviewees.

Action 29 linked to objective 8 aimed at ensuring effective coordination of drug-related policy at national level was assessed as "green" (on target), just like objective 8 itself. This is because coordinating mechanisms typically exist in and are routinely used by Member States.

Action 30 linked to objective 9 aimed at ensuring the participation of civil society in the drugs policy was assessed as "green" (on target), just like objective 9 itself. This is because all Member States reported that civil society organisations were involved in the development, monitoring and/or evaluation of their national drugs policy in 2013-2014. Civil society organisations agreed, although some reported that there was no structured dialogue for doing so. Several interviewees also indicated an improvement in the involvement of civil society.

In the field of *international cooperation* out of the 11 actions linked to objective 10 aimed at integrating the EU Drugs Strategy within the EU's overall foreign policy framework as part of the 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, five were assessed as "green" (on target), five as "amber" (some progress) and one as "red" (no progress). Objective 10 was assessed as "amber" (some progress) because drug-related priorities have been incorporated into the EU's external policies, strategies and actions targeting third countries and regions. EU policies, implemented programmes and other external assistance in third countries were in line with the balanced approach across demand and supply reduction. And EU external cooperation programmes also incorporated a human rights perspective. The EU supports a wide range of programmes in third countries, some of which have also supported civil society capacity building in the reduction of drug demand and supply. The annual dialogue on the EU' and Member States' drugs-related assistance to third countries, however did not take place.

The two actions linked to objective 11 aimed at improving cohesiveness of the EU approach and EU visibility in the United Nations and at strengthening EU coordination with international bodies related to the drugs field were assessed as "green" (on target). Objective 11 was also assessed as "green" (on target) because the EU has been effective in its contribution at the Commission on Narcotic Drugs and UNGASS sessions over the current Strategy's period. The approach has been cohesive and it improved EU visibility in international fora. Interviewees mostly agreed that that the EU speaks as one voice in international fora. In this context, the preparations for UNGASS 2016 in which countries worked together to develop a common and coherent position, could be considered a successful endeavour.

Action 44 linked to objective 12 aimed at supporting 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 assessed as "green" (on target). Objective 12 was also assessed as "green" because the EU and Member States provide assistance to candidate countries in order to facilitate their compliance with the EU acquis.

In the field of *information, research, monitoring and evaluation*, out of the three actions linked to objective 13 aimed at ensuring adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon, two were assessed as "green" (on target) and one as "amber" (some progress). Objective 13 was assessed as "amber" (some progress) because the EU has provided support to several research projects under a variety of funding mechanisms (including FP7, Horizon 2020 and Health Programme 2014-2020) spanning various aspects of the drug issue and related disciplines. However, more could be done to reflect the priorities of the Strategy and Action Plan in research calls, and to ensure coherence between calls. At EU, national and international levels there are various evaluations of policies and interventions. Whether the investment in the areas of research, data collection, monitoring, evaluation, and information exchange is adequate remains uncertain.

Still in the field of information, research, monitoring and evaluation, all 6 actions linked to objective 14 aimed at maintaining networking and cooperation and developing capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly illicit drugs, were assessed as "green" (on target). Objective 14 was also assessed as "green" because the evidence collected shows that Europol, EMCDDA and CEPOL have all contributed to maintaining networking and cooperation within and across the EU's knowledge infrastructure. The EMCDDA has made considerable

efforts towards enhancing data collection on various aspects of drugs and drug markets, for example on new psychoactive substances (NPS). The existence and operation of the Early Warning System for NPS is a reflection of improved sharing of forensic and toxicological data at EU level over the past years. This early warning activity seems to allow the EU to swiftly identify and assess changes in drug consumption.

Action 54 linked to objective 15 aimed at enhancing dissemination of monitoring, research and evaluation results at EU and national level was assessed as "amber" (some progress). Objective 15 was also assessed as "amber" because the EMCDDA continues to play a crucial role in the dissemination of monitoring, research and evaluation results at EU level, complemented by open access publications produced through EU-funded research projects. However, there are concerns about the capacity and resources available to maintain the Reitox network¹³. Budget constraints may have hampered the dissemination of monitoring, research and evaluation results at national level.

6.2. Efficiency

Efficiency measures the relationship between the resources used by an intervention and the changes brought about by it. The evaluation could not conclude on the efficiency of the intervention as insufficient quantitative data was available as regards the costs and benefits of the intervention.

First, no systematic or comparable information is available regarding the budgets for drug-related activities at Member State level. Difficulties exist in identifying the resources allocated to addressing drugs issues within Member States due to the wide range of policy areas in which there is government spending relevant to drugs, as well as the diversity of possible funding sources at national and EU levels.

The evaluation found that the level of budgetary resources in the Member States is not influenced directly by the need to implement the Strategy and Action Plan, with Member States placing priority on the implementation of their own national objectives and priorities. In addition, there appears to be a decrease in budget allocations to drug-related issues within a majority of Member States due to the economic crisis and because priorities are placed on other policy areas. In at least some instances this decrease has impacted on the implementation of Actions. However, promising practices have been identified where

¹³ Reitox is the European information network on drugs and drug addiction created at the same time as the EMCDDA. 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'.

