www.emcdda.eu.int

Main lessons from investigation of evaluation in the drug policy field in the European Union 2000–2004

Date 15 June 2004

Contribution to the evaluation of the EU action plan on drugs (2000–2004)

Author • Auteur EMCDDA - 'Strategies and Impact' Programme

Recipients • Destinataires European Commission

Contents • Table des matières

1. Introduction

Evaluation[1] is an integral part of the EU Strategy on Drugs[2] endorsed by the Council. This became concrete in the EU Action Plan on Drugs (2000–2004)[3] by which the European Commission was mandated to assess the Drug Strategy and related actions. In its Communication on the implementation of the European Union Action Plan on Drugs (2000-2004)[4], the Commission specified its intention to consider three stages of evaluation:

- Stage 1: Assessment of the level of achievement of the activities identified in the European Union Action Plan on Drugs (2000-2004);
- Stage 2: Assessment of the extent to which achievements of the Action Plan meet the objectives of the European Union Strategy on Drugs (2000-2004);
- Stage 3: Assessment of the impact on the drug situation, particularly regarding the six main targets identified in the Strategy, of the actions undertaken under the Action Plan and the Strategy.

While the first objective has already been the subject of a mid-term evaluation[5], the other two are the main objectives of the final evaluation. To meet these ambitious challenges, the Commission has set up a steering group, which included representatives of the Member States, European Parliament, Europol, the EMCDDA, and a number of Commission Directorates (Eurostat, JAI, SANCO). This steering group has met on four occasions to draw up rational and reasonable specifications (determining the tools and methods) and to monitor the evaluation process as a whole. In particular, the steering group examined the possible tools and materials proposed by the EMCDDA in contribution to the evaluation exercises (Snapshots 1999-2004 and thematic papers). The steering group pointed out that, taking into account time pressure, financial and methodological constraints, it was not possible, on a scientific basis, to make an impact evaluation (assessment of the effectiveness of the Strategy and the Plan)

In this context, this paper aims to provide an overview on the development of the evaluation process of the EU Strategy and Action Plan on Drugs.

A large part of the initiatives and action impacting on the drug phenomenon are under the direct responsibility of Member States and are implemented at national level. Therefore, this paper also aims to echo Member States' recent activities in the field of drug policy evaluation. Indeed, since 1999, nearly all

[1] Evaluation: value judgement of a public intervention with reference to explicit criteria and standards. The judgement primarily concerns the needs which have to be met by the intervention, and the effects produced by it. (MEANS, 1999).
[2] Council of the European Union - CORDROGUE 64 of 1 December 1999
[3] CORDROGUE 32, 7 June 2000.
[4] Com (2001) 301 final of 8 June 2001.
[5] COM(2002) 599 final.

Member States mention evaluation, to varying degrees, in the framework of their national drug strategies and/or plans.

This paper integrates a series of methodological recommendations resulting from the analysis of Member States' and EU data and studies. The results of the drug policies are not considered, it is not the purpose of this document or of any EMCDDA publication to make a judgment on national drugs policies or of the EU drug policy. The EMCDDA has neither the mandate nor the means to achieve such a task, which has to be considered in line with the principle of subsidiarity.

2. The EMCDDA in the EU Strategy and Action Plan on Drugs 2000-2004

The EU anti-drug strategy 2000-2004 ranks information and evaluation among the five main areas for action. The other four are a) Coordination; b) Drug demand reduction, Drug use prevention and prevention of drug-related crime; c) Supply reduction; and d) Action at international level.

As the European Union's information agency on drugs and drug addiction, the EMCDDA's main task in the EU anti-drug strategy and related action plan for the period 2000–2004, as well as in the evaluation process, was and still is the production of aggregated and comparable information on the drug phenomenon throughout the EU.

During the period, it produced five "Annual reports on the state of the drugs problem in the European Union" and a number of scientific publications. The majority of EMCDDA's publications is downloadable from its main web site. It developed and consolidated a series of Web sites to make available the aggregated information and knowledge.

It produced online databases such as the Exchange on Drug Demand Reduction Action (EDDRA) providing information to policy makers and practitioners on drug demand reduction actions across Europe and promoting the role of evaluation in drug demand reduction action. There is also the Evaluation Instruments Bank, a document archive of tools created to encourage evaluation (for both prevention and treatment programmes) using reliable methods, and to help to standardise these tools at European level. It also launched the European Legal Database on Drugs (ELDD), an online archive of information on European drugs-related legislation providing access to legislative texts currently in force in the EU Member States and Norway.

