



# **Ex-post evaluation of five programmes implemented under the 2007-2013 financial perspective**

**Drug Prevention and Information (DPIP) quantitative analysis**

**28 July 2015**



*This page is intentionally blank*



# Ex-post evaluation of five programmes implemented under the 2007-2013 financial perspective

Drug Prevention and Information (DPIP) Quantitative analysis

A report submitted by [ICF Consulting Services](#)  
in association with

[Milieu Ltd](#)

Date: 28 July 2015



## Document Control

---

<b>Document Title</b>	Ex-post evaluation of five programmes implemented under the 2007-2013 financial perspective
<b>Date</b>	28 July 2015

---

This report is the copyright of the European Commission and has been prepared by ICF Consulting Services Ltd, together with Milieu Ltd, under contract to the European Commission. The contents of this report may not be reproduced in whole or in part, nor passed to any other organisation or person without the specific prior written permission of the European Commission.

ICF/Milieu has used reasonable skill and care in checking the accuracy and completeness of information supplied by the client and/or third parties in the course of this project. ICF/Milieu is however unable to warrant either the accuracy or completeness of client and/or third party information nor that it is fit for any purpose. ICF/Milieu does not accept responsibility for any legal, commercial or other consequences that may arise directly or indirectly as a result of the use by ICF/Milieu of inaccurate or incomplete client and/or third party information in the course of this project or its inclusion in project outcomes.



# Contents

- 1 Introduction .....4**
- 2 Key programme and project features .....5**
  - 2.1 Projects by funding tool..... 5
  - 2.2 Distribution of funding ..... 5
  - 2.3 Drug Prevention and Information programme objectives ..... 8
  - 2.4 Priority areas of DPIIP AGs..... 10
  - 2.5 Main activities..... 12
  - 2.6 Target groups and beneficiaries ..... 14
  - 2.7 Average duration of Drug Prevention and Information AGs projects..... 16
- 3 Participation and partnerships .....17**
  - 3.1 MS involvement in DPIIP projects and MS partnerships ..... 17
  - 3.2 Involvement of different types of organisations in DPIIP and types of partnerships ..... 23
- 4 Outputs and indicators .....29**
  - 4.1 Drug Prevention and Information project outputs ..... 29



## 1 Introduction

This deliverable presents the updated draft structure for the quantitative analysis of the projects funded by the Drug Prevention and Information programme (DPIP). The analysis is based on 51 projects mapped. The basis for the quantitative analysis is the project mapping datasheet, included as Annex 1 of this report.

Only some figures regarding allocated, committed and paid funding in this document do not source from Annex 1. The sources for those figures are based on the Commissions internal documentation received in January 2015.

In addition, some of the graphs presented in this analysis and several other entries of the project mapping datasheet have been used in the evaluation of the Drug Prevention and Information programme and are used for the focussed evaluation. Information has been cross-checked with additional information obtained from the online survey and the follow-up interviews.

The draft quantitative analysis is structured as follows:

- Key programme and project features;
- Participation and partnerships;
- Outputs and indicators.

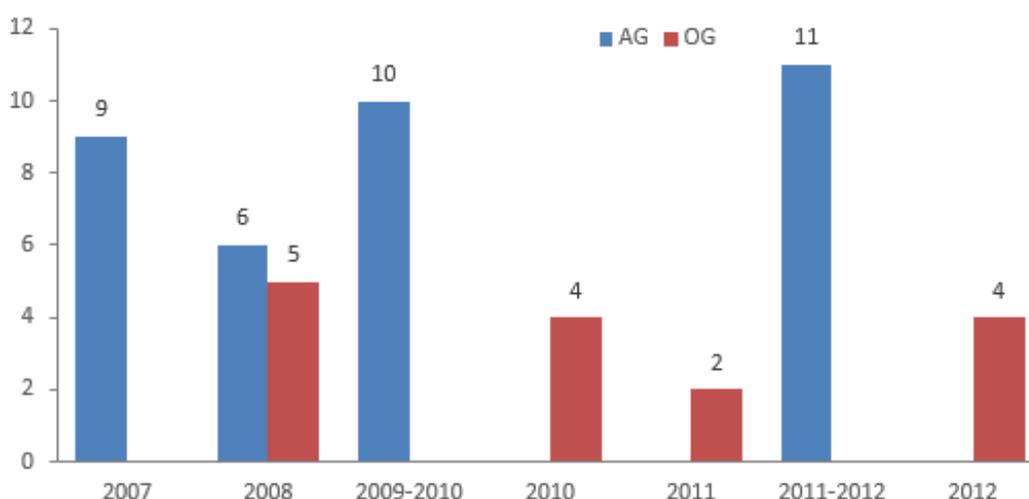
## 2 Key programme and project features

This section presents the key project features including the number of funding tools awarded by Drug Prevention and Information, distribution of funding, the projects' objectives, main activities, main target groups, as well as the average duration of the projects funded by Drug Prevention and Information programme.

### 2.1 Projects by funding tool

Figure 2.1 shows the total number of projects funded per call of proposal, by funding tool (Action Grants (AGs) or Operational Grants (OGs)). In total, 36 AG and 15 OG were funded by Drug Prevention and Information. The highest number of action grants was funded through the 2011-2012 AG call of proposal, followed by that of AG 2009-2010, AG 2007 and AG 2008. The highest number of operating grants was awarded during the OG 2008 call for proposal.

Figure 2.1 DPIP distribution of projects by funding tool



### 2.2 Distribution of funding

This section is based on the *additional financial data* received by the Commission regarding the allocated, committed and paid funding in January 2015.

Between 2007 and 2013 in total €15,314,200 was allocated to DPIP AG and OGs. €13,514,200 (88%) was allocated to AG and €1,800,000 (22%) to OG (including monopolies). The total committed budget was €12,879,359 for AG and €958,362 for OG, and paid up to date was €6,653,163 for AG and €823,975 for OG.

Figure 2.2 presents an overview of the total allocated, committed and paid funds (AG and OG) and total over/under commitment and underspending per call.

Regarding AGs, one of the calls for proposal (2007 AG) shows that the committed budget exceeded the total indicative allocation of funding, with AG 2007 call committing 1% more than the initially allocated budget. However, OG calls did not exceed the total indicative allocation of funding. Furthermore, the OG 2010, 2011 and 2012 calls showed that only between 25% and 55% of the total allocated funding was actually committed.

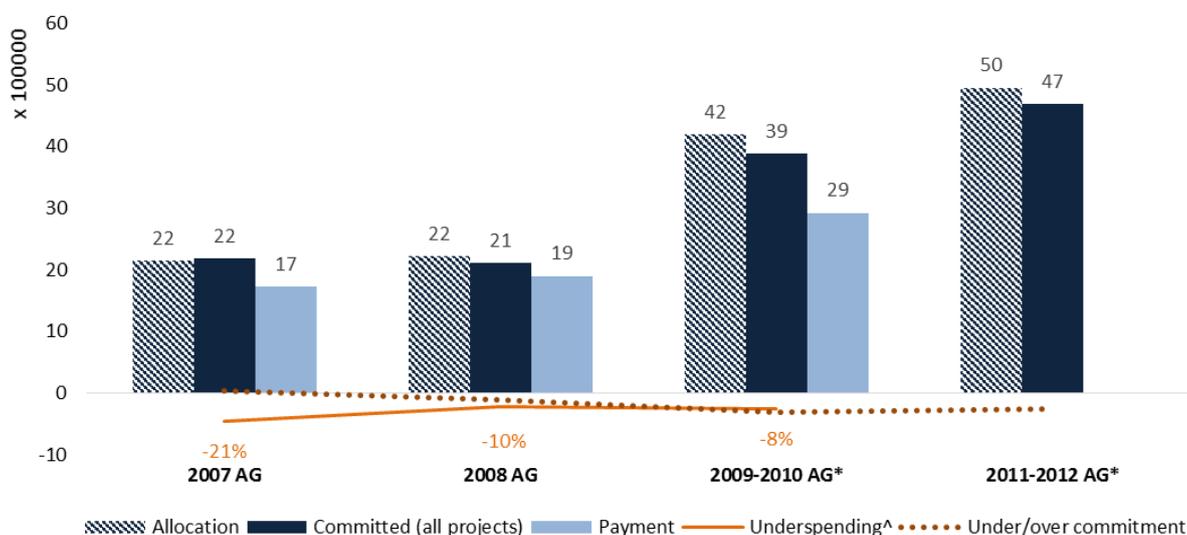
Data shows that the highest amount paid for AGs was identified during the AG 2009-2010 call for proposal with almost €30m, followed by the AG 2008 and 2007 calls. However it must be noted that most of the grants awarded under 2011 – 2012 AGs are still ongoing, hence they are not considered in this analysis. When compared to AGs, the number of payments

for OGs showed a smaller payment amount. The highest amount paid for OGs was identified during the OG 2008 call for proposal with almost €409,429.

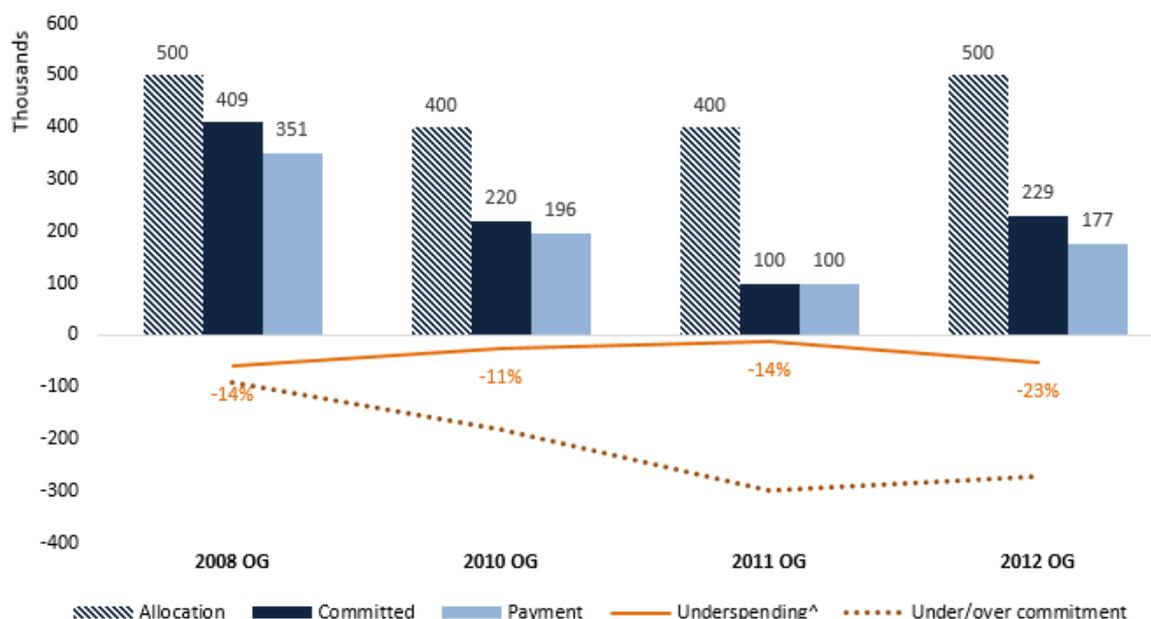
It is interesting to note that for AGs, the most significant underspending occurred for the AG 2007 call for proposal (€455,496), while it was the only call for which the committed budget exceeded the total indicative allocation of funding. For OGs, the maximum underspending was reached during the OG 2011 call (almost €300,000). However, the most important underspending relatively to the committed budget was reached during the OG 2012 call.

Average underspending for AG projects was -12% and average underspending for OG projects was -15% (underspending was calculated based on finalised projects).

**Figure 2.2** DPIP Total allocated, committed and paid funds (AG) and total over/under commitment and underspending by call for proposal by funding tool (AG above, OG below)



Note: No information was available on: paid funds and underspending for 2011--2012 AG



^Underspending is calculated as the difference between committed and paid funding for all finalised projects.

\* Not all projects have been finalised (the spending and underspending figures only relate to finalised projects).

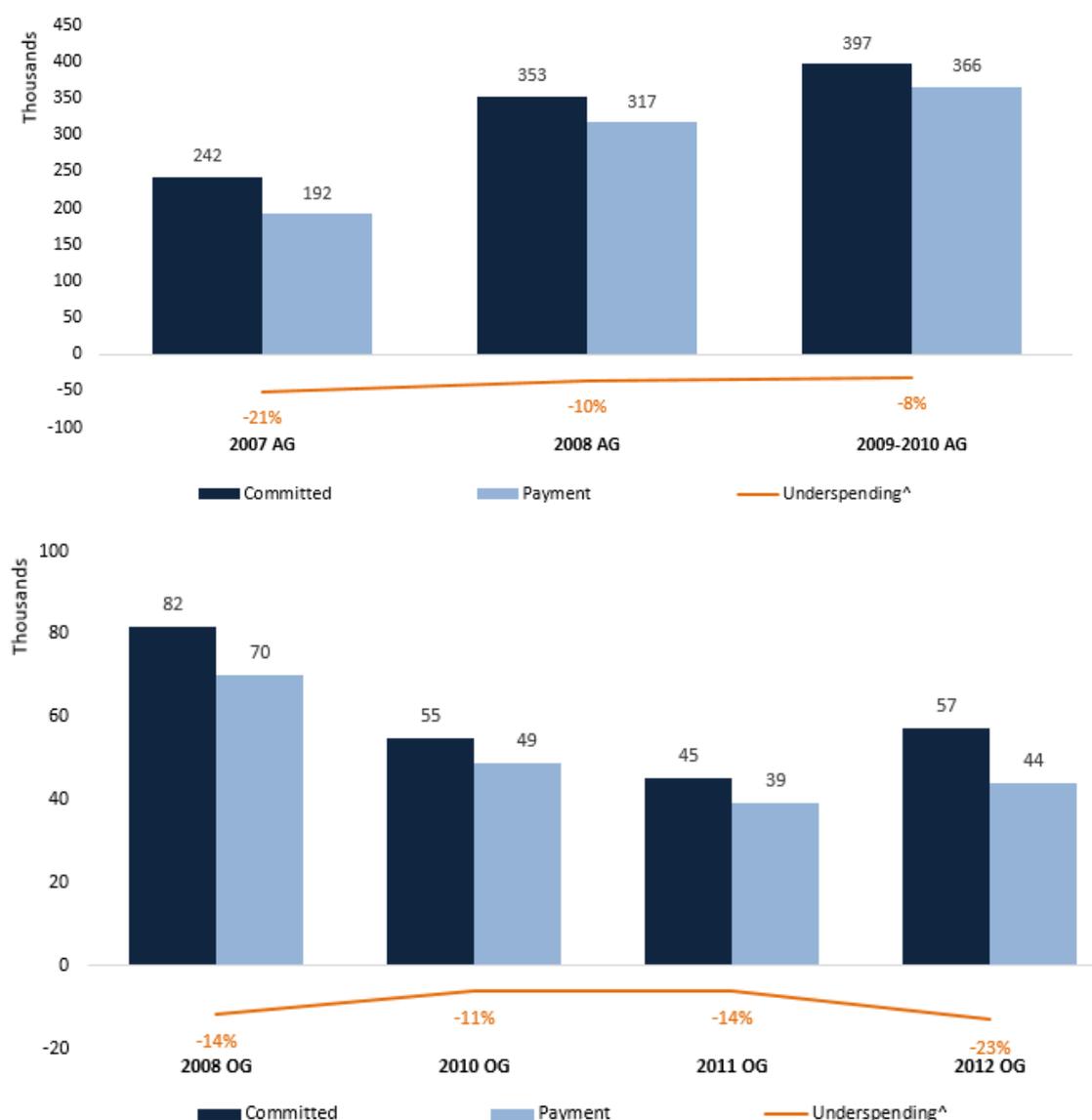
Average underspending per project was €-28,112 while average committed was €221,681. Average underspending for AG project was €-40,063 and for OG project was -€9,785.