Member States have been able to implement national programmes that are in line with the Action Plan, even in a climate of financial austerity. Overall, despite some recent decreases in budget allocations resources for drug-related activities within most Member States are sufficient to implement the Action Plan, but it was necessary for Member States to make compromises and prioritise to ensure activities could be conducted within available resources. At EU level drug-related expenditure comes mainly from a number of financial programmes managed by the Commission. While this provides a fragmented picture, there are data available on the spending of EU-funded projects and programmes. Based on the evidence about the results and impacts of these programmes – across the five pillars of the Strategy – it can be concluded that the expenditure contributed to the implementation of the actions in the Action Plan.

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

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

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

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

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

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

6.3. Relevance

The EU Drugs Strategy and Action Plan were considered as relevant as at the time of their adoption by stakeholders consulted through interviews at both EU and national level. Data about trends in the drug situation at national level at the time of the adoption of the Strategy and Action Plan generally confirmed this feedback on the relevance received through interviews.

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

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

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

Characterised by their continuity from the previous EU Drugs Strategy, the *cross-cutting pillars* (coordination, international cooperation and information, research, monitoring and evaluation) continued to be viewed as highly relevant to needs at EU level. The priorities and actions relating to international cooperation were considered as highly relevant at the EU level

as a guide for the EU's work with third countries and international organisations but were considered less relevant at national level (and were less implemented than other actions). At national level, the coordination pillar was relevant to the need recognised by national stakeholders to improve national coordination.

The five pillar structure of the Strategy and Action Plan continues overall to address most current needs in relation to drugs policy at EU and national level. The evaluation identified no areas which were no longer considered as relevant to the drugs phenomenon.

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

Stakeholders identified areas where greater focus could be placed moving forward (e.g. adoption of legislation relating to NPS) or where new priorities could be considered (e.g. creating a closer link between drug demand policy and overall social policy in the Member States). Some national level stakeholders, civil society and EU Agencies raised the point of whether more fundamental changes to the EU Strategy, such as a future EU pan-addiction strategy covering licit and illicit substances and addictive behaviours would be beneficial. The rationale behind this is that some individuals are more susceptible to addictive behaviour than others (regardless of the behaviour or substance), and that any effective response must recognise that and respond in a holistic way.

New psychoactive substances are of particular concern – the evaluation found that continued efforts should be placed on implementing existing actions to gather information about the extent of these issues and on ensuring that legislation is adopted to address the issues relating to NPS at national level.

International developments with regard to cannabis law reform (such as decriminalisation of use, market regulation or legalisation) have remained unaddressed by the Drugs Strategy and Action Plan. The evaluation found that this could diminish its relevance in light of the debate currently ongoing in some Member States and internationally.

6.4. Coherence

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

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

Overall, the EU Drugs Strategy is aligned with the fundamental objective of fostering good health set out in the EU Health Strategy¹⁴. However, it does not take into account some aspects of the EU Health Strategy resulting in a loss of synergies. Specifically, it does not take into account the challenges posed by the ageing of the population in Europe, does not address the potential impact of new technologies within the demand reduction pillar and does not make mention of emergency preparedness measures for drug-related epidemics. The complementarities between the EU Health Strategy and the EU Drugs Strategy and Action Plan also appear limited due to the focus of the latter on illicit substance abuse.

The EU Drugs Strategy and Action Plan are in line with the European Consensus on Development¹⁵. With regard to human rights and alternative development, strong coherence can also be noted with the Operational Human Rights Guidance for EU external cooperation actions addressing terrorism, organised crime and cyber security.

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

¹⁴ [COM \(2007\) 630](#). While the Strategy was adopted in 2007, an evaluation by the Commission in 2011 found that the principles and objectives identified in 2007 will remain valid for the next decade in the context of Europe 2020.

¹⁵ [The European Consensus on Development 2006](#)

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

Beyond the EU, the strategic priorities at the UN level have evolved to become increasingly aligned with the EU approach. In this context, the EU strategy has long been viewed as an important point of reference by those pushing for reform on the international level. The EU Strategy is generally coherent with the UN Strategy and has become increasingly with the observed evolution of the UN strategy over the past decade. The 2016 UNGASS outcome document was largely coherent with the EU UNGASS position and the EU Strategy and Action Plan.

The EU Strategy and Action Plan tend to be more advanced than the strategies of other international organisations in terms of adopting a balanced health and evidence-based approach. Another notable difference that can be identified in terms of strategic focus is the emphasis on institutional capacity building (e.g. strengthening the capacities of national drug authorities).

As a key destabilising factor for states and societies around the world, the EU has identified the drugs problem as a priority in dialogue with international partners. The EU has well integrated the approach set out in the EU Drug Strategy and Action Plan in its dialogue with third countries and regions. Particular priority is also given to technical assistance projects in the candidate countries and potential candidate countries.