Over the 2000-2004 period, the EMCDDA consolidated standardisation methods for key indicators[6] and core data with its national Focal Points. It also prepared enlargement in helping create Focal Points within new Member States.

The complete list of EMCDDA outputs over the period is given in the 'Progress Review' document produced by the European Commission (2000 - 2002 and 2004) (and in its yearly Report of Activity) as a tool to monitor implementation of the activities foreseen in the Action Plan.

Specifically to the evaluation process, the European Union Action Plan on Drugs (2000-2004) called on the EMCDDA and Europol to contribute to the development of a structure[7], which would facilitate assessments by the European Commission of the European Union Strategy on Drugs (2000–2004). The present document constitutes one piece of this contribution to the evaluation exercise.

3. Building an evaluation framework for the EU Strategy and Action Plan on Drugs 2000-2004

With a view to respond to the European Council, the EMCDDA together with experts from its National Focal Points examined the EU Strategy and Action Plan on Drugs documents as well as available literature on evaluation.

From these initial investigations, it appeared that it would be necessary to tailor the exercise in considering, on the one hand, the limitations linked to the political context and to the complex structures of the documents (3.1), and, on the other hand, the ones linked to the scientific and methodological obstacles of the evaluation exercise itself, in particular when implemented at European level. (3.2.)

3.1. Political and contextual limitations within EU Drugs Strategy and Action Plan.

Conceiving the evaluating apparatus to assess impact supposes that there is a European drug policy as such with a legal framework, a general objective supplied with measurable targets and specific means to achieve the actions as well as the evaluation exercise.

[6] The 5 main key indicators are:

- prevalence and patterns of drug use among the general population (population surveys);
- prevalence and patterns of problem drug use (statistical prevalence/incidence estimates and surveys among drug users);
- drug-related infectious diseases (prevalence and incidence rates of HIV, hepatitis B and C in injecting drug users);
- drug-related deaths and mortality of drug users (general population mortality special registers statistics, and mortality cohort studies among drug users);
- demand for drug treatment (statistics from drug treatment centres on clients starting treatment).

[7] See Page 9 of CORDROGUE 32.

While adopting common targets for the first time, the European Council did not incorporate precise and quantified operational objectives against which progress could be assessed. The six EU Targets are not sufficiently detailed to constitute proper benchmarks.

The six targets in the European Union Strategy on Drugs (2000-2004) are:

- To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
- To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.
- To increase substantially the number of successfully treated addicts.
- To reduce substantially over five years the availability of illicit drugs.
- To reduce substantially over five years the number of drug related crimes.
- To reduce substantially over five years money-laundering and illicit trafficking of precursors.

As can be seen above, words such as “significantly”, “substantially” and “successfully” are vague and undefined.

Moreover, the Strategy intends to embrace all facets of the drugs phenomenon and the Action Plan on Drugs promotes more than 100 actions or types of initiatives to be implemented at all levels. In spite of such high ambition, they integrate no legal obligation for Member States and rather constitute guidance papers.

Unlike some EU policies, there is no specific budget attributed to the implementation of the Action Plan on Drugs as such, or to its evaluation.

In this context, it appeared that in themselves, the strategic documents and their framework were not really favourable for a proper evaluation exercise.

3.2. Scientific and methodological obstacles to the evaluation exercise at European level

In parallel to the political and contextual limitations briefly presented above, scientific and methodological obstacles seriously hinder the evaluation processes.

In the field of policy evaluation, the first condition to be able to establish, on scientific grounds, a causal relationship between an implemented policy and the developments in the phenomenon at stake is to know whether:

- the foreseen actions have been implemented, and to what extent;

- they have been implemented according to those conditions, which ensure that they can be effective (conditions that are generally discovered and established on the base of evaluation studies of these interventions).

But it appeared quite quickly to the steering group that there would be no sufficient information on the main features and conditions of the implementation of the measures in Member States.

Moreover, availability of high quality information concerning the execution of measures would not overcome all difficulties for implementing the evaluation exercise *at European level.*

Effectively, even if one could benefit from high quality information concerning measure implementation, it would not be sufficient to establish a causal link (causality imputation) between those measures and the trends observed in the situation between two dates. For this to be done – to be in a position to conclude that the evolution of the situation over time is a *direct consequence* of the policy/measures implemented – additional in-depth studies and researches have to be implemented.

Moreover scientific "evaluability" differs noticeably from one type of measure to another.