Figure 2.3 below presents an overview of the average committed and paid funds per finalised projects per call.

Average committed and paid funds increased throughout the calls for AGs (from €242,439 in 2007 to €396,990 in 2009-2010 for committed and from €191,282 to €365,747 for paid funds). The average underspending decreased with time.

On the contrary, average committed and paid funds decreased with time for OGs: from €81,889 in 2008 to €45,451 in 2011 for committed and from €70,265 to €39,250 for paid funds. The figures increased in the OG 2012 call for proposal. The average underspending was quite similar throughout the calls, but increased during the OG 2012 call (€-13,061).

**Figure 2.3 Average committed and paid funds per finalised projects (AG above, OG below)**



*^Underspending is calculated as the difference between committed and paid funding for all finalised projects.*

*\* Not all projects have been finalised (the spending and underspending figures only relate to finalised projects).*

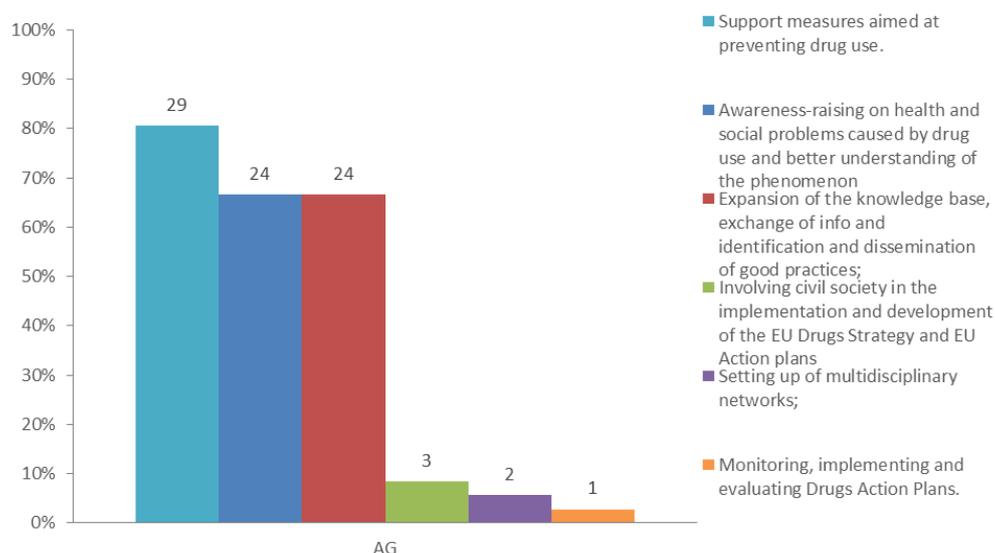
## 2.3 Drug Prevention and Information programme objectives

Figure 2.4 below presents the specific objectives addressed by Drug Prevention and Information’s projects, including both action and operating grants.

On average, 81% of Drug Prevention and Information AG projects focused on support measures aimed at preventing drug use; followed by a 67% of AG projects that aimed to raise awareness on health and social problems caused by drug use and better understanding of the phenomenon, and another 67% of AG projects focused on the expansion of the knowledge base, exchange of info and identification and dissemination of good practices. On the other hand, actions aiming at involving civil society in the implementation and development of the EU Drugs Strategy and EU Action plans, actions to set up multidisciplinary networks and actions designed to monitor, implement and evaluate Drugs Action Plans represented 8%, 6% and 3% of the AGs projects respectively.

Concerning Drug Prevention and Information OGs, both grants focusing on involving civil society in the implementation and development of the EU Drugs Strategy and EU Action plans and grants aiming at raising awareness on health and social problems caused by drug use and better understanding of the phenomenon represented 7%.

**Figure 2.4 DPIP objectives for AG funding tools (above) and OG funding tools (below)**



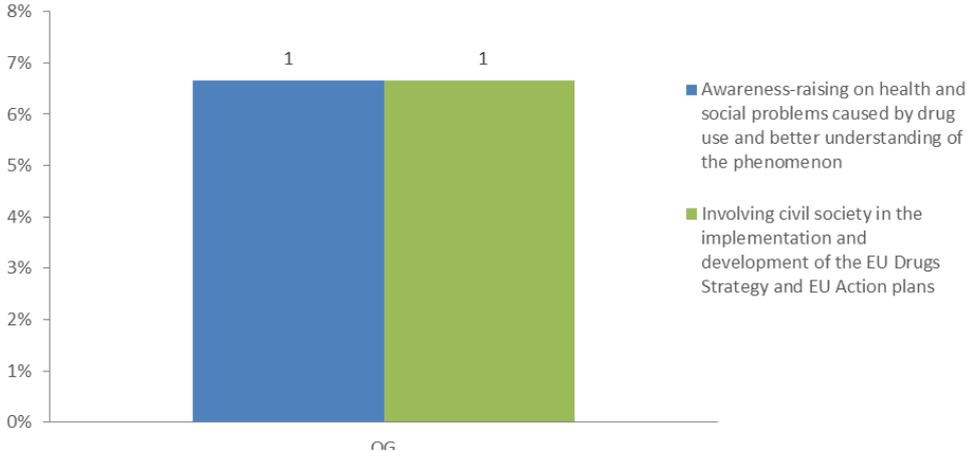
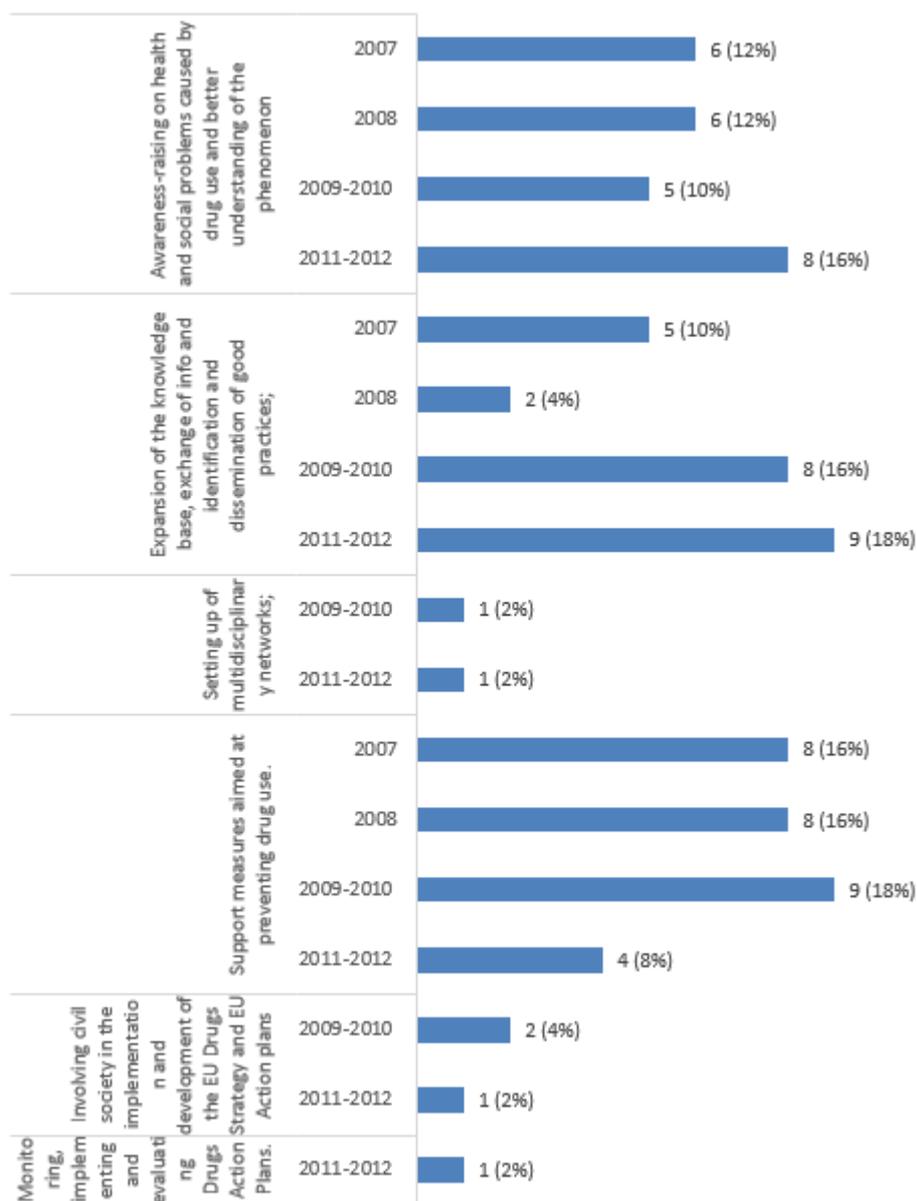


Figure 2.5 below presents the objectives addressed by projects per Action Grant calls. It shows that the focus on the expansion of the knowledge base, exchange of info and identification and dissemination of good practices, the importance of awareness-raising on health and social problems caused by drug use and better understanding of the phenomenon as well as the focus on support measures aimed at preventing drug use remain strong throughout the AG calls.

Figure 2.5 DPIP project specific objectives by AG call



## 2.4 Priority areas of DPIP AGs

6% (2 projects) of Drug Prevention and Information programme Action Grants focused only on one priority area, whereas 94% (32 projects) focused on two or three priority areas (see Figure 2.7).

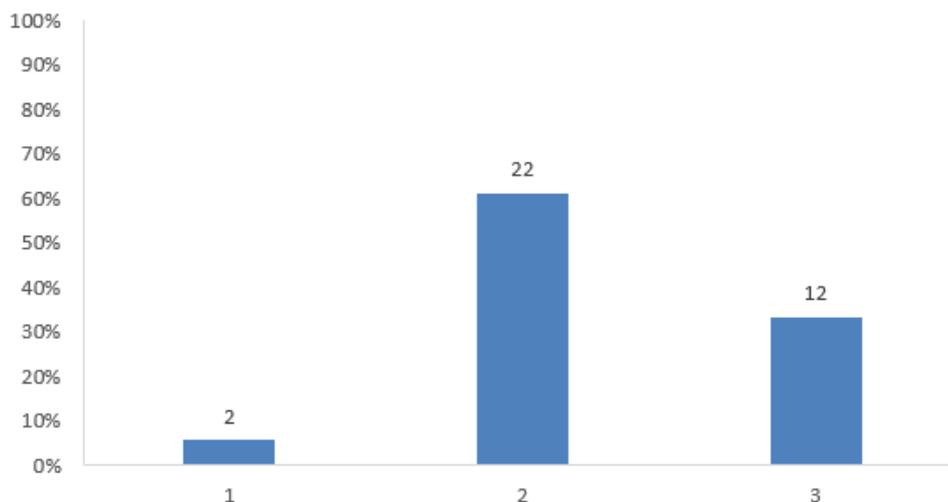
In 2007-2008, the most common priority area was: Exchange of experience, transfer of skills and best practice in the field of drug demand reduction (80% or 12 projects).

In 2009-2010, the most common priority areas were different and referred to: Ensure the expansion of the knowledge base, the exchange of information and identification and dissemination of good practices in the area of drug-demand reduction (70% or 7 projects) and Support measures aimed at preventing drug use, including by addressing reduction of drug-related harm and treatment methods taking into account the latest state of scientific knowledge (90% or 9 projects).