In line with the Strategy and Action Plan, the EU and its Member States also provide support and assistance for a wide range of drugs-related initiatives in Latin America, the Caribbean and West Africa along the cocaine trafficking route, and in Afghanistan and Central Asia along the heroin route. The drugs issue is also addressed through external assistance programmes on the EU and national level.

EU cooperation with international organisations has been highly coherent with the EU Strategy and Action Plan on drugs. Since 2013, the EU has decisively contributed to shaping the agenda on international drugs policy. The EU has also continued to strengthen long-established international institutional partners in the fight against drugs and drug addiction.

The EU has been particularly successful in dealing with the interplay between the drugs problem and organised crime in its cooperation with third countries due to its ‘drugs route’ approach. Nonetheless, a review of EU dialogues and programmes demonstrates that the EU

has also generally maintained strong support for a balanced approach between supply and demand reduction measures.

6.5. EU added value

The evaluation found that the EU Drugs Strategy and Action Plan provide added value to individual Member States (and other non-State actors) and their strategies by establishing a common EU-wide strategic framework and institutionalising a process of consensus-building for horizontal and increasingly complex and international issues. The Strategy and Action Plan add value as a common political declaration on drugs policy.

The creation of such a framework was identified by all groups of Member State stakeholders as being of particular added value as the instruments broadly shape the actions of Member States and other actors, whilst leaving the necessary margin for manoeuvre to adapt to the local context. This was also confirmed by the public consultation where respondents tended to agree that the Strategy adds value by supporting a consistent approach to drugs at national level and by contributing to coherence between national/regional and European actions in the area of drugs. The Strategy and Action Plan do not impose legal obligations on EU Member States, but the evaluation found that they have been successful in broadly directing collective action in the field of drugs, both within the EU and at international level and promoting a shared model with a culture of defining priorities, objectives, actions and indicators for measuring performance.

Evidence of this effect can be found in the fact that a number of interviewees from Member States that undertook an update of their national Strategy during the period covered by the evaluation noted that they had drawn extensively on the EU Strategy and Action Plan in the elaboration and structuring of their national policy. This finding was corroborated by the review of national drug strategies which identified a number of direct references in national strategies to the EU strategy, as well as similar structures and approaches. From this perspective also, the added value of the EU Strategy and Action Plan appears to be greatest in newer Member States, which for the most part did not have pre-existing, developed drugs policies at the moment of their accession almost a decade ago.

The evaluation also found that the added value appears more pronounced in terms of demand reduction activities where the Strategy provides guidance on evidenced-based approaches. In addition, in emerging areas of drugs policy, a more general added value can be seen. An example is international development cooperation, where actors from both new and old

Member States recognised the added value of collectively setting a common strategic framework for actions at EU level.

The evaluation also found that at national level as well, the EU Strategy and Action Plan may improve coordination. For example, in some countries where responsibilities for drugs policies are devolved to local levels, the EU strategy was considered as serving as inspiration and guidance for internal coordination and cooperation.

The evaluation found that the Strategy and Action Plan demonstrate clear added value in the field of international cooperation and augment the EU's capacity to influence the strategies of partners and the global agenda on drugs. The EU Strategy and Action Plan provide clear added value in terms of enhancing the 'voice' of the EU in international fora and in relation to third countries. For example, a key international actor in relation to global drugs policy is the UN, whose strategic priorities have become increasingly aligned with the EU approach – a process in which the EU has played a role. Another example lies in the final UNGASS 2016 outcome document that reflected the main elements of the EU common position, with the exception of the abolition of the death penalty.

The evaluation also found that the EU Strategy and Action Plan provided an important source of guidance for candidate countries, and a framework for bilateral cooperation with third countries.

Interviewees from all groups of stakeholders and respondents to the public consultation expressed widespread agreement that there is a continued need for an Action Plan. The instrument was considered as a necessary operational translation of the EU Drugs Strategy and allows for the community to set out more precise priorities and actions, as well as to assign responsibility and formulate specific and measurable indicators.

While monitoring of the implementation of actions and the achievement of objectives was underlined as a weak point, the Action Plan is still seen as a useful document for ensuring some level of follow up of the implementation of the Strategy. Through the elaboration of a number of actions relating to each principal objective, it is seen as a flexible tool due to its broad encompassing nature, enabling relevant stakeholders to refine the focus of priorities over the lifespan of the Strategy whilst still maintaining a reasonable degree of coherence. Most stakeholders interviewed favoured the idea of updating the current Action Plan.

7. CONCLUSIONS

Available evidence shows that there has been at least some progress in all EU Action Plan actions aimed at drug demand reduction and drug supply reduction. However, a significant reduction of the supply of drugs was not recorded in recent years; in the same way, there has been no recorded decrease in the proportion of the population using drugs but the data that are available have limitations, as explained in section 4 and in the contractor's report.

Efficiency was the most difficult criterion to assess, due to the wide range of policy areas in which there is government spending relevant to drugs (e.g. law enforcement, social policy, education, health, etc.). However, the evaluation did find that overall resources were considered by stakeholders to be sufficient for the EU Strategy and Action Plan, in particular with regard to drug demand and supply.