In many cases, it is acknowledged that a number of so-called external factors (economic and social changes, other public policies, and so on) can be the cause of the changes observed. This is true in particular for universal prevention, where it definitely appears difficult to attribute the changes in prevalence of drug use among young people, for instance, to prevention activities only.

On the contrary, this is less complicated in other domains, where external factors might be more easily neutralized and where aggregated data of good quality can be obtained concerning the level of measure implementation, like for instance, responses against HIV or overdoses.

But in any cases, whatever the level of "evaluability" of measure could be, it should be borne in mind that a causal relation between policy and situation cannot be drawn *at European level* on the basis of the aggregated data *alone*.

3.3. Evaluation framework in light of obstacles

All the above factors make it very complicated, if not impossible, within the framework of the present evaluation exercise, to accurately assess to which extent the achievement of the EU Action Plan met the objectives of the drug strategy and to evaluate the impact of the EU action plan on the drug phenomenon.

The steering group considered therefore that stage 1, focusing on assessment of the level of achievement of the activities identified in the Action Plan, could be achieved thanks to the Member States' replies to the questionnaire on progress at national level and to the updated follow-up table of the achievements of the

Commission, the EMCDDA and Europol[8]; but that it would be more complex to answer to the goals assigned for stage 2 and stage 3. It was thus decided that those two assessments could only be approached indirectly, by producing detailed information on trends in drug situation and in response and policy. This will allow progress to be assessed, even though no cross-analysis between policy and situation will be possible.

The EMCDDA and Europol produced a report on the identification of criteria for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission[9]. As just mentioned, both considered that it would be appropriate to provide the Commission with a baseline against which to describe the changes observed. It should be noted, however, that if the six targets reflected political priorities in the European Union, they have been drawn up independently of existing monitoring and evaluation tools available in the European Union. This has limited the capability of the EMCDDA and Europol to deliver appropriate coverage of each Target on the basis of the material that was available from 1999 on. Nevertheless they have agreed to produce two reviews (Snapshots):

- The first review[10] describes the epidemiological situation and some response and policy aspects in 1999[11] prior to the European Union Strategy on Drugs (2000-2004), based on a set of relevant criteria for which data is available.
- The second review describes the situation according to information available in 2004 on the basis of the same criteria.

Taking into account the time required for data collection at Member States level, and analysis by Member States, the EMCDDA and Europol, and the need to provide decision makers with the final analysis in time for their discussion on the next Strategy and Action Plan (during the second half of 2004), this second situation review was based on the data available in Member States that describes the situation in 2003, and even in some cases in 2002. It is important to note that the situation reviews are incomplete for some criteria. The short interval between the two dates made the aggregation of data at European level complex, in particular for the second snapshot, and made it difficult to discern significant trends. This should be taken into account for future exercises.

The Snapshot indicators and descriptors were chosen to shed as much light as possible on the six targets set by the strategy and plan. To enrich its contribution to the final evaluation exercise, the EMCDDA produced thematic papers including this one. The main objective of those thematic papers was to provide

[8] Communication of the Commission to the Council and European Parliament on the mid-term evaluation COM(2002) 599 final.

[9] CORDROGUE 65.

[10] Report by the European Monitoring Centre for Drugs and Drug Addiction and Europol: "Presentation of the first baseline for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission, EMCDDA File N° 0302GEPR Europol File NR 2564-144)

[11] EMCDDA 2000 Annual Report, ESPAD survey and Europol's 1999 Organised Crime Situation Report and the 1999/2000 European Union Situation Report on Drug Production and Drug Trafficking.

the European Commission with additional information concerning measures and policy aspects that did not fit well into the snapshot framework (mostly quantitative information) and were better presented in textual form.

Among the many aspects covered by the EU Action Plan on Drugs that could be considered, the EMCDDA decided to focus on a limited number of specific aspects responding to two criteria:

- Firstly, it had to correspond to a main area or to one of the eleven aims of the action plan or to one of the six targets of the EU strategy (e.g.: young people), or to a domain or an issue underlined as a priority for action by the Commission in its mid-term evaluation (e.g.: Synthetic drugs).

- Secondly, it had to be manageable by the concerned actors (mainly based on information already available or which can be obtained from the existing sources and channels *in due time*).

Thematic papers:

- Strategies and Action Plans;
- Coordination mechanisms in Member States;
- Public expenditure in Member States;
- Evolution of the EU budget lines;
- Legislative activity in Member States;
- Drug Users offenders;
- Legal responses to new synthetic drugs;
- Drug law and young people;
- Provision on drugs in the external agreements;
- Main lessons from investigation of evaluation in the drug policy field in the European Union.

