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European Monitoring Centre
for Drugs and Drug Addiction



European Union Strategy on drugs 2000 - 2004

Report by the European Monitoring Centre for Drugs and Drug Addiction and Europol on the identification of criteria for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission.

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INTRODUCTION

1. Evaluating the European Union Strategy on Drugs (2000-2004): a challenge.

The complexity of evaluating public policies on drugs, both at national and European Union levels, reflects the complexity of the drug phenomenon itself. Drug policies combine public health, social and crime-related components. Each component covers a wide range of programmes, activities and initiatives and incorporates diverging point of views. They involve a large number of players, acting with different value systems, which may imply different approaches to evaluation.

Not all Member States have a single co-ordination body, only few have introduced national plans on drugs and despite some attempts to evaluate drug programmes and activities in a limited number of Member States, no methodology has proven fully adapted to cover the global drugs field.

The classical models of evaluation (used for example in evaluating education policies) are based on analysis of the objectives assigned to the policy with a view to determining appropriate criteria to assess how far these objectives have been achieved. Applied to the evaluation of drug abuse and drug trafficking, these tools face major difficulties at all levels. Objectives often appear to reflect compromises, with the result that they are sometimes either contradictory or so broad that it is extremely difficult to specify variables able to measure them.

When considering the impact assessment, a major difficulty is linked to the time-lapse between the implementation of actions and the moment at which results can be effectively observed. In addition, the diversity and complexity of the various mechanisms in force do not allow a direct causal link to be established between public responses and perceived changes in the situation.

All these elements will have to be considered when developing the evaluation models and scenarios of the European Union Strategy on Drugs 2000-2004.

2. Considering the targets.

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.

The Commission has the mandate to assess the Strategy and related actions. In its Communication on the implementation of the European Union Action Plan on Drugs (2000-2004)¹, the Commission specifies that three stages of evaluation have to be considered:

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

¹ Com (2001) 301 final of 8 June 2001.

For the first, process-oriented stage, the recourse to a follow-up table, launched by the Commission, has been fully adapted. This scoreboard, to be updated in 2002 at mid term and in 2004 at completion of the European Union Action Plan on Drugs (2000-2004), will allow appropriate monitoring of the level of implementation of the planned actions.

The second and third stages, oriented on the measurement of the possible impact of the European Action Plan on Drugs (2000-2004) and the European Union Strategy on Drugs (2000-2004), can only be indirectly approached by the recourse to the various information sources available in the European Union, in particular at the EMCDDA and Europol.

3. Contribution of the EMCDDA and Europol.

The definition of appropriate and feasible indicators and parameters² for monitoring changes in the situation; the establishment of a baseline and the identification of the necessary instruments for information, compilation and diffusion are preliminary and constituent steps of any impact evaluation.

The European Union Action Plan on Drugs (2000-2004) calls on the EMCDDA and Europol to contribute to the development of a structure, which would facilitate measurements of the European Union Strategy on Drugs (2000-2004). In order to ensure that Member States expertise is duly taken into account in this contribution, the EMCDDA and Europol launched consultations of a selection of their partners in the Member States:

- For the EMCDDA, four REITOX Focal Points: Spain, Portugal, the United Kingdom and France.
- For Europol, nine Member States: Austria, Belgium, Finland, Germany, Ireland, Italy, Luxembourg, Sweden and the United Kingdom.

It was agreed that the EMCDDA and its partners would mainly concentrate on Targets 1 to 3 and that Europol and its partners would concentrate on Targets 4 to 6.

The EMCDDA fine-tuned its 2001-2003 Work Programme to the European Union Strategy on Drugs (2000-2004). This involved the selection of a set of epidemiological indicators and core data (on which it will concentrate monitoring), approximating as much as possible the six priority targets of the European Union Strategy on Drugs (2000-2004). In order to facilitate comparison at European Union level, the EMCDDA produced, in particular for its five key epidemiological indicators, guidelines for their standardised implementation in the Member States.

Europol, in co-operation with experts from volunteering Member States and the EMCDDA, presented a model of harmonised data collection on drug seizures in the European Union. Europol and the EMCDDA however stress that their level of activities in the framework of the assessment procedure by the Commission is conditioned by the limits of their respective Working Programmes and priorities in the coming years, and by their human and financial resources.