The EU Drugs Strategy and Action Plan are well in line with most other relevant EU policies such as the European Agenda for Security or the European Development Consensus, as well as with EU's Member States drugs strategies and UN level priorities.

Some areas for possible improvement of the EU Drugs Strategy and Action Plan have been identified in the evaluation. They include, for example:

- The need for more synergies with the EU Health Strategy;
- A review of current coordination mechanisms between the HDG and COSI to identify opportunities for the HDG to better monitor the implementation and impact of the supply reduction priorities of the Strategy and for supply reduction activities forming part of the organised crime policy cycle to be linked, when appropriate, to the objectives of the Strategy (and communicated accordingly);
- Consideration of potential developments in cannabis policy, including decriminalisation and/or legalisation, as well as their potential consequences for other Member States and the EU;

In addition, areas where the actions taken so far should be continued and reinforced have also been identified, such as:

- The need for the EU institutions and Member States to continue to involve civil society in the policy making process;
- Continue sustained work to promote the balanced approach to drugs policies in third countries;

- Build on the momentum from the successful negotiation at UNGASS to continue to foster dialogue with the UN and identify opportunities for further dialogue through other international fora;
- Continue actions to monitor and reduce demand and supply of NPS and reduce harm associated with the consumption of new psychoactive substances.

The evaluation also shows that the EU Drugs Strategy and Action Plan are perceived by stakeholders to be as relevant as at the time of their adoption. They have provided added value by establishing a common EU-wide strategic framework and particularly in the international fora in terms of enhancing the EU's ability of "speaking with one voice".

One of the recommendations made by the evaluation is for the Commission to propose a new Action Plan for the period 2017-2020 to continue to translate the Strategy into steps and activities that can be taken in relation to the drugs phenomenon. The new Action Plan should be an updated version of the current Action Plan, rather than taking a new approach or introducing many more actions.

In addition, some of the findings of the evaluation go beyond the current strategic framework. Several stakeholders (including Member States, civil society, EU agencies) raised the need to consider drug consumption in a broader policy framework of poly-consumption of licit and illicit substances and all addictive behaviours in general. Whereas this is not an approach supported by all Member States, it continues to gain momentum, particularly in Western and Northern Europe where attempts are made to create a more integrated approach.

8. ANNEXES

ANNEX I — PROCEDURAL INFORMATION

The Mid- Term assessment of the EU Drugs Strategy 2013- 2020 and the Final Evaluation of the Action Plan on Drugs 2013- 2016 has been carried out, with the assistance of an external contractor, in the period April- November 2016. Preparatory steps including the roadmap of the initiative, the Terms of Reference for hiring a contractor, the launch of the public consultation and the evidence gathering were initiated already in June 2015. The Agenda planning reference for this evaluation is 2016/HOME/006.

The existing Inter-service group on drugs has served as inter-service steering group for the evaluation and it was systematically consulted on the evaluation process taking into account the cross-cutting nature of drug situation and policies in the EU. The following DGs and Services were invited to participate in the meetings chaired by DG Migration and Home Affairs (HOME): the Secretariat-General of the Commission (SG), the Legal Service (SJ), DG Justice and Consumers (JUST), DG International Cooperation and Development (DEVCO), DG Neighbourhood and Enlargement Negotiations (NEAR), DG Research and Innovation (RTD), DG Health and Food Safety (SANTE), DG Maritime Affairs and Fisheries (MARE), DG Mobility and Transport (MOVE), DG Agriculture and Rural Development (AGRI), DG Trade (TRADE), DG Taxation and Customs Union (TAXUD), DG Education and Culture (EAC), DG Internal Market, Industry, Entrepreneurship and SMEs (GROW), DG Employment, Social Affairs and Inclusion (EMPL), the European External Action Service (EEAS), the European Anti-Fraud Office (OLAF), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Joint Research Centre (JRC).

The Inter-service group discussed the evaluation at several meetings. The first meeting that discussed the roadmap of the evaluation took place on 10 June 2015. At the meeting of 01 September 2015 all services were informed about the publication of the roadmap and asked to share the information with relevant stakeholders. The Terms of Reference used to hire a contractor to assist the Commission with the evaluation, as well as the stakeholders' consultation strategy were discussed with the Steering Group at the meeting of 01 October 2015. The questionnaire for the public consultation was discussed with the Steering Group at a meeting on 05 January 2016. Besides meetings, regular written communication with the members of the ISG was maintained. Members of the Steering Group have also been invited to sit in all meetings with the contractor hired for the mid-term assessment of the EU Drugs Strategy and final assessment of the EU Action Plan on Drugs: the kick-off meeting that took place on 14 April 2016, the inception meeting on 12 May 2016, the interim meeting on 25 August 2016 and the final meeting on 24 October 2016. Only the EMCDDA attended the very first meeting via phone conference. However, all the DGs involved had the opportunity to provide their views, ask for clarifications and submit comments on the developments of the evaluation. The Steering Group was sent the minutes of all these meetings. It also received the inception report, the interim report, the Public Consultation results report, the draft final report, as well as the final report for comments and review, before the reports could be deemed approved.