It must be underlined that these contributions of the EMCDDA (Snapshots with Europol and Thematic papers) are not as such the EU Action Plan evaluation but are resources for the final evaluation Communication of the Commission. The Commission will use other tools and additional sources of information including:

- the replies of the Member States to a questionnaire on progress at national level;
- the updated follow-up table of the achievements of the Commission, the EMCDDA and Europol;
- 2002 and 2004 Eurobarometer surveys;
- the peer evaluation of law enforcement and its role in the fight against drugs trafficking, carried out in the framework of the Council;
- evaluations carried out in the EU Programmes integrating a “drug” component;

- the initiatives taken at the EU level, either by the Commission or by Member States, and which have been adopted or which are under examination.

These constitute an appreciable mass of information both at national and EU levels that contributes, for the fist time ever, to approach the evaluation goals, and in particular for stages 1 and 2.

4. Main lessons from investigations on evaluation practices in the EU Member States in the drug policy field

The introduction of evaluation is among the most noticeable developments of the last decade in the field of drug policies in the EU Member States.

Taking into account the weight of national initiatives in the implementation of the EU anti-drug strategy and related action plan for the period 2000-2004, any EU-wide evaluation exercise has to rely on national initiatives in this field[12]. It was felt that it would be of high added value to echo at EU level Member States' emerging evaluation practices in the field of drug policies. To that end, the EMCDDA with the support of its network of National Focal Points published a key issue on evaluation for its 2004 annual report on the state of the drugs problem in the European Union and Norway allowing an overview on the Members States' evaluation practices.

In order to ensure the most precise possible understanding of the evolution of drug policy evaluation practices in the European Union, the EMCDDA funded a study describing the different models developed throughout a selection of six European countries (Czech Republic, France, Ireland, Portugal, Spain and the United Kingdom) identified as having developed practices of policy evaluation in the drug field.

The Public Policy Evaluation Unit of the French Monitoring Centre for Drugs and Drug Addiction (OFDT) carried out this study for the EMCDDA from December 2003 to April 2004. Its peculiarity is that in addition to the examination of available literature, a series of **semi-directed interviews** was carried out with the **national bodies in charge of evaluating the national drug policy or partaking in this task**, in each of the countries considered.

[12] Drug in focus, Issue No 12 'Evaluation of the European Union's strategy and action plan (2000-2004)' ISSN: 1681-5157 (English version - original language) Catalogue number: TD-AD-04-001-EN-C

The report issued by the OFDT[13] includes a comparative overview of the main features of the evaluation mechanisms across the six selected countries, as well as a comparative description of the organisational and technical aspects of the evaluation setting. It offers individual country profiles presenting uniformly:

- the origins of a culture of evaluation in the area of drug policy planning and implementation,
- the place of evaluation within current national strategies on drugs,
- the organisational, institutional and technical aspects of evaluation implementation in each country,
- the use of the evaluation results and
- the perspectives on evaluation.

The outcomes and analysis reported hereafter **are taken from or inspired by these two main sources.**

A favourable opinion for drug policy models established on evidence-based concepts and on expertise is visible in the Member States of the EU. It is worth noting that the debate on drug policy was extended to include the public opinion in some countries (CZ, IE, PT). National evaluation stakeholders confirm the influence of international political agreements, and in particular the impact of the **1998 UNGASS Declaration** on the development of evaluation practices of national drug policies[14]; and that in some cases, evaluation was promoted as appropriate means to make drug policies more legible and more acceptable. Indeed, the main recognised results of evaluation are increased accountability and transparency.

As a result, one can observe that there is a reference to evaluation in all available national drug strategies.

Nevertheless, it is noticeable that in spite of this high level of adherence to integration of evaluation in the official drug policies papers, reference to a budget to undertake the evaluation exercise remains the exception. This can be considered as a major limitation since the scientific community repeatedly underlined the high cost of proper scientific evaluation.

[13] "Development of Evaluation practices within 6 Member States of the EU in the framework of their National Strategies on drugs", CT.03.P4.190; May 2004 (Published by EMCDDA)

[14] It can be assumed that, like in the Czech Republic included in the study, pre-accession conditions played an important part in other ex "candidate countries"

Evaluation: what for?

The three main aims of the evaluation exercises launched by the Member States are:

- Performance management (the most commonly mentioned)
- Adjustment of drug policies. However, if aspiration to maintain effectiveness of the strategy is among the proclaimed objectives of evaluative activity, the concrete mechanisms allowing linkage between results of evaluation and policymaking are not visible.
- Settlement of a basis for the preparation of the next strategy or action plan.