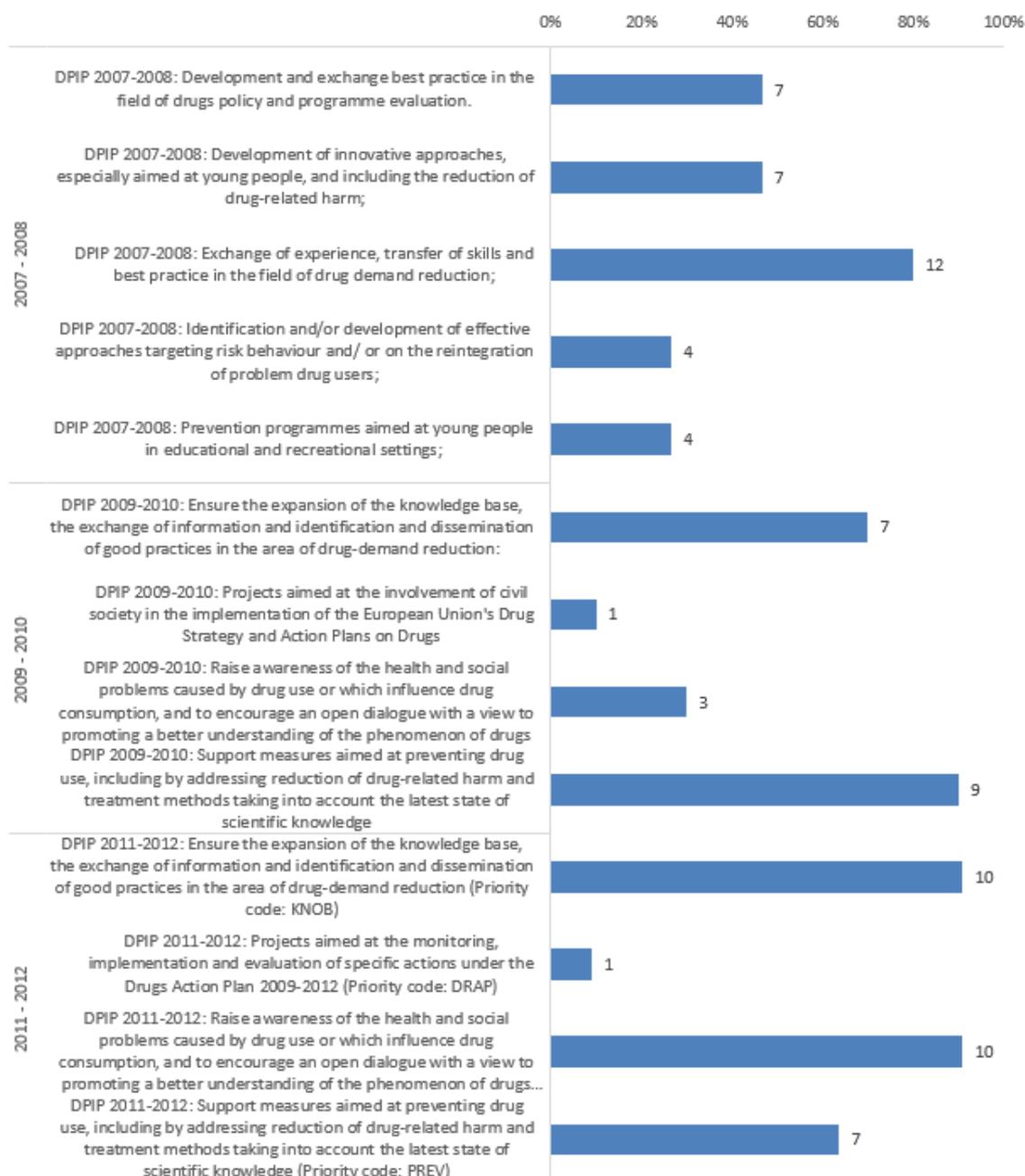


Two priority areas were important during 2011-2012 calls: Ensure the expansion of the knowledge base, the exchange of information and identification and dissemination of good practices in the area of drug-demand reduction (Priority code: KNOB) and Raise awareness of the health and social problems caused by drug use or which influence drug consumption, and to encourage an open dialogue with a view to promoting a better understanding of the phenomenon of drugs (Priority code: AWAR) (both 91% or 10 projects).

**Figure 2.6 Number of priority areas of DPIP projects**



**Figure 2.7 Priority areas of DPIP projects by AG call**

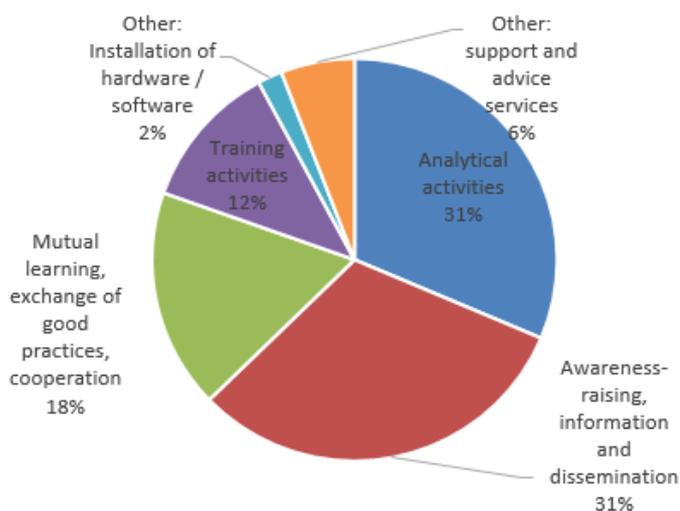


## 2.5 Main activities

Figures 2.8 and 2.9 below show the main types of activities addressed by Drug Prevention and Information AG and OG projects. AG projects most often focused on analytical activities and awareness-raising, information and dissemination activities (both 31%). The third and fourth most frequent activity implemented by AG projects were mutual learning, exchanges of good practices and cooperation activities (18%) and training activities (12%). OG projects most often focused on awareness-raising, information and dissemination activities (27%) and mutual learning, exchanges of good practices and cooperation activities (20%). OG projects frequently implemented analytical activities and support to key actors (both 16%), and training activities (12%).

In this context, activities focusing on support to key actors, mostly concerned activities developed under OGs, aiming at building the capacity and visibility of the organisations' activities.

**Figure 2.8 DPIP AG projects by main activity**



**Figure 2.9 DPIP OG projects by main activity**

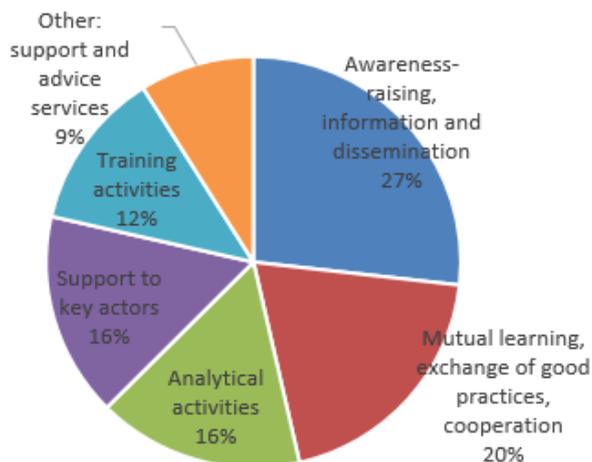
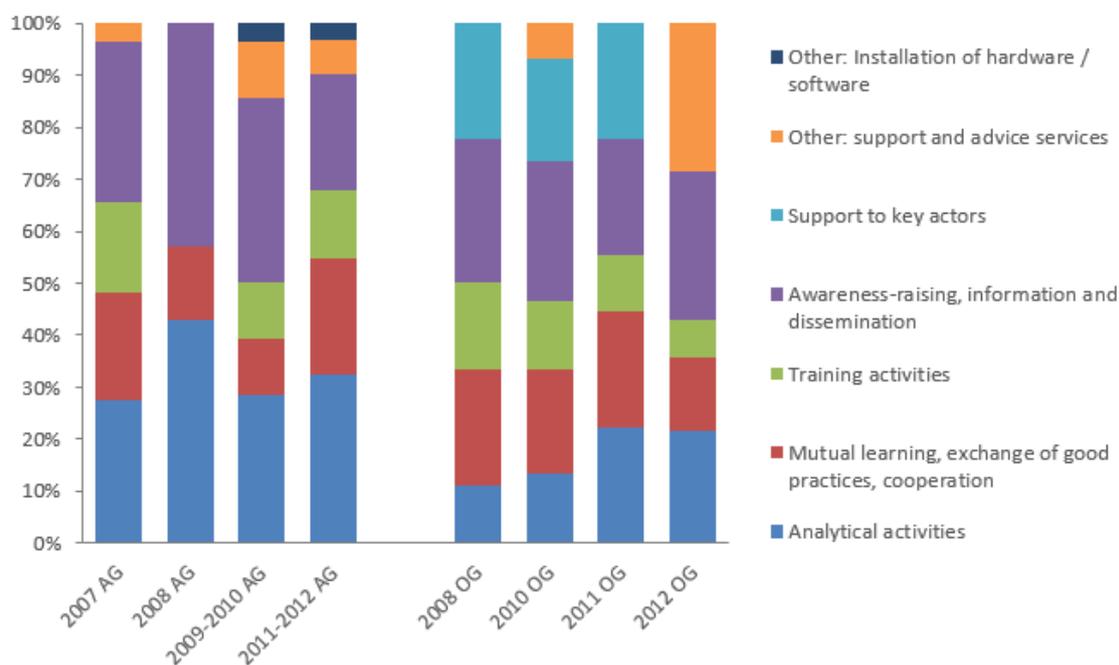


Figure 2.10 provides an overview of the activities implemented by both funding tools, AGs and OGs, by call of proposal. From the chart it can be seen that AGs broadly focused on similar activities throughout the calls (with the exception of 2008 call when the focus on analytical activities and on awareness-raising, information and dissemination was stronger). OG calls show a similar pattern, except for the support services and training activities which received less attention in 2012 than in other years.

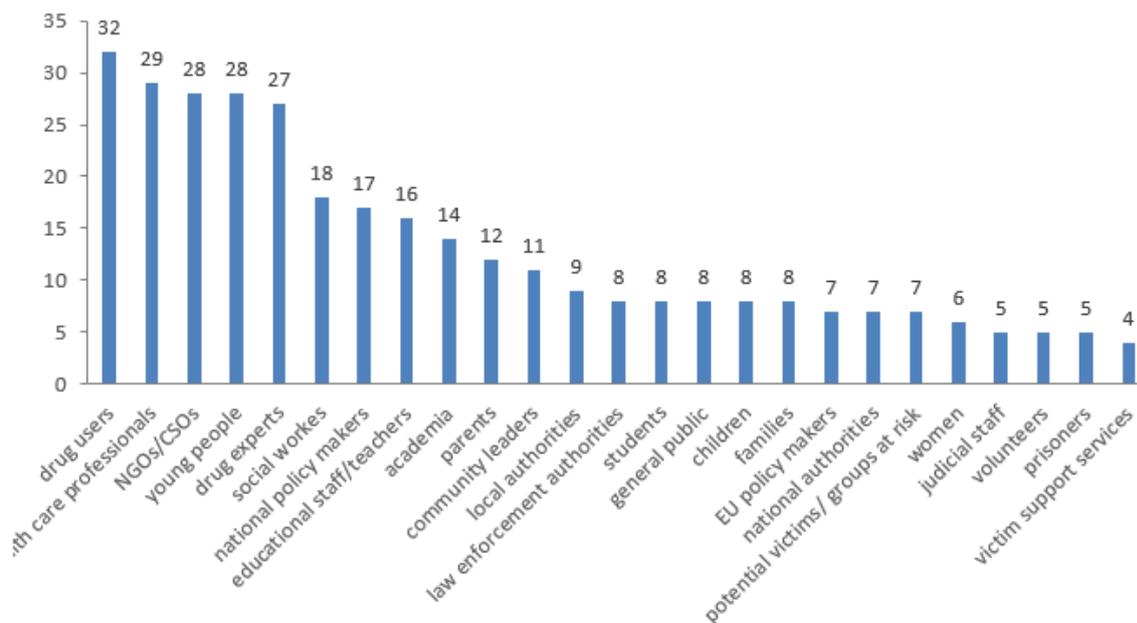
**Figure 2.10 Main DPIP Activities implemented by AG and OG projects by call of proposal**



## 2.6 Target groups and beneficiaries

The top 25 target groups and beneficiaries most often addressed by Drug Prevention and Information projects are presented in Figure 2.11 below. The five most frequent target groups are drug users, health care professionals, NGOs/CSOs, young people and drug experts.

**Figure 2.11 DPIP 25 most often addressed target groups / beneficiaries**



Target groups and beneficiaries were further grouped into 23 larger groups to present an overview by funding tool by call for proposal. The overview of target groups and beneficiaries by AG call shows a consistent trend among different years and calls in targeting children and youngsters except during the last 2011-2012 AG call. Policy makers were often targeted except for the 2009-2010 AG call. Vulnerable groups and experts were targeted much more with 2009-2010 AG and 2011-2012 AG than with earlier calls.

Regarding OGs, children and youngsters were the main target group throughout all calls. Policy makers were targeted much more in the 2008 and 2010 calls than in later calls.

Figure 2.12 DPIP target groups and beneficiaries by AG call

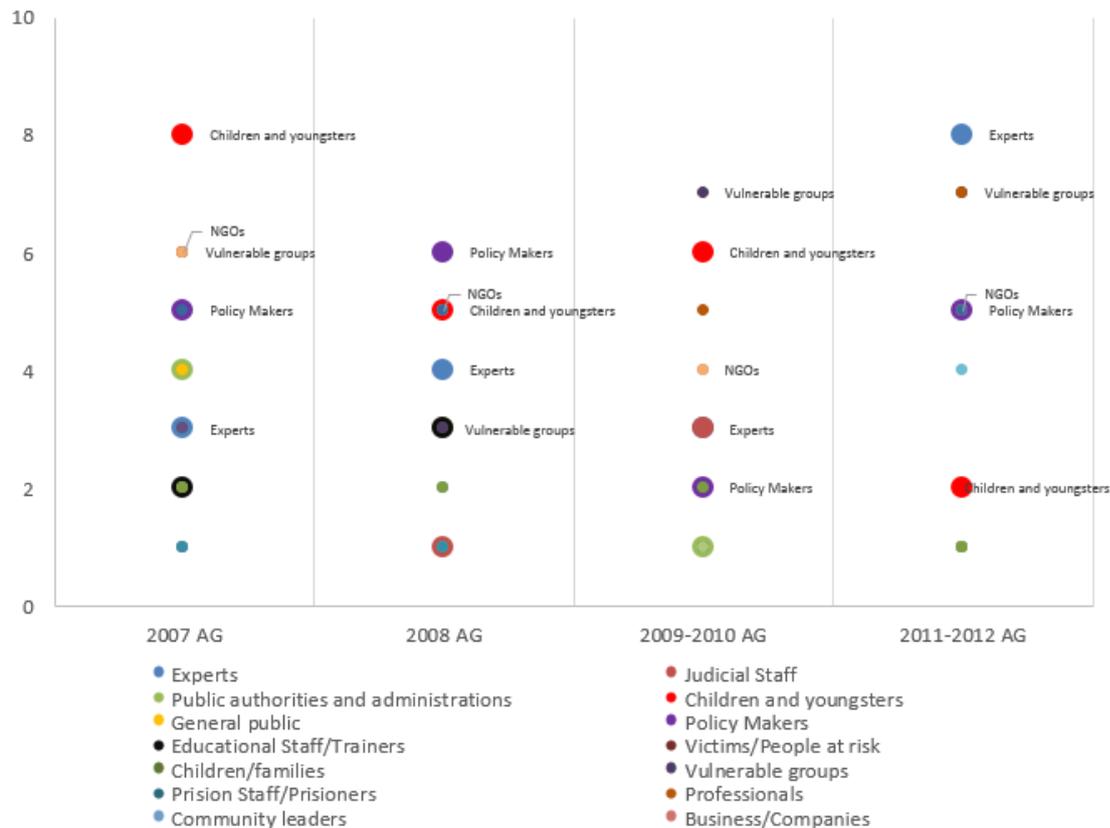
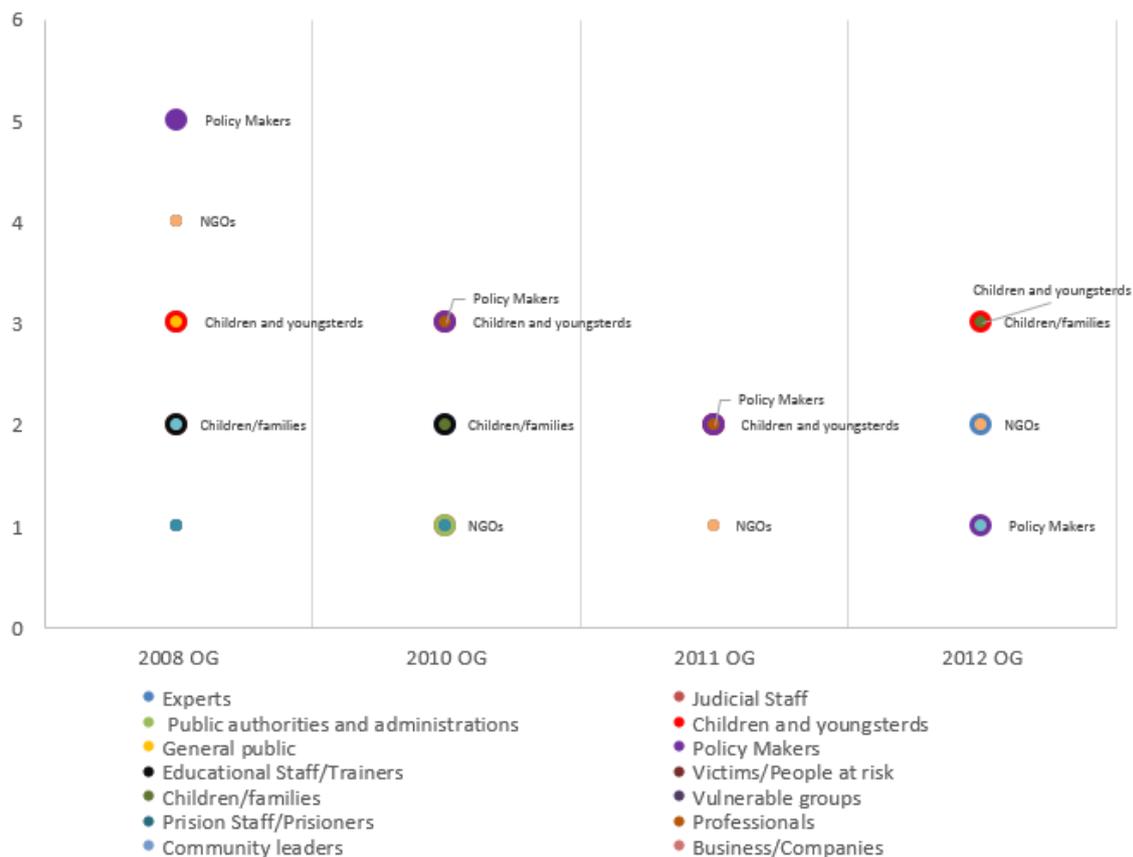