In order to gather information on the implementation of the Action Plan, the contractor reviewed contributions from EU Agencies and Member States to the 2015 Commission Progress Report and Member States' drugs strategy documents. For the purpose of filling gaps in the information provided by the EU agencies and Member States contributions, the contractor reviewed a wide range of additional documentation, including communications, reports, relevant legislation, funding programmes, reports and studies from the EU institutions, EU Agencies and international organisations. In addition, the contractor conducted interviews with a range of stakeholders involved or impacted by the implementation of the EU Drugs Strategy and Action Plan. Information on the domain of international cooperation in the field of illicit drugs was gathered through a survey of the Delegations of the European External Action Service (EEAS). The contractor's evaluation team consulted the Core Group and the Evaluation Working Group of the Civil Society Forum (CSF) on Drugs on their views on the EU Strategy and Action Plan in line with the evaluation criteria. Data from the public consultation ran by the Commission in order to gather views from private individuals, non-profit/private organisations, and industry and national/regional/local public administrations have also been reviewed.

A panel consisting of three expert advisors for the purpose of reviewing the interim findings and recommendations obtained through the external evaluation was also consulted. In addition, a workshop was organised in which the relevance, feasibility and acceptability of the findings and recommendations were discussed by the contractor with the expert panel.

Further details on the evidence used in the evaluation, as well as the discussion of its limitation as regards in particular availability of comparable and reliable statistics and ensuing consequences on the robustness of findings are detailed in Annex III on "Methods and Sources", as well as in Annex II on "Stakeholder consultation".

ANNEX II — STAKEHOLDER CONSULTATION

A broad stakeholders' consultation has accompanied the Mid-Term Assessment of the EU Drugs Strategy 2013- 2020 and the Final Evaluation of the Action Plan on Drugs 2013- 2016. The aim of this process, which took place in the period April to November 2016, was to obtain views on the five evaluation criteria from a range of stakeholders involved in or who might be impacted by the implementation of the EU Drugs Strategy and Action Plan, as well as to address information gaps identified in the secondary data review. The stakeholders' consultation was carried out by the contractor hired by the Commission to assist it with the

assessment of the EU Drugs Strategy and Action Plan. The Commission's minimum standards for the Stakeholders' Consultation were duly taken into account and met.

As part of this Stakeholders' Consultation a public consultation was conducted by the Commission, with the purpose of gathering views from private individuals, organisations, the industry and the public administration on the implementation of the EU Drugs Strategy and Action Plan.

(1) TARGETED STAKEHOLDER CONSULTATIONS

Targeted consultations took place within the framework of the external evaluation and involved different types of stakeholders. The contractor consulted with representatives of Member States, EU Institutions and Agencies, EU funded projects, international organisations, third countries, the Civil Society and the Chemical Industry. These targeted consultations were conducted mainly via interviews and collected mainly qualitative data. The interviews were accompanied, where necessary, by a written questionnaire to collect quantitative data. Representatives of the 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) were consulted mainly via online questionnaires.

Topic guides were prepared based on the evaluation framework and on the gaps identified in the document review. In particular, interviews with representatives from Member States sought to collect updates for 2015-2016 in relation to data that had been submitted for the 2015 Commission Progress Report (which related to the period 2013-2014). A total of 90 interviews were conducted (with some interviews consisting of multiple interviewees). In 30 instances no response was received or the interview was declined.

The following list indicates the main targeted stakeholder consultations:

(a) **Member States**

At Member State level, three different types of interviewees were consulted: National Drug Coordinators, Member State representatives in the Horizontal Working Party on Drugs (HDG) and the REITOX national focal points.

(b) **European Institutions and bodies**

At EU level, different types of institutions and bodies were consulted: the European Commission (DG Migration and Home Affairs (HOME), DG International Cooperation and Development (DEVCO), DG Internal Market, Industry, Entrepreneurship and SMEs (GROW), DG Neighbourhood and Enlargement Negotiations (NEAR), DG Health and Food Safety (SANTE), DG Taxation and Customs Union (TAXUD), DG Research and Innovation (RTD), the European Anti-Fraud Office (OLAF)), the Council of the European Union (Secretariat, the Dutch Presidency that held office during the first half of 2016, the Standing Committee on Operational Cooperation on Internal Security (COSI), the Working Party on Customs Union (CUG), the Customs Cooperation Working Party (CCWP)), Members of the European Parliament, the relevant EU Agencies (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Centre for Disease Prevention and Control (ECDC), the European Union Agency for Law Enforcement Training (CEPOL), Eurojust, Europol, European Medicines Agency (EMA)), the French Presidency of the Dublin Group and the European External Action Service (EEAS).

(c) EU funded projects

Further targeted consultations included stakeholders from the EU funded projects European Drug Emergencies Network (Euro-DEN), Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project (ALICE RAP), Internet tools for research in Europe in new drugs (I-TREND), Cooperation Programme on Drugs Policies (COPOLAD II), Cocaine Route Programme and Heroin Route Programme.