No matter what model of evaluation is developed (internal – external), the **information system is perceived as a decisive cog** and a parallel can be easily established between the level of development of information systems and the level of progress in the field of evaluation. This is why the identification of weaknesses in the information system is reported as the first step of the evaluation process of national drug policies.

Lifespan of the Strategy and Plans?

If the shortest reported national drug strategy planning cycle is three years and the longest is ten years, the majority tends to approach the longer duration. Duration obviously impacts on the monitoring and evaluation processes, as the broader the interval between start and end, the more significant are the trends observed and the evaluation results. If in some case changes can easily be observed in the short term (ie: impact of syringes distribution on HIV among drug users), for some essential pieces of national strategy, a long interval is required if changes are to be assessed (ie: prevention in schools).

Moreover, **large intervals also allow sufficient time span to ensure data production, data flow, data aggregation and analysis,** in particular at national level, and even more for European level. It must be kept in mind that very often time pressure is mentioned as among the main limits of the evaluation exercises launched. The overlapping of the evaluation and drug policy-making schedules remains a concern in all Member States. As is the case for the EU level, the pressure from the political planning is a major matter. Especially in the context of a Union of 25 Member States, with different policies and different political agendas that cannot just be rescheduled to be similar, it is important that the Strategy duration covers at least one action plan period per Member State.

Who should evaluate?

In spite of recent progress, the absence of administrative tradition is still seen as a barrier for the achievement of evaluation.

When considering evaluation implementation, the recourse to **external evaluators**[15] is the most frequent practice, though evaluation may be integrated into the communication apparatus developed to sustain public action.

Which objectives and method?

Evaluation always covers the whole scope of objectives and activities but there is a tendency for stakeholders in Member States to argue for the setting-up of **reasonable and realistic objectives** in the evaluation framework. In all cases, it appeared essential to rebuild or interpret the objectives so that they could be operationalised into an evaluation exercise. Process evaluation is the most common method.

Baseline: quantitative or qualitative approach?

While generally considered essential, the setting up of baselines custom-made for the objectives foreseen by the strategies and plans remain difficult. The baselines so far produced are often epidemiological overviews and are not always explicitly related to the objectives they are supposed to bring to light.

Another mentioned major limitation is the assumption that the various aspects of the drug phenomenon cannot always be measured with single or simple indicators.

The degree of quantification differs from one country to another and tough there is always a reference to performance indicators, structured series of indicators are rarely available. Given that quantification appears to lead to a more drastic cut-and-dried judgement on the fulfilment of the objectives, the stakeholders agree on the fact that **qualitative indicators (or descriptors) should always complement the quantitative ones**. In any case, it appeared that concessions required for the attainability of objectives include the three following aspects:

[15] Bodies that have no direct responsibility for the implementation of the national drug strategy.

- determining a number of indicators according to what can actually be collected rather than to what should be;
- downgrading of the announced targets;
- removing of expectations, for instance because of the lack of baselines.

Some countries mentioned the insufficiency of indicators to ensure proper assessment of the supply reduction side as a major weakness which it will be necessary to make the effort to remedy, this with a view to ensuring a more balanced evaluation strategy.

Coordination: key for success?

Regarding the organisation of the evaluation activities, **the necessity to tailor and develop coordination mechanisms** to overcome complex cross-sector and cross-ministerial implementation of drug policies appears in all Member States. The need to give a ministerial impulse to data provision and reflection upon their comparability is pointed out in most Member States.

Evaluation apparatus

It is to be noted that in 4 of the 6 countries included in the study of the OFDT, a piloting committee was created to ensure the follow-up of the evaluation process. There is also a clearly identifiable evaluation team in charge of the achievement of the evaluation tasks (mandate, proposition of methods, data collection and analysis, and in some cases making recommendations). Such teams are made up of specialists belonging to public agencies or institutions different from those responsible for the implementation of the actions, of groups of independent researchers and sometimes of private consultants.

In all cases, a detailed mandate of evaluation existed (the national strategy itself) or was drawn up by the commissioners and/or by a policy-making committee[16].

[16] Composed of representatives from Government Cabinet Offices, and/or officials from administrations responsible for drug actions at national regional or local level, and/or representatives from agencies and associations and in some cases including representatives from the media.