Figure 2.13 DPIP target groups and beneficiaries by OG call





## **2.7 Average duration of Drug Prevention and Information AGs projects**

On average AG projects lasted 22.6 months. The average duration of the projects decreased during the calls launched between 2009 and 2012, when compared to the 2007 and 2008 AG calls.

### 3 Participation and partnerships

This section presents the rate of participation and partnership structures in DPIIP projects.

Two different types of organisations were involved in projects: lead and partner organisations. These are presented according to different features such as the type of funding tool, the geographical distribution, type of organisation and funding.

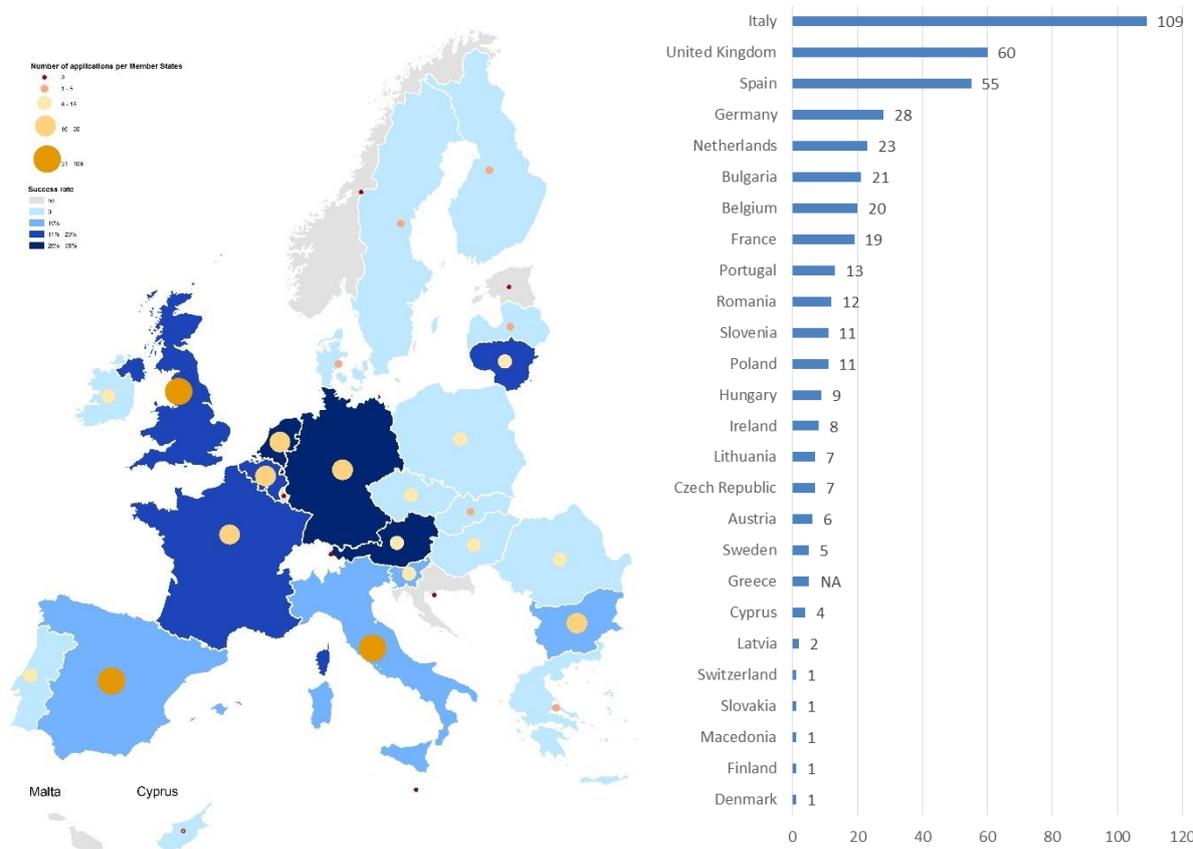
On average DPIIP action grants had five partners per project. A correlation coefficient was calculated to check if there is a linear relationship between the amount of funding and the number of project partners for AG funding tool. Based on the results (coefficient value  $r=0.14$ ), there is no linear correlation between the number of partners and the amount to committed funding. In other words, the pattern does not suggest that projects with higher funding had larger partnership structures.

#### 3.1 MS involvement in DPIIP projects and MS partnerships

##### 3.1.1 MS participation according to the distribution of lead and partner organisations

In total 473 applications were received through DPIIP programme. For 457 applications (97%) the Member State of the lead organisation could be identified in the dataset. Based on this, the highest number of applications was submitted by Italian organisations (109) followed by organisations from the United Kingdom (60) and Spain (55). These top three applicant Member States submitted 47% of all applications for funding from the programme.

**Figure 3.1 Total number of applications in DPIIP projects (right) and the success rate by MS (left)**



*Note: 16 OG 2008 applications could not be allocated to a particular Member State because the Member State was not specified in the data.*

Austria, Germany and the Netherlands showed the highest success rate of the submitted applications. Many countries such as Portugal, Greece, Hungary, Slovakia, Check Republic, Poland, Denmark, Sweden, Latvia and Cyprus applied but did not succeed to obtain the funding from the DPIP programme. It should be again noted, that this success rates were calculated only based on the applications for which MS could be identified.

**Figure 3.2 Total number of organisations participating in DPIP projects, including lead (left) and partner (right) organisations**

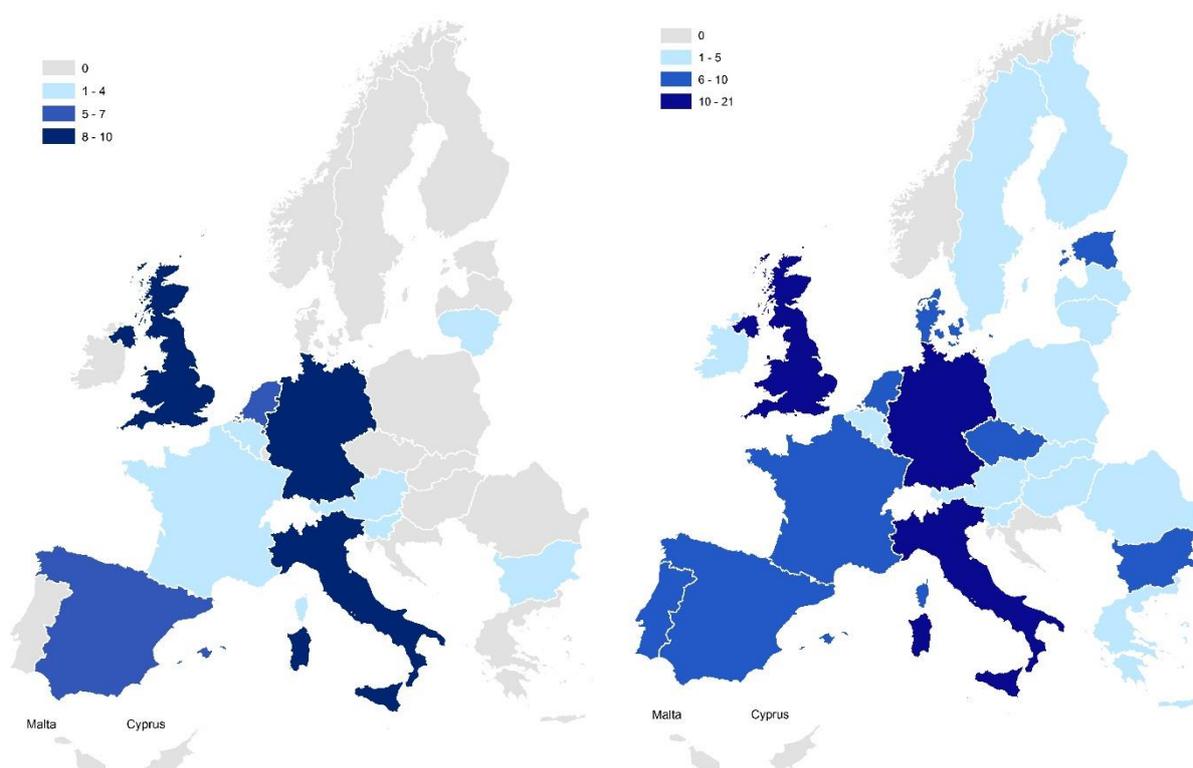


Figure 3.2 above presents the geographical location of organisations that participated in Drug Prevention and Information's projects per Member State. Most of the participant organisations were established in Italy, United Kingdom and Germany, with most of these organisations being partner organisations. Malta, Cyprus and Croatia did not participate in the Drug Prevention and Information projects.

Lead organisations were clustered within three Member States: Italy, United Kingdom and Germany. In total 51 % (26) of all projects were led by the three Member States. Many Member States did not lead any DPIP projects. However, when looking at the partner organisations, the Member States' participation is more evenly spread; out of all Member States, 13 participated with more than 5 partner organisations.

Apart from the EU Member States mapped above Norway also participated in Drug Prevention and Information's projects as a partner organisation.

### 3.1.2 Distribution of committed funding by Member State of lead organisations

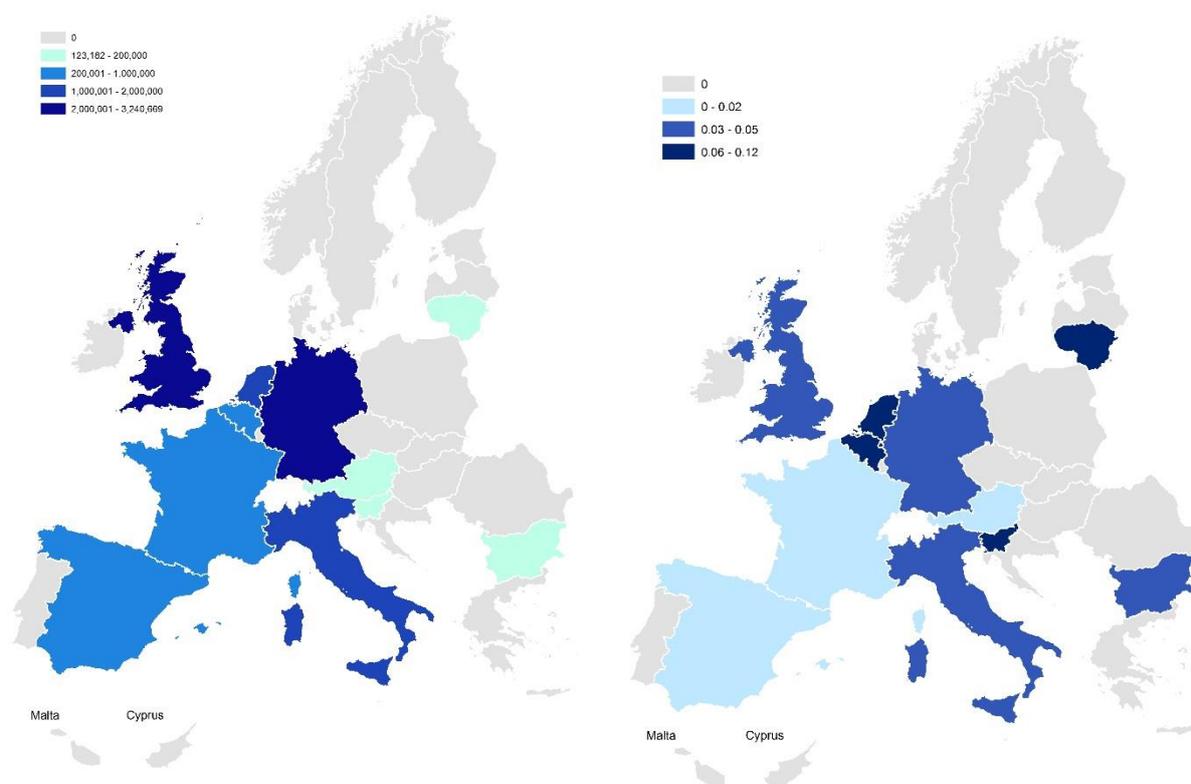
24% of the Drug Prevention and Information programme funding was committed to projects where German organisation was a lead followed by the United Kingdom (22%) and Italy (15%). This funding distribution closely follows the distribution of the number of projects led by Member States.