(d) International organisations

Consultations also included stakeholders from the United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Pompidou Group of the Council of Europe.

(e) Third countries

Consultations were also held with representatives of the United States, Mexico, Uruguay, Kazakhstan and Armenia.

(f) Representatives from the Chemical Industry

Consultations with the European Chemical Industry Council (CEFIC) and European Association of Chemical Distributors (FECC)) also took place in the framework of the external evaluation.

(g) European External Action Service (EEAS) Survey

The EEAS Survey aimed at soliciting views of representatives of EU Delegations posted in third countries on the domain of international cooperation in the field of illicit drugs.

(h) Civil Society Forum on Drugs

The contractor consulted with the Core Group Civil Society Forum (CSF) on Drugs in order to gather their views in line with the five evaluation criteria. In addition, a written contribution to the evaluation provided by the members of the Evaluation Working Group of the Civil Society Forum (CSF) on Drugs was also taken into account.

(2) PUBLIC CONSULTATION

Secondly, in addition to targeted consultations, the Commission organised an internet-based open public consultation for the 2016 assessment of the EU Drugs Strategy and Action Plan on Drugs.

The open public consultation was launched on 15 February 2016 on the European Commission's website and was open until 31 May 2016. The aim of this consultation was to gather views from private individuals, non-profit/private organisations, industry and national/regional/local public administrations on the implementation of the EU Drugs Strategy and Action Plan. The consultation covered all five objectives of the EU Drugs Strategy and corresponding actions of the Action Plan and all the evaluation criteria: effectiveness, efficiency, relevance, coherence and EU value added. As such, the public consultation was intended to form part of the inputs for the evaluation of the EU Drugs Strategy and Action Plan.

(a) Overview of the replies to the online survey - Profile of the respondents

A total of 121 standard contributions were submitted through the online questionnaire. Out of the total number of respondents, 60 consented to the publication of their full contribution, while 41 opted for publication in anonymous form and 20 requested their answer not to be published in any form.

Respondents were invited to identify themselves as one of the following categories: private individual, national public authority, international/intergovernmental/regional organisation, organisation which included non-governmental, civil society organisation, academia, research, social partner, interest group, consultancy and think-tank, or private company. Nearly two thirds (66.1 per cent) of submissions came from respondents answering as private individuals. The next largest group of respondents were individuals answering on behalf of an organisation (e.g. non-governmental organisations etc.), accounting for approximately a quarter (26.4 per cent) of all received contributions. A small number of responses were also provided by representatives of national public authorities (4.1 per cent) and international, intergovernmental or regional organisations (3.3 per cent).

Regarding the geographical distribution of responses, respondents were asked to indicate which country (or the EU as a whole) their responses referred to. About a fifth (21.5 per cent) of respondents stated that their responses pertained to the EU while the remaining respondents indicated one of the Member States. Of these, Sweden, Italy and Finland were most frequently chosen. There were no responses referring to Bulgaria, Croatia, Denmark, Latvia, Luxembourg, Malta, Poland, Romania or Slovakia. The generally low number of respondents per country does not allow for a meaningful disaggregation of responses by country in the analysis of the responses.

The majority of private individuals responding to the consultation (69 per cent) were interested in drug policy but did not actively work in the area. That is in contrast with respondents representing organisations and public authorities, the vast majority of whom were actively working in the field. Among those actively involved in the field, NGO membership was the most common form of involvement (18 respondents), followed by healthcare professionals (11 respondents).

Regarding the focus of interest/work, the largest group of respondents indicated the area of information, research, monitoring and evaluation (75 respondents). The next most frequently indicated areas were drug demand reduction (47 respondents) and coordination of drug policies at national/regional level (43 respondents). By contrast, drug supply reduction was

mentioned only by 17 respondents, all of them private individuals. Among respondents who indicated 'other,' drug legalisation or similar was mentioned in 11 instances and in five additional instances drug policy reform or advocacy was mentioned. The vast majority of remaining 'other' responses (17 instances) can be broadly characterised as linked to drug demand reduction as they referred to areas related to treatment, harm minimisation, and prevention.

Respondents also differed in the degree of their personal involvement in any activity related to drug policy. The majority of private individuals (66.3 per cent) did not take part in any activity, while the same was true for only a small proportion of respondents answering on behalf of organisations (12.2 per cent). Involvement in each of the four examined areas (definition, implementation, monitoring, and evaluation) was similarly frequent among respondents, ranging from 20-30 per cent of respondents.

(b) Results

The detailed analysis of the results of the Public Consultation is found in a report available [online](#).

All results of the Public Consultation, including the individual replies that could be published are also available [online](#).

ANNEX III- METHODS AND SOURCES

(1) INTRODUCTION

This Annex provides more detailed information about the methodological framework used in this evaluation. The evaluation relies on an external study carried out for the Commission, by the external contractor Ernst and Young and RAND Europe, in the period April - November 2016. The evaluation's twofold aim is to assess the degree of implementation of the EU Drugs Strategy 2013-2020 and the Action Plan 2013-2016 in terms of outputs and impacts and to support the Commission's decision on whether to propose a new draft Action Plan to cover the period 2017-2020.