Evaluation limits

Several methodological limits pointed out by the study of the OFDT are worth underlining here again:

- **Imputability.**
  The confirmation of the causality link between the implemented measures and the reported trends is a recurrent problem.
- **Reliability.**
  Data dealing with illegal activity inevitably raise the problem of their lack of accuracy and incompleteness, particularly regarding data originating from questionnaires, surveys or opinion polls.
- **Significance.**
  The issue of significance lies on several levels. Indicators are sometime built upon “soft” concepts and consequently their definition is open to interpretation: different definitions undermine systematic comparison. Criticisms also refer to the weaknesses of any quantified system: an indicator is only a way of estimating reality but not a perfect description of reality.

As a result, the evaluation practices scrutinized in the OFDT study seem to respond to a growing concern, even though proper evaluation data remain scarce. Evaluation is often used with national, political management views rather than as a well-defined tool for monitoring rigorously the long run impacts of a strategy.

5. In view of the next EU Strategy and action plan on drugs

Evaluation is an essential condition for the transparency and legitimacy of public action. In the case of drugs, a field known to be controversial and complex, evaluation is also seen as a key tool in creating an improvement in policy.

Given the complexity of conceiving an impact evaluation of drug policies at European level and the potential high cost of its implementation, the exercise at European level should be capable of providing indications of the progress achieved. The evaluation of the EU strategy and action plan was complicated by a number of constraints, but for the first time, at the end of 2004, the European institutions and Member States have pertinent information on the progress achieved between the beginning and end of the action plan, as well as on efforts yet to be made.

In view of the political debate for the post 2004 period, it may be useful to ensure that:

- the next Strategy paper is conceived so that:

  - it takes into account the results of the 2000-2004 evaluation exercise;
  - it is clear, precise and integrates objectives and targets that will be transformed into operational objectives in the action plan;
  - the Strategy duration will be sufficient to cover at least two quinquennial action plans;
  - a specific budget is devolved to evaluation at EU level;
  - an evaluation structure can be mandated for the implementation of the exercise;
  - a steering group can be made responsible for the follow-up of the exercise.

- the general organisational process is conceived so that:

  - a specific budget is reserved for evaluation at EU level;
  - an evaluation structure can be mandated for the implementation of the exercise;
  - a steering group can be made responsible for the follow-up of the exercise.

- the European Union's evaluation tool is drawn up from Member States' evaluation of their national policies. This presupposes that the Member States will seek to provide their action plans with:

  - clear and precise objectives;
  - a realistic timetable for implementation;

- information and evaluation tools;
- appropriate resources;
- results that will be transmitted to the Commission.

- the EMCDDA and its partners are involved in the evaluation process in:

  - producing improved evaluation framework and tools (snapshot, thematic papers, questionnaires, follow-up tables, Eurobarometers, etc.);
  - improving availability and quality of information concerning situation, responses and policies.
  - contributing to the Evaluation steering group.

6. Bibliography

- Drug in focus, Issue No 12 'Evaluation of the European Union's strategy and action plan (2000-2004)' EMCDDA ISSN: 1681-5157 (English version - original language) Catalogue number: TD-AD-04-001-EN-C.
- "Development of Evaluation practices within 6 Member States of the EU in the framework of their National Strategies on drugs", OFDT – EMCDDA, May 2004; CT.03.P4.190.
- "Presentation of the first baseline for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission, 2002, EMCDDA - Europol Cordrogue 72.
- "Identification of criteria for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission", 2001, EMCDDA – Europol – Cordrogue 65.
- Communication from the Commission to the Council and the European Parliament on the implementation of the European Union Action Plan on Drugs (2000-2004), Com (2001) 301 final of 8 June 2001.
- "Final evaluation of the EU Action Plan on Drugs 2000 – 2004 - Overview of available products/tools: An EMCDDA perspective" EMCDDA, 27 May 2003.
- Communication from the Commission to the Council and the European Parliament on the mid-term evaluation of the EU action plan on drugs (2000-2004), 04.11.2002, COM (2002) 599 final
- Annual report on the state of the drugs problem in the European Union 2004, EMCDDA October 2004, ISBN.
- European Commission, Directorate-General XIX/02 - Budgetary overview and evaluation, 'Evaluating EU expenditure programmes: a guide to ex post and intermediate evaluation', First edition, January 1997.
- EU action plan on drugs (2000–2004) (CORDROGUE 32, 7 June 2000).
- European Union Drugs Strategy (2000-2004) - Council of the European Union - CORDROGUE 64 of 1 December 1999.
- Glossary of 300 concepts and technical terms, Means, volume 6. 1999 - ISBN 92-828-6627-0