Distribution of funding by MS of the lead organisation is presented in Figure 3.3 (left).

However, it should be noted that the funding map does not show the spread of committed funding among project partners. The figure assumes that all of the committed funding was allocated to the country of the lead organisation. As this was not the case in reality (projects were transnational and project partners also received part of the funding) the figure should be interpreted with caution.

The committed funding per Member State of lead organisation was further divided by population, to account for differences in Member State size (see Figure 3.2 right). Assuming that the committed money to lead organisations was not shared with partners outside the Member State of the lead organisation, then between 0.06 – 0.12 € per capita was committed in 4 Member States and less than 0.05 € per capita in 7 Member States.

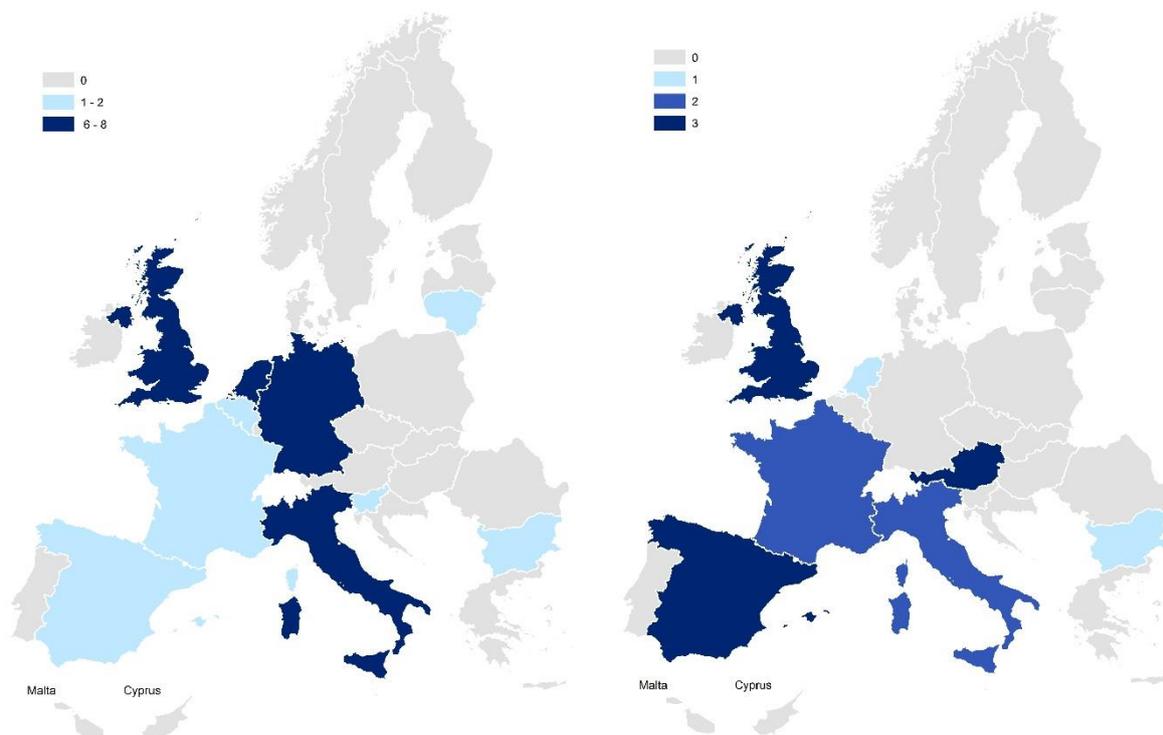
**Figure 3.3 Allocation of DIPIP committed funding by lead organisation (left) and by lead organisation per capita (right)**



### 3.1.3 Member States participation by funding tool

Figure 3.4 below shows that there are some differences in Member State of the lead organisation by funding tool. Whereas Italy, United Kingdom, Germany and Belgium commonly led AG projects (more than 5 projects was led by each MS), the main leading organisation of the OG projects were from Portugal, United Kingdom and Austria (3 projects were led by each Member State).

**Figure 3.4** Number of Drug Prevention and Information programme lead organisations by Member State by AG (left) and by OG (right)

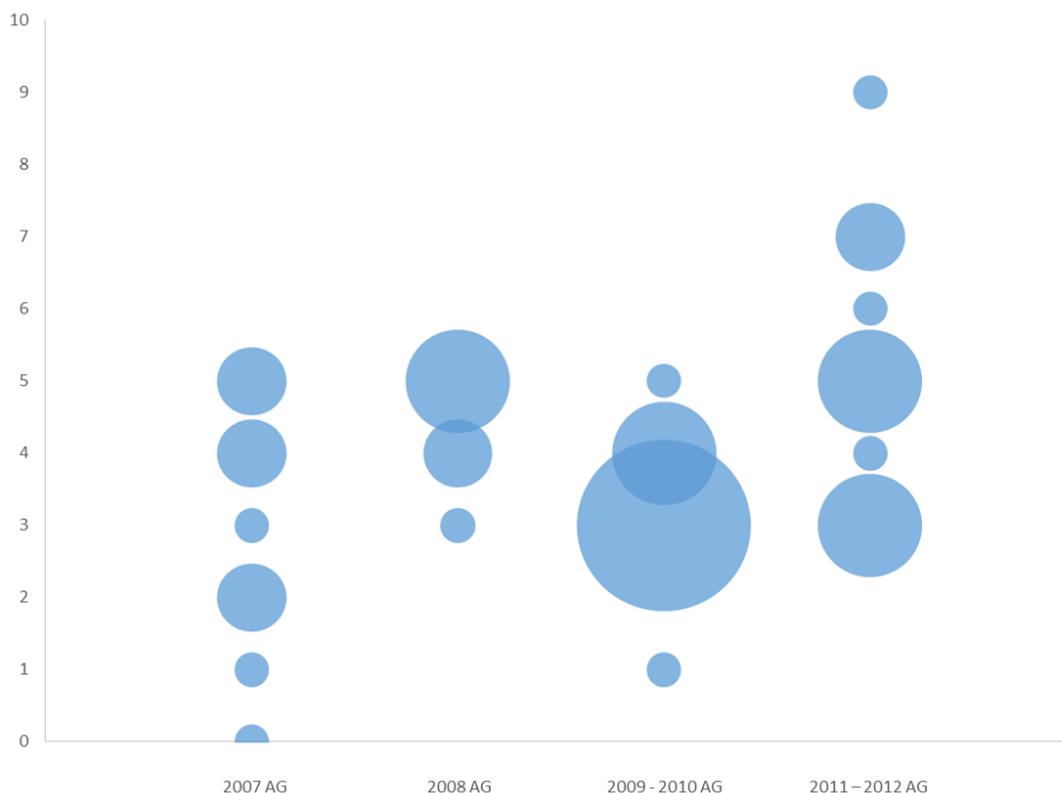


### 3.1.4 Member State partnership structures (AG)

On average DPIP grants had *five* partner organisations per project. At the same time on average organisations from *four* different Member States participated in a project.

As presented in the Figure 3.5 below the highest number of different Member States in a project was 5 in one project funded by 2011-2012 AG call. Partnerships became more common with time.

**Figure 3.5** Number of different types of Member States involved in AG projects by programme



*Note: The size of the bubble presents the frequency of projects with this partnership structure. The larger the bubble the higher the frequency.*

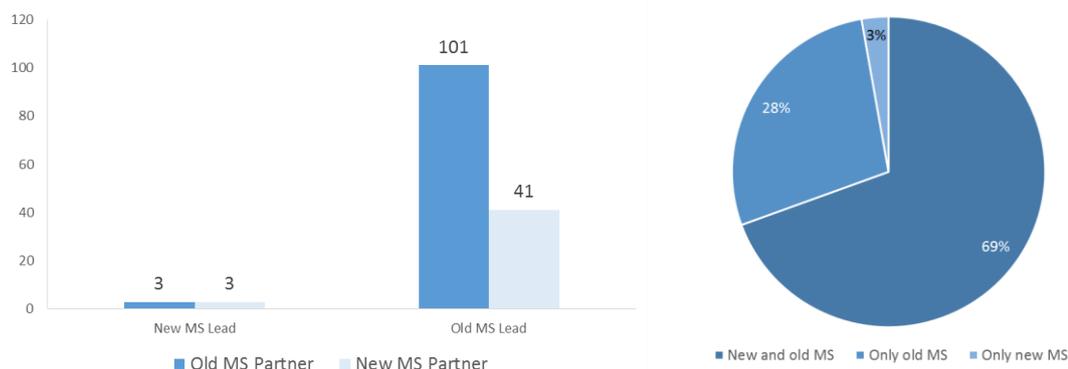
Partnership structure was further analysed based on:

- Time passed since joining the EU. Member States were divided into ‘old’ and ‘new’ Member States; and
- Top 3 lead Member States.

Figure 3.6 shows that lead organisation from ‘new’ Member States were as likely to have a project partner from a ‘new’ member states as from an ‘old’ member states. However, lead organisations from the ‘old’ Member States were more than twice as likely to have a project partner from the ‘old’ Member State.

Despite this, Figure 3.5 (right) shows that more than half (69%) of all AG projects included at least one ‘new’ and one ‘old’ Member State. At the same 28% of the projects was implemented only by the ‘old’ Member States, and 3% of projects was implemented only by the ‘new’ Member States.

**Figure 3.6 Partnerships between the ‘old’ and ‘new’ Member States**

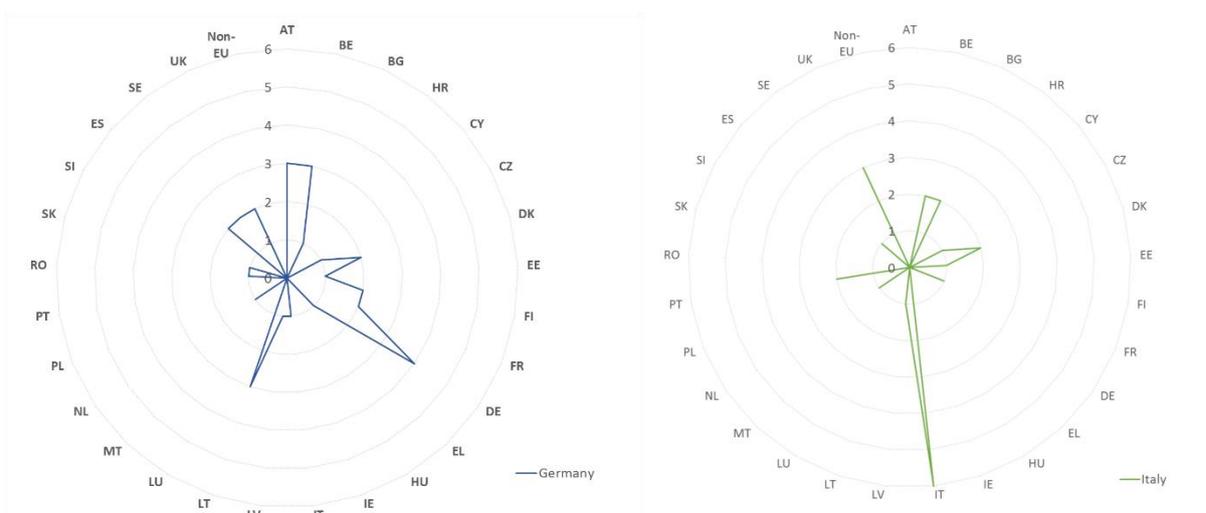


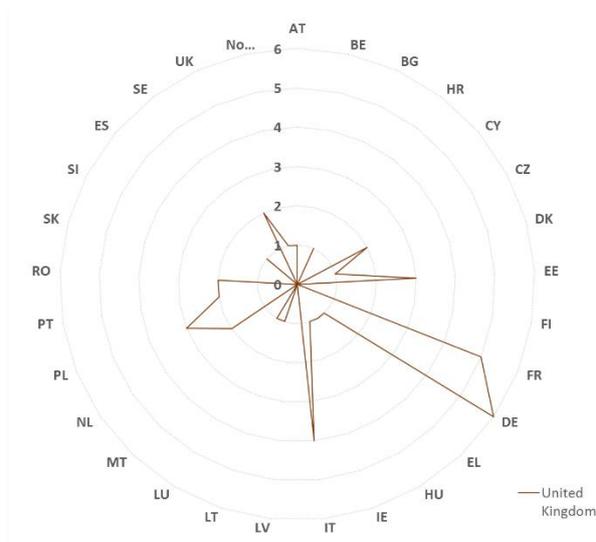
*Note: For Old Member States the following countries were considered: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Spain, Sweden, Italy, Luxembourg, Netherlands, Portugal and United Kingdom. For New Member States the following countries were considered: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia, Bulgaria, Romania and Croatia.*

Figures 3.7 further highlight the partnership structure of the Top 3 Member States with the highest number of lead organisations (Germany, United Kingdom and Italy). Figures show that in two cases lead organisations are more likely to partner with organisations from their own Member State than with organisation from other EU Member States. This is especially noticeable for Italy. However, this was not the case for the projects led by the United Kingdom, where the lead organisations most likely partnered with German partners.

Italian lead organisations partnered with 6 Italian partners and 3 UK partners. Germany partnered with 4 German, 3 Belgian, 3 Austrian and 3 Lithuanian partners. Lead organisations from the United Kingdom partnered with 6 German, 5 French and 4 Italian partners.