The external contractor undertook the gathering of the relevant information and data needed to achieve a complete overview on the implementation of the Drugs Strategy 2013-2020, as well as of the Action Plan 2013-2016 in all EU Member States. Effectiveness, efficiency, relevance and coherence of the actions undertaken on the basis of the Drugs Strategy and the

Action Plan, as well as their EU added value were examined. All main policy areas of the Drugs Strategy were addressed, including drug demand and drug supply reduction and the cross-cutting themes.

(2) METHODOLOGY

This study applied a mixed-methods approach and used different data sources in order to address the evaluation questions. An evaluation framework, described in detail in the annexes of the final evaluation report, was designed.

Two types of data were collected: secondary data from various sources and primary data in order to fill gaps in the secondary data and generate a more detailed understanding. The secondary data was collected through desk research and document review, more specifically review of contributions from EU Agencies and Member States to the 2015 Commission Progress Report, relevant documentation and Member States' drugs strategies. Primary data collection was conducted via stakeholders' consultation, in particular interviews with Member States, third countries and industry representatives, survey of European External Action Service (EEAS) representatives in third countries; discussions with members of Civil Society Forum (CSF) on Drugs; analysis of a Commission-run public consultation; and a consultation and workshop with expert advisers. The analysis and synthesis of findings and data was elaborated in order to answer the evaluation questions. The limitations and challenges linked to each of these data collection activities and methods are indicated below.

(a) SECONDARY DATA- DESK RESEARCH AND REVIEW

Review of contributions from EU Agencies and Member State contributions to the 2015 Commission Progress Report on the implementation of the EU Drugs Strategy and Action Plan 2013-2016

The review of contributions from EU Agencies and Member States' submissions to the progress report was intended to capture information about the implementation of the EU Action Plan and to help in designing interview topic guides. The reviewed data was received from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol, Eurojust, the European Union Agency for Law Enforcement Training (CEPOL) and 28 individual Member States. Information provided by the EU Agencies was integrated with the

2015 Commission Progress Report to provide a narrative and an assessment of the implementation of individual actions listed in the Action Plan.

One of the challenges arising in this context is that in certain cases, there is no mechanism to collect data directly relevant for a given action-level indicator and other existing valuable information do not always precisely address the given issue. Another challenge is related to data availability as, for instance, available data do not always allow for a measurement of a trend in a given indicator because there is only one data point available. In other cases the baseline precedes the current Strategy and Action Plan, which therefore precludes a trend assessment pertaining strictly to the reference period for this evaluation. Also, with certain indicators, available data do not always allow concluding whether the observed trend in some indicators represents an improvement or deterioration, due to the lack of indicators that accurately measure the phenomena of interest and/or the to the absence of contextual information that would enable the identification of underlying drivers.

Review of additional documentation

The objective of reviewing relevant available documentation was to fill gaps in the information provided by the Commission Progress Report and additional contributions by the EU agencies. For this purpose, documents, studies and reports produced by EU institutions and agencies, international organisations, civil society and academia were reviewed.

The identification of relevant documentation did not involve a systematic search protocol and some potentially relevant literature may therefore not have been identified. Another limitation arises from the fact that some sources identified as relevant appeared to be inaccessible and therefore could not be consulted for the evaluation. The evaluation was bound by these limitations, but where possible, gaps were filled through consultation of stakeholders.

Review of Member States' drugs strategies

Member States drugs strategies were reviewed in order to provide for background information to inform the interviews with Member State representatives and to provide information to populate a Member State fiche on implementation. The Member State fiche, produced for all Member States, was divided in two sections: the overall national drugs strategy, which provides an overview and a contextualisation of the national strategy and action plans; and the implementation of EU Drugs Strategy and Action Plan, which provides the highlights of the implementation status of the EU Drugs Strategy and Action Plan 2013-2016.

One limitation identified in this context is that national documents posted on the EMCDDA website may have not always captured the latest developments in each Member State. The contractor tried to minimise this caveat and obtain a more recent picture of the developments

through interviews with Member State representatives, although the extent to which this was possible depended on the level of knowledge of the interviewee on the topic.

(b) PRIMARY DATA- CONSULTATION OF STAKEHOLDERS

Stakeholder interviews

The objective of stakeholder interviews was to obtain views on the five evaluation criteria from a range of stakeholders involved in, or who might be impacted by, the implementation of the EU Drugs Strategy and Action Plan. The interviews' topic guides were prepared based on the evaluation framework and on the gaps identified in the secondary data. In particular, interviews with Member States sought to collect updates for 2015-2016 in relation to data that had been submitted for the 2015 Commission Progress Report (which related to the period 2013-2014).