**Figure 3.7 Partnership structure for the Top 3 Member States of lead organisations**



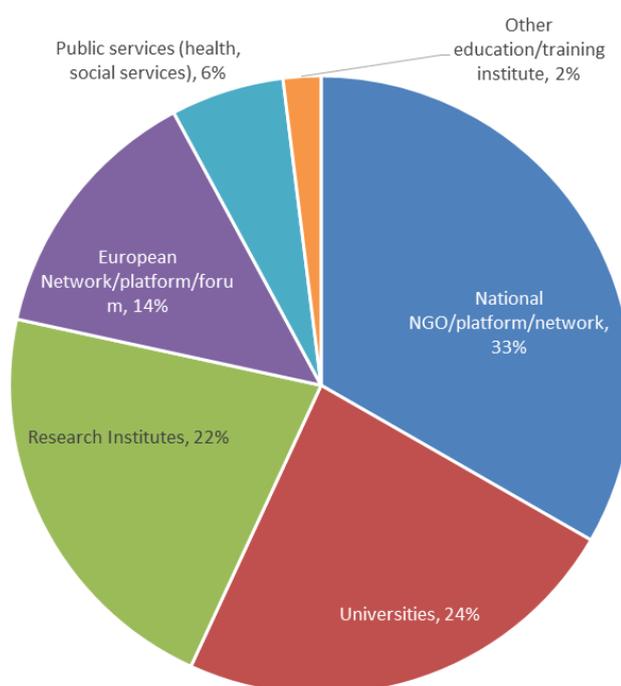


### 3.2 Involvement of different types of organisations in DPIIP and types of partnerships

#### 3.2.1 Involvement of different types of organisations according to the lead and partner organisations

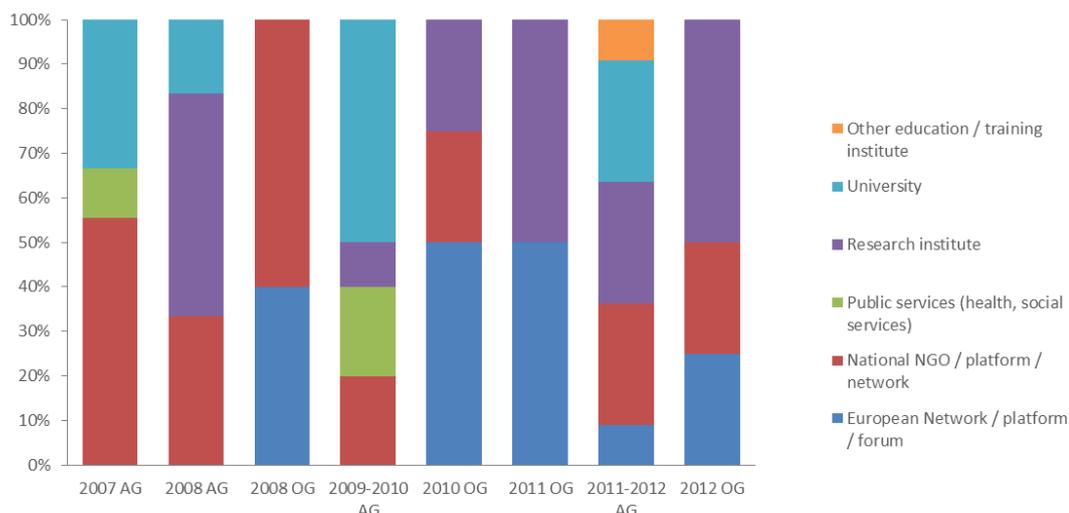
As shown in the figure below, Drug Prevention and Information projects were mainly led by National NGOs (including national platforms and networks) (33%), followed by universities (24%), research institutes (22%) and European networks (14%).

Figure 3.8 DPIIP lead organisations by type of organisation



The distribution of lead organisations by type spread over the different Drug Prevention and Information calls is provided in Figure 3.9 below.

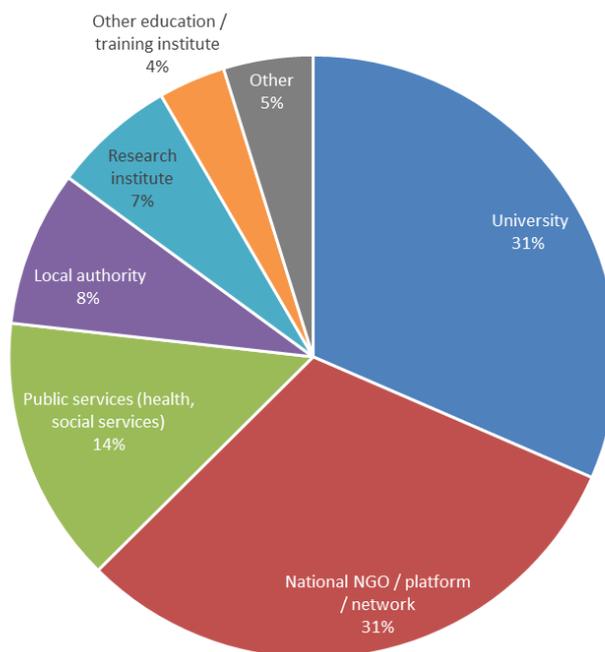
**Figure 3.9 Distribution of DPIP lead organisations by call and by type of organisation**



The distribution of lead organisations by AG calls varies a lot. There is a gradual move through the years towards a more diversified structure of the lead organisations. Earlier calls were focusing on national NGOs and universities whereas the latest call attracted five different types of lead organisations. OG calls were focused on European networks, platforms and forums, national NGOs and research institutes.

An overview of the distribution of Drug Prevention and Information AGs partner organisations (hence excluding lead organisations) by type of organisation is provided in Figures 3.10 and 3.11 below.

**Figure 3.10 Distribution of DPIP AG partners by type of organisation**

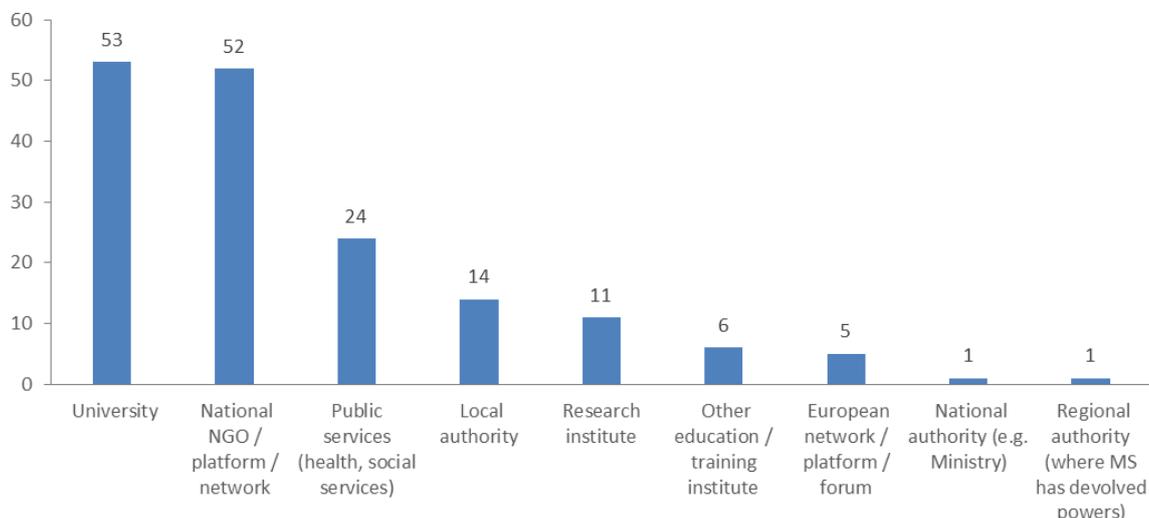


*Note: Category 'Other' includes European networks/ platform/ forum (2.98%), national authority (0.60%), regional authority (0.60%) and other (0.60%).*

The composition of the partnerships shows that the most common partners are national universities and NGOs, including national platform and networks, both representing 31% of

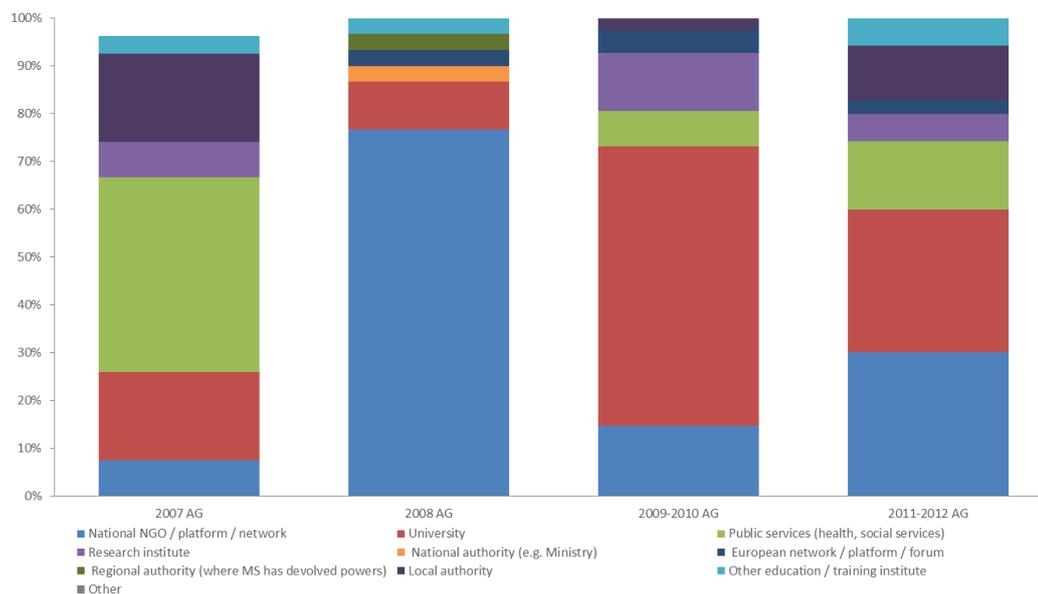
all partners. Public services and local authorities also are common partners, representing 14% and 8% respectively.

**Figure 3.11 Total number of DPIP AGs partners by type of organisation**



Distribution of the partnership is further presented in Figure 3.13 below, by DPIP AG calls for proposal<sup>1</sup>. The figure shows that the type of partners differed from call to call. Particularly the 2008 AG call attracted many partnerships with the national NGOs, platforms or networks.

**Figure 3.12 Distribution of DPIP partners by type of organisation per call**

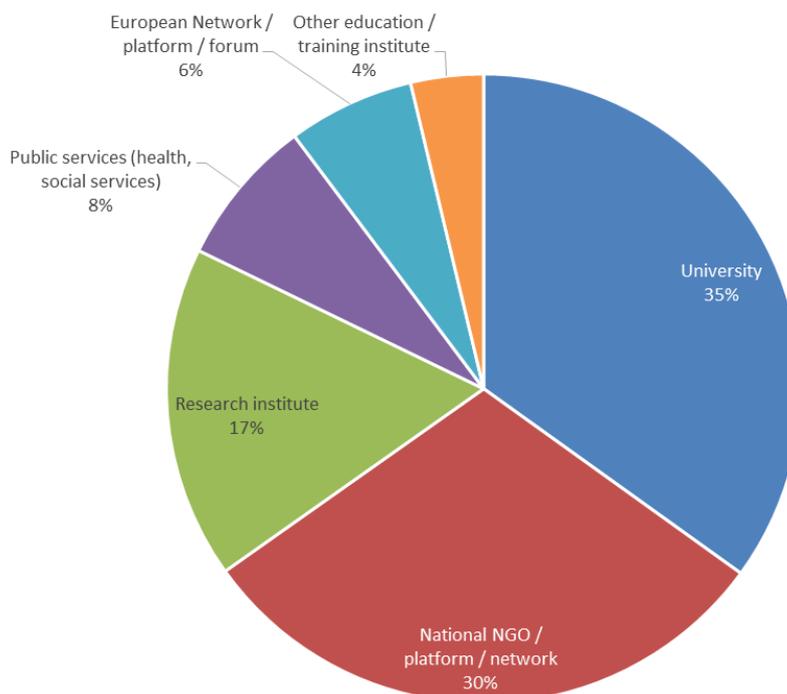


### 3.2.2 Distribution of funding by type of lead organisation

The following chart shows the distribution of Drug Prevention and Information funding by type of lead organisation.

<sup>1</sup> AG calls which included no partners have not been included in the charts.

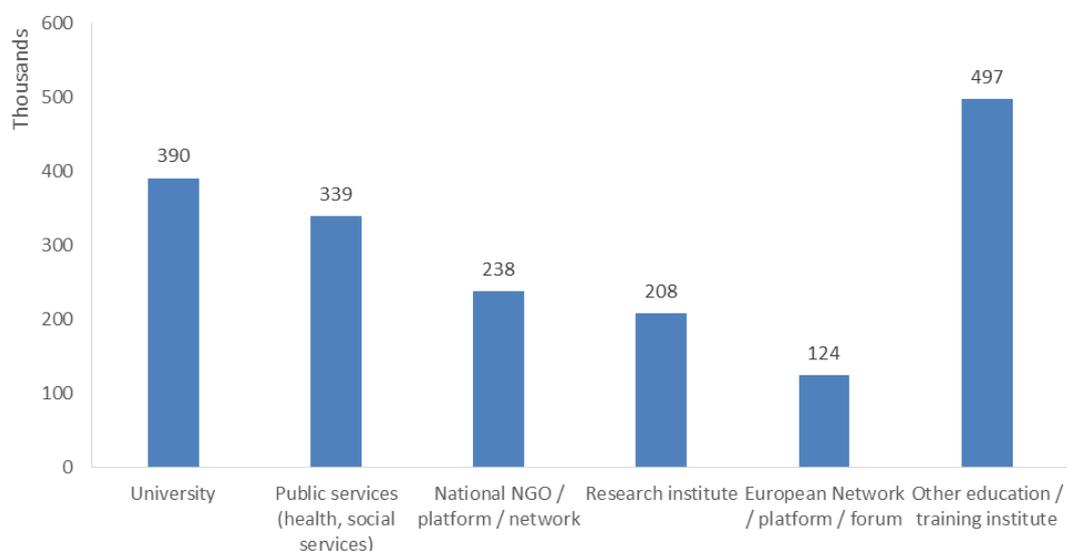
**Figure 3.13 DPIIP funding by type of lead organisation**



The majority of the funding was allocated to universities (35%), national NGOs, platforms and networks (30%) and research institutes (17%). Public services received 8% of the total funding while the European networks received only 6%.

Furthermore Figure 3.14 shows that *average* amount of committed funding per type of lead organisations varied. The highest average amount was allocated to universities. It is worth noticing that while public services only received 8% of the total Drug Prevention and Information funding, their average funding is among the highest.

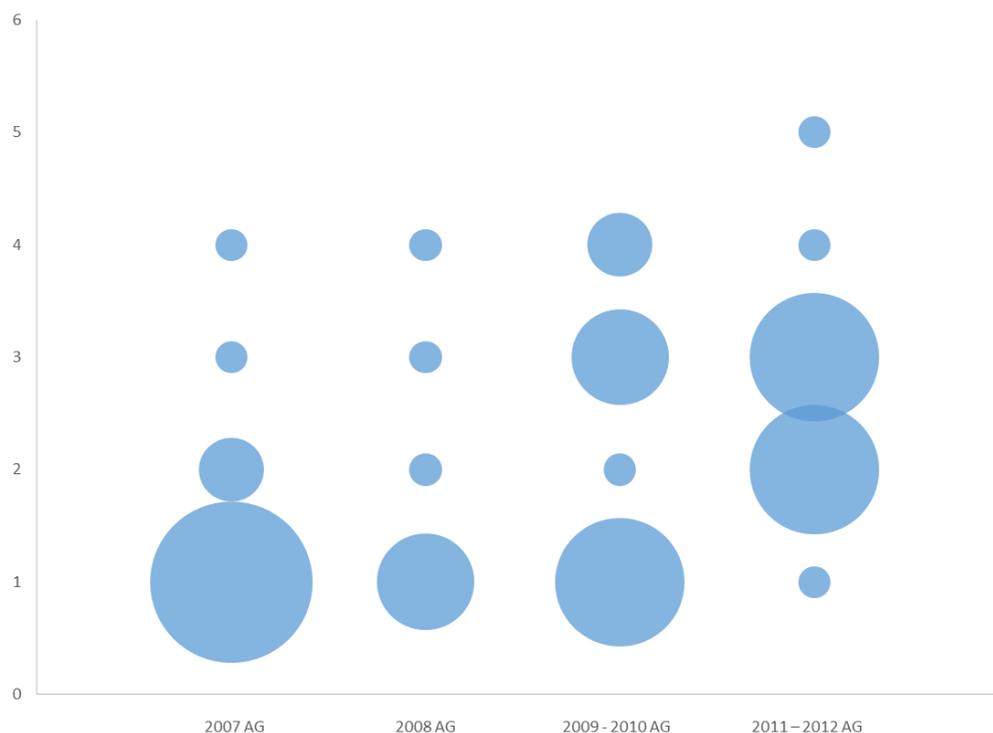
**Figure 3.14 Average committed funding of DPIIP projects per type of lead organisation**



### 3.2.3 Partnership structures by organisation type

As already noted, on average DPIP action grants had five partner organisations per project. However, on average only two different *types* of partners participated. As presented in the Figure 3.15 below, the number of projects with only one type or two *types* of partners prevailed for the first two calls 2007 and 2008 AG. However, there were more projects with three types of partners during the 2011-2012 AG call. The highest number of different types of partners in the projects was 5.

**Figure 3.15** Number of different types of partners involved in AG projects by programme

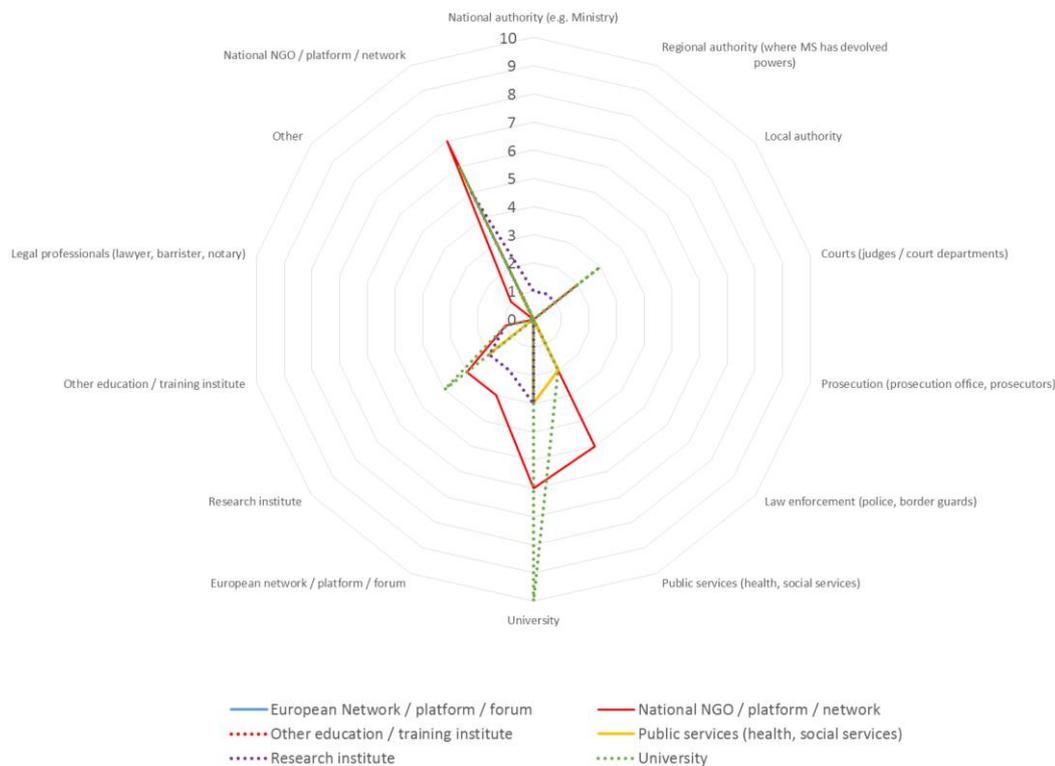


*Note: The size of the bubble presents the frequency of projects with this partnership structure. The larger the bubble the higher the frequency.*

The most common partnerships between lead organisations and partners is observed between university as a lead organisation and university as a partner organisation. In total 10 projects had such partnership structure. National NGOs, platforms or networks partnered with other national NGOs, platforms and networks. In total 7 projects had such partnership structure. Universities also like to partner with National/NGO/platform/network (6 projects had such partnership structure).

This again confirms the pattern that the organisations like to partner with similar partners. However, within DPIP programme, the national NGOs seem to partner more frequently also with the public services organisations.

**Figure 3.16 Frequency of combination of organisations in a project**



## 4 Outputs and indicators

The presentation of outputs and indicators of the programmes has proven challenging. First, there are 46 different types of outputs, spread over the seven main activities:

- Analytical activities
- Mutual learning, exchange of good practices, cooperation
- Training activities
- Awareness-raising, information and dissemination
- Support to key actors
- Other: support and advice services
- Other: Installation of hardware / software

Second, for each output up to two different indicators could be selected (for example, the number of participants and the number of different Member States of origin of the participants) from a list of 10 types of indicators. The project mapping datasheet also allowed to select 'other type of indicator' and to include an additional type of indicator from those previously listed. Finally, it is also important to mention that a type of output was also selected even when no quantitative information was available for such output, given that very often the project documentation did not specify numbers but rather provided a qualitative description (e.g. a conference was organised but the number of participants was not mentioned).

In this section, several charts are presented which show the total number of type of outputs, the number of times indicators were provided and the most often listed indicators (with numbers).

### 4.1 Drug Prevention and Information project outputs

#### 4.1.1 Output and indicator count

Figure 4.1 below provides an overview of the number of times a type of output was identified in the 51 Drug Prevention and Information projects mapped. The two most often identified outputs are events, information and advice website which respectively fall under the main activities related to awareness raising , information and dissemination and support and advice services. The third most often identified outputs are reports (other). Published materials, guides, data collection, workshops, training and other outputs from analytical activities are also often recorded outputs.

**Figure 4.1 Count of DPIP outputs**

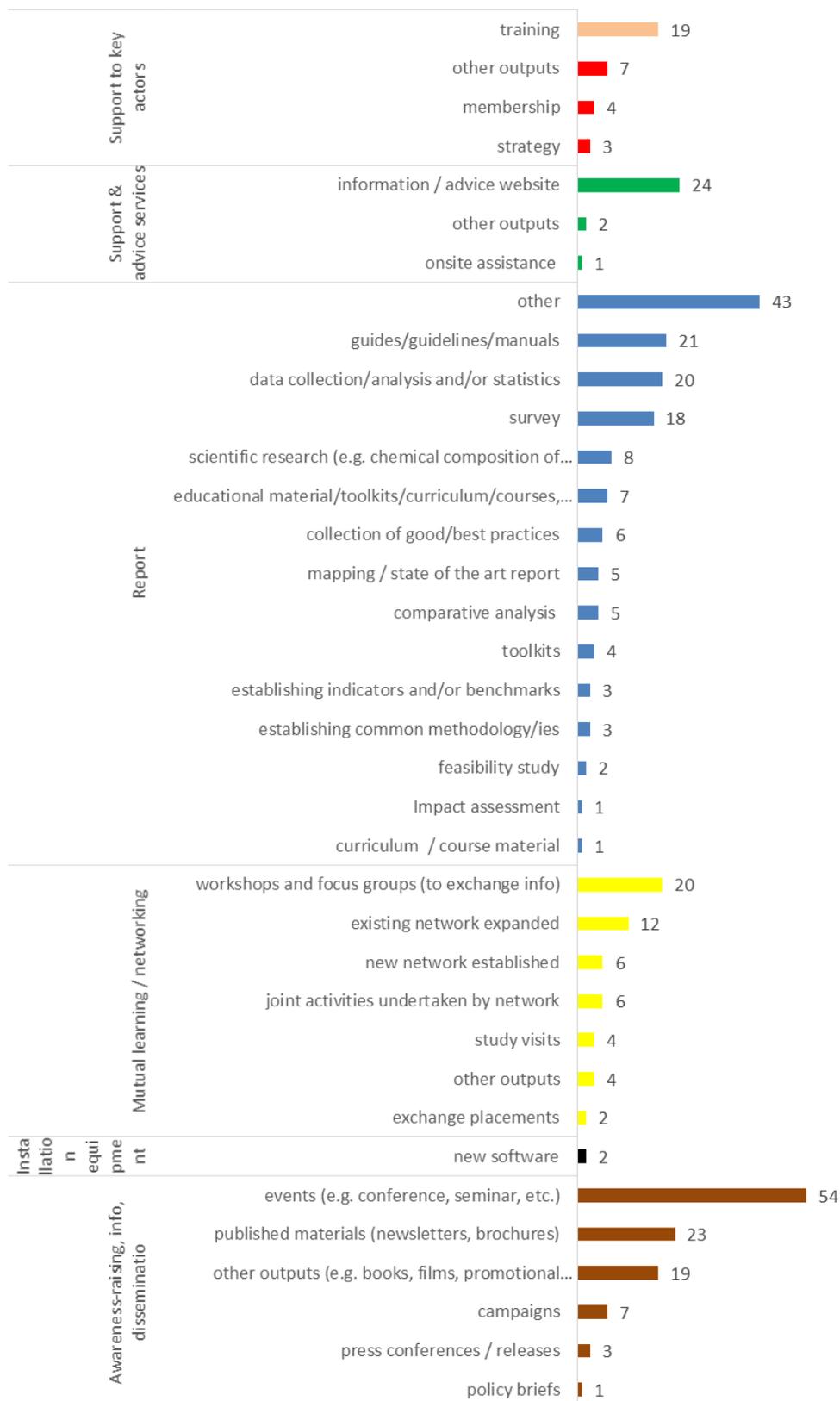
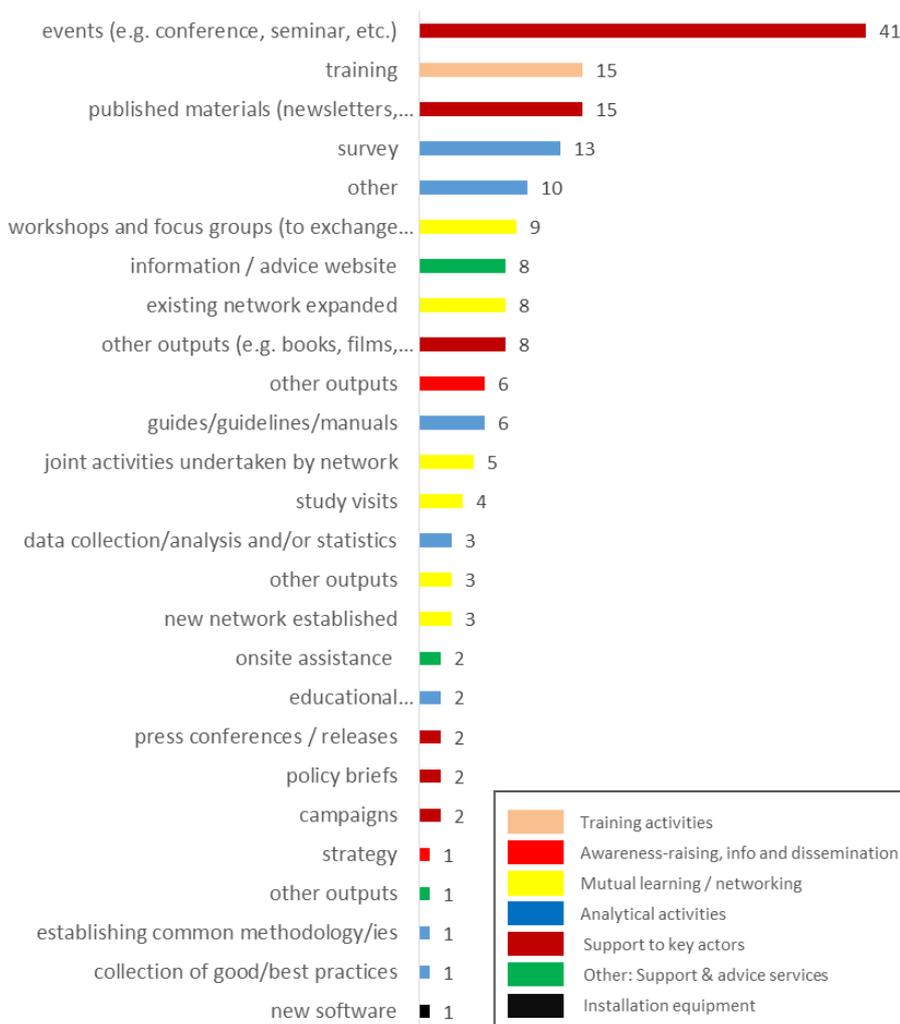


Figure 4.2 below presents the types of outputs for which most often indicators were recorded. For example, regarding events, a total of 41 indicators for the output “events” were identified under awareness raising and dissemination activities, followed by 15 indicators for training activities and 15 indicators for published materials. The extent to which quantitative information could be found for outputs varies greatly but it is overall much lower than the extent to which outputs could be identified.