Interviews covered a breadth of topics and interviewees did not always discuss specific actions of the Action Plan in detail, which may have had an impact on the quality and comprehensiveness of the data collected. To address this challenge the evaluation consulted documentation from relevant EU agencies such as the EMCDDA and Europol. Another challenge arising during the interviews is that stakeholders' familiarity with the EU Drugs Strategy and the Action Plan varied and most interviewees were mainly familiar with the particular part of the strategy relevant for their work.

Survey with European External Action Service (EEAS) representatives in third countries

The objective of the European External Action Service (EEAS) Survey was to solicit views of EU Delegations representatives posted in third countries relevant for international cooperation in the field of illicit drugs. Information gathered through the EEAS survey was intended to inform the evaluation's findings primarily with respect to the domain of international cooperation. The results of this survey were triangulated with other data on the topic of international cooperation.

The relatively small number of respondents challenged the evaluator's ability to make general (and generalisable) comments on the EU's international cooperation in the field of illicit drugs. Another limitation arising in this context is that the importance of illicit drugs for the agenda of individual delegations, as well as the level of involvement and expertise of individual respondents in the field of illicit drugs vary.

Roundtable discussions with the Civil Society Forum (CSF) on Drugs

The Core Group and the Evaluation Working Group of the Civil Society Forum (CSF) on Drugs were consulted on their views on the evaluation criteria, as well as on the EU Strategy and Action Plan. The discussion focused on both EU and Member State level and aimed at receiving input regarding civil society's role at EU level and regarding developments in the implementation of the Strategy and Action Plan in relevant Member States.

The views presented by CSF are not generalisable to other stakeholder groups and thus, the evaluation clearly indicates when views from civil society are presented.

Public Consultation

The scope of the public consultation was to gather views from private individuals, non-profit/private organisations, industry and national/regional/local public administrations. The consultation covered all five objectives of the EU Drugs Strategy and corresponding actions of the Action Plan and all the five evaluation criteria. A framework for the analysis of responses was developed and applied to the submissions received. The data from the public consultation were triangulated with other data collected for the evaluation.

The main challenge arising from the Public Consultation is that the responses received cannot be understood as representative of views of any particular population or group of stakeholders. As the questionnaire was publicly available on the internet and no one was precluded from providing a response, information on the demographic profile of respondents is based on self-reported values. Additionally, the small number of contributions received challenged the evaluator's ability to draw general findings from the public consultation.

Consultation and workshop with expert advisors

Throughout the external study, a panel consisting of three expert advisors was consulted for reviewing the interim findings and recommendations obtained through this study. An independent criminal law expert, a former director of a National Crime Agency Programme and a research leader in the area of security were consulted. In addition to reviewing previous versions of the external study, the experts participated in a workshop, where the relevance, feasibility and acceptability of the findings and recommendations were particularly discussed.

(c) ANALYSIS AND SYNTHESIS OF FINDINGS

Traffic light assessment of implementation of the Action Plan

Through this exercise the evaluation aimed at assessing the extent to which the actions and objectives in the Action Plan have been implemented. The assessments were developed using a traffic light system applied at action-level using the indicators in the Action Plan. The level

of implementation of action was scored as "green" for actions completed, in progress, or ongoing but on target, "amber" for actions in progress or some progress, but behind plan and "red" for actions in deterioration, no progress, little progress or considerably behind plan. The assessment was based on the review of contributions from relevant EU agencies complemented by and updated with findings from interviews and information from additional documentation.

A limitation identified here is that, in some instances, the contributions from agencies were synthesised in the Commission's Progress Report for most actions providing information on the volume of activity, which was not always sufficient to provide an assessment of a given indicator.

Synthesis of data

The synthesis of data aimed at assessing the judgment criteria identified in the evaluation framework and formulating answers to the evaluation questions. The evaluation framework was used to guide the assessment of judgment criteria and the data collection tasks targeted the sets of indicators for each of the judgment criteria. The responses of the interviews with stakeholders were coded according to the evaluation framework. This approach allowed for a synthesis of findings for each judgment criterion across all interviews. The evaluation framework was completed with information from other data collection approaches (survey with EEAS representatives, the public consultation, and relevant documentation). The results from the various data collection approaches were subsequently triangulated and the findings synthesised whilst taking account of the various sources.

The judgment criteria were assessed on the basis of the available information. However, the data collected were not sufficient to populate all indicators in the evaluation framework and for some indicators the information was incomplete or not available.

(d) ROBUSTNESS OF EVIDENCE COLLECTED

There are several challenges and limitations to the evaluation methods due to data availability constraints or issues around the attribution of observed trends and developments to the Strategy and the Action Plan. In reporting on the collected evidence, the evaluation has made those caveats and limitations explicit. In drawing conclusions, the evaluation has been cautious not to over-interpret the evidence, since the available data did not always allow for firm conclusions.

Despite the above-mentioned limitations, the contractor used a range of different sources to validate and triangulate the findings from each data source. While the conclusions for some research questions are more tentative, the overall evaluation presents a coherent and robust set of answers to the evaluation questions.

Further information regarding the methods and sources used for this evaluation can be found in the Methodology section and in the annexes of the contractor's evaluation report.