**Figure 4.2 Count of indicators**

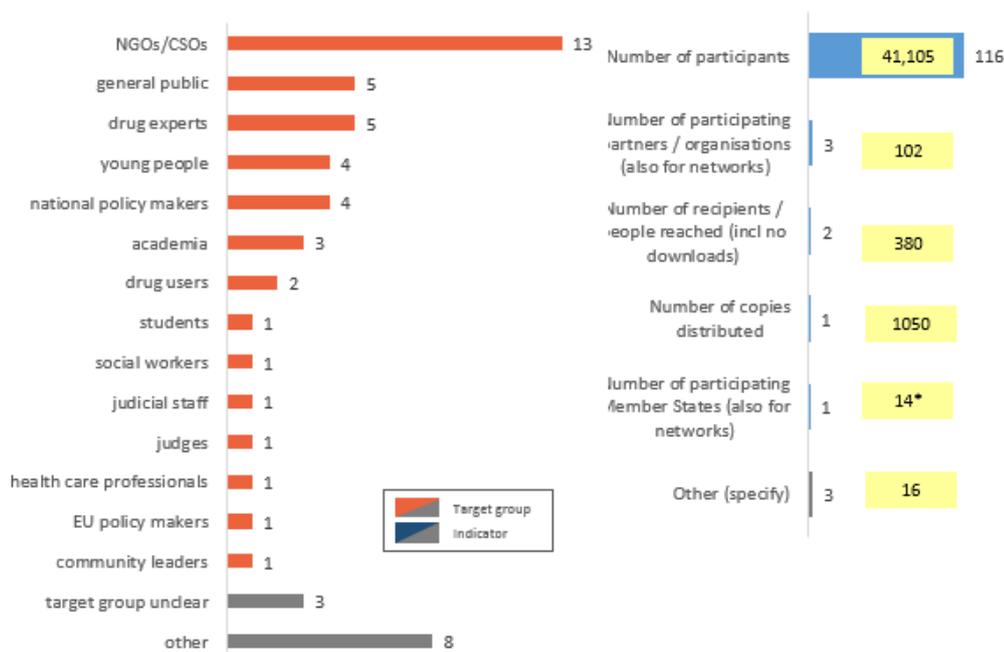


### 4.1.2 Top indicators

Figure 4.3 – 4.9 below present outputs for which the highest share of indicators has been recorded by type, together with aggregate information on numbers and the main target groups / beneficiaries addressed.

The output events, which was identified 54 times in the 51 Drug Prevention and Information projects mapped and for which 41 indicators were found, counted for example a total of 41,105 participants (the total of 116 indicators), from 14 different Member States mentioned (the total of 1 indicator). The most often mentioned target groups of the events were NGOs and CSOs, the general public, drug experts, young people and national policy makers.

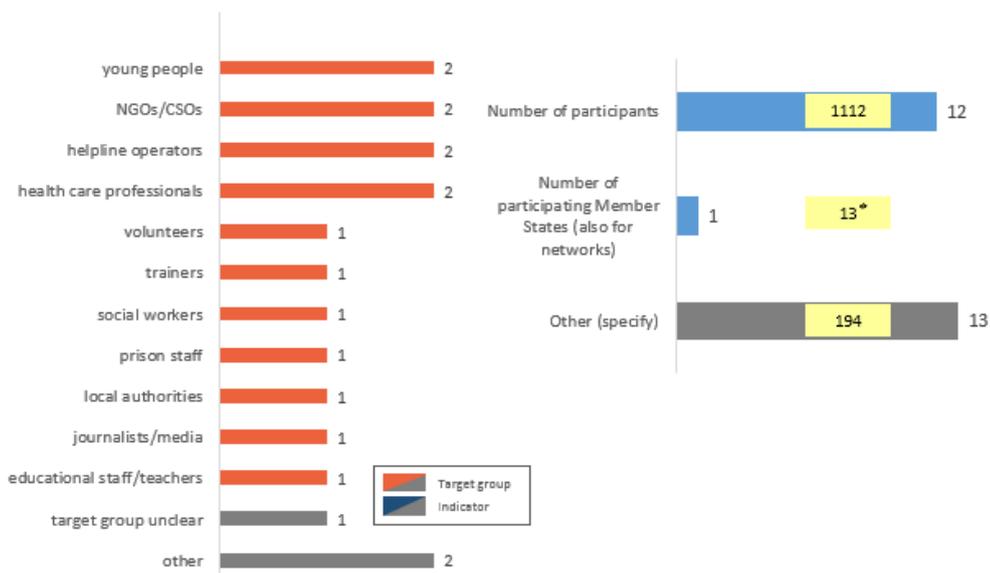
**Figure 4.3 Outputs of awareness raising activities: events**



Note: \* Average number of MS participating at the events.

The second most identified output related to training activities, identified 19 times. These outputs accounted 1112 participants (based on 12 different indicators) and 13 participating Member States (based on 1 indicator). The most often targeted beneficiaries were young people, NGOs/CSOs, helpline operators and health care professionals.

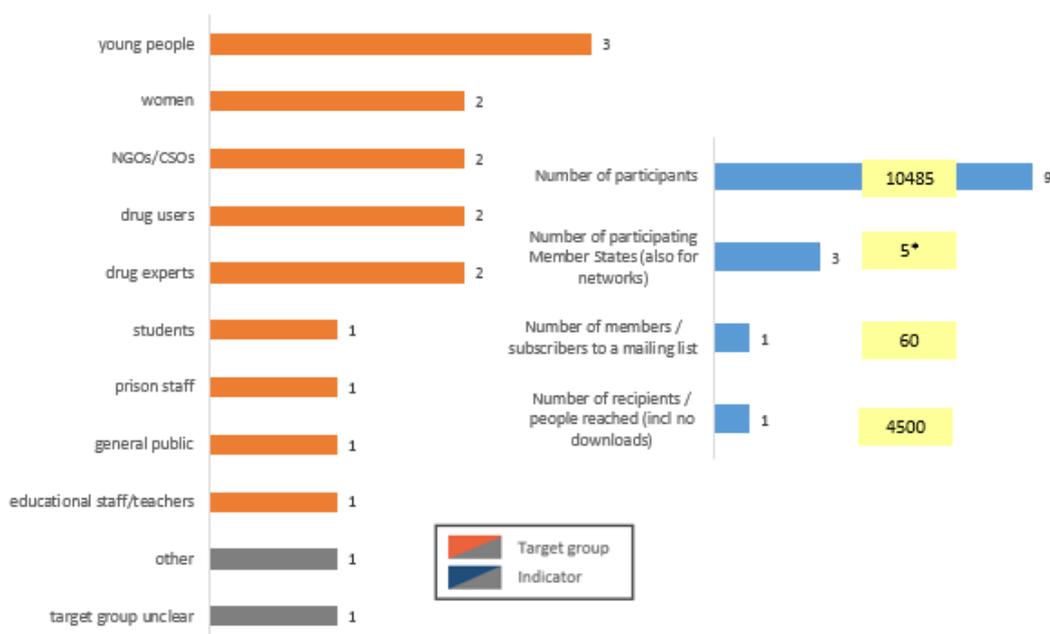
**Figure 4.4 Output of training activities**



Note: \* Average number of MS participating at the events.

The output surveys, which was identified 18 times in the 51 Drug Prevention and Information projects mapped and for which 13 indicators were found, counted a total of 10485 participants (the total of 9 indicators), from 5 different Member States mentioned (the total of 3 indicator). It also counted 60 members / subscribers to a mailing list and 4500 recipients. The most often mentioned target groups of the surveys were young people.

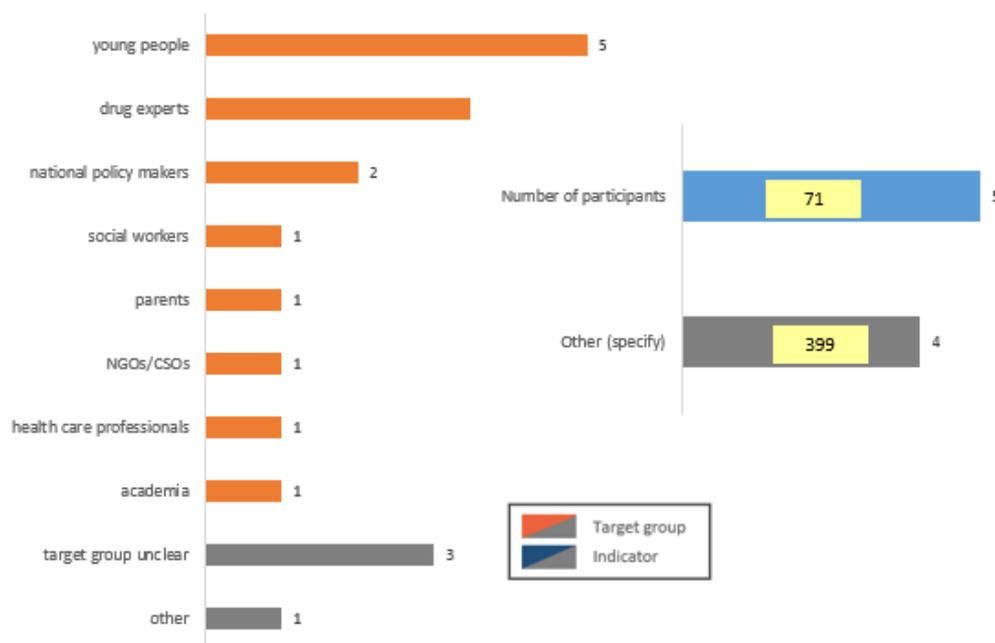
**Figure 4.5 Outputs of report: survey**



Note: \* Average number of MS participating at the events.

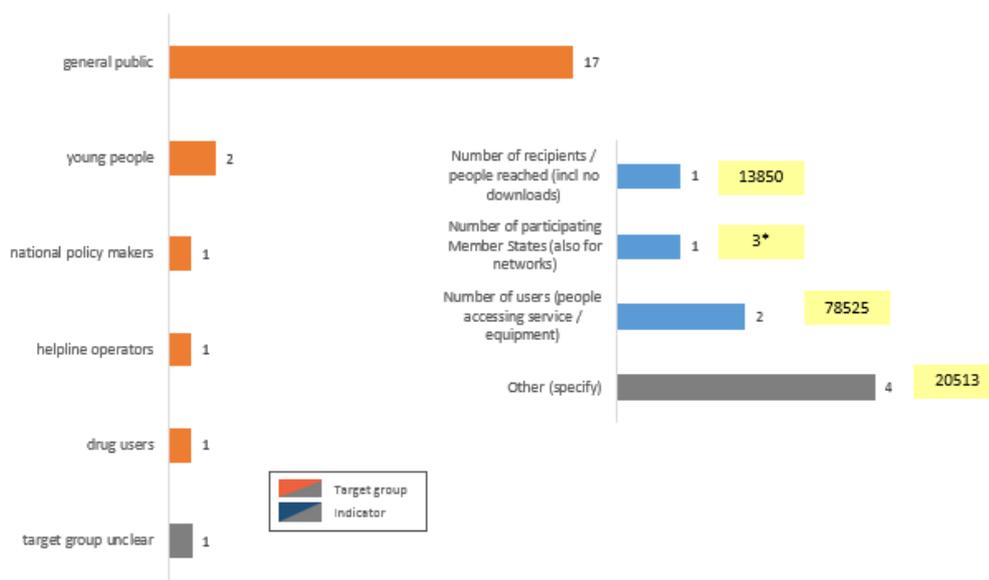
The most identified output for mutual leaning and networking was workshops and focus groups, identified 20 times. These outputs accounted 71 participants (based on 5 different indicators). The most often targeted beneficiaries were young people and drug experts.

**Figure 4.6 Output of mutual learning / networking: workshops and focus groups**



The output information /advice websites was identified 24 times and counted 13850 recipients and 78525 users from 3 Member States. The most often targeted beneficiaries were the general public.

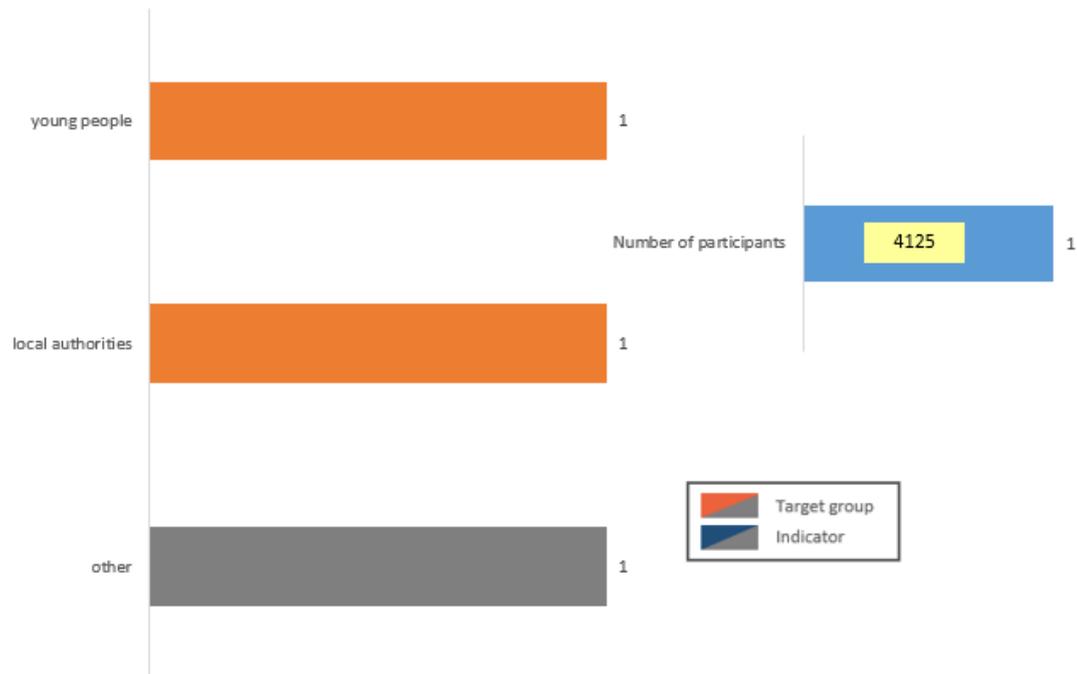
**Figure 4.7 Output of support & advice services: information / advice website**



Note: \* Average number of MS participating at the events.

The output strategy was identified 3 times. These outputs accounted 4125 participants (based on 1 indicator). The most often targeted beneficiaries were young people and local authorities.

**Figure 4.8 Output of support to key actors: strategy**



The output new software was identified 2 times. These outputs accounted 12 recipients (based on 1 indicator). The most often targeted beneficiaries were parents.

**Figure 4.9 Installation equipment: new software**