With a view to contributing to the impact evaluation, the EMCDDA and Europol considered that it would be appropriate to provide the Commission with a baseline against which to describe changes observed. It should be noted, however, that the six targets reflect political priorities in the European Union and 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 for a full coverage of each Target³ on the basis of the material that was available from 1999 on. Nevertheless they have agreed to propose to produce two situation reviews:

- The first one should describe the situation in 1999 (references EMCDDA 2000 Annual Report and Europol's 1999 Organised Crime Situation Report and the 1999/2000 European Union Situation Report on Drug Production and Drug Trafficking) prior to the European Union Strategy on Drugs (2000-2004), based on a set of relevant criteria for which data is available. It is important to note that the baseline for the 1999 situation review may be incomplete for some criteria.
- The second review should describe 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 make available to decision makers the final analysis in due time for their discussions on the next Strategy and Action Plan (during the second half of 2004), this second situation review should be based on the data available in Member States in 2003.

² Table of parameters in annex.

³ For each Target the level of existing tools is specified under the 'Approach to the Target.'

This document aims at illustrating, for each of the six priority targets, indicators, main criteria and core data on which the situation reviews should be based. The proposed tools will be matured in final consultation with the Member States and the Commission. As a consequence, in this document, only preliminary concepts are reflected. Instruments will be further refined over the course of the implementation of the European Union Action Plan on Drugs (2000-2004), though progress depends also on how far Member States actually harmonise indicators and improve core data collection methods at national level.

However, the EMCDDA and Europol already propose that, generally:

- There will be a need to evaluate each objective from more than one perspective, as otherwise the outcome would not be shown in a balanced way. From each of these perspectives the criteria should then be identified. The advantage of this approach would also be that it would be possible to break the very general objective to a more concrete level. When this will have been done, for each criteria the source of information will have to be determined and the kind of constraints/restriction the use of this particularly criteria might have will have to be defined.
- Each criteria should be put in the perspective of a more general context. For instance, drug misuse should be examined from two perspectives. Firstly an examination of the broader environmental issues relating to the political, economical, social and technological environment should be undertaken. Secondly the market for illicit drugs should be contextualised⁴ thus providing an insight into what dynamics in operation are in specific markets.

Environmental issues

- **Political**: the general thrust of the political environment within the European Union has been and will continue to be directed at the further integration of economical and political institutions. In particular the principles enunciated through the Schengen Agreement have paved the way for the abolition of internal border controls. This has greatly enhanced the movement of goods and services. Whilst this has many positive consequences it does facilitate the transfer of illicit good and services by reducing the monitoring of products and services traversing the Union.
- **Economical**: the development of the global economy over the past two decades has increased dramatically the extent of intra and inter regional trade both within the European Union and between the Union and the American and ASEAN trading blocks. The exponential increase in international trade has facilitated drug distribution by providing increased opportunities of concealing trafficking activities within legitimate commercial trade.
- **Social**: the social context in which drug usage is viewed has changed over the past two decades. Research throughout the European Union indicates that drug misuse particularly among 18 – 25 year-olds is becoming both prevalent and acceptable. The likelihood is that this trend is set to continue within the foreseeable future.
- **Technological**: the technological environment impacts on drug trafficking and drug misuse in two aspects. Firstly, the expansion of international communications systems including mobile communications and internet technology greatly facilitate criminal activities throughout the globe in developing criminal networks that may conduct activities over vast distances. Furthermore, the ability of criminal networks to launder the proceeds of drug trafficking has enhanced greatly. The scale and scope of international financial operations make it extremely difficult to identify the movement of criminal assets within the global financial environment. Secondly, the development of both communications and pharmaceutical technologies have greatly facilitated the development of synthetic drugs by providing ready access to the knowledge required to produce compounds and the requisite raw materials to produce the variations of substances currently available.

The illicit drugs market

The second, contextual, aspect is the drugs market itself.

- The drugs market is an illicit market whereupon information on both consumption and production is at best vague. Unlike other commodities, information on volumes of production or consumption is not readily available. Therefore indirect methods must be used which will provide an indication of trends as opposed to definitive patterns.

⁴ In particular for Strategy Target 4 to 6.

- The market is not homogenous throughout the European Union in terms of consumption levels, product preferences and level of organised crime. Different substances have differing levels of consumption throughout the Union and in some instances the differences can be quite dramatic.
- The nature of the market can be very different, with certain products experiencing varying degrees of the "life cycle" of the product. Some products may be relatively mature with stable levels of demand whereas others may be experiencing rapid growth. In some extreme cases products may be experiencing maturity or even decline similar to the life cycle of legitimate products and services. The stage of product life cycle will influence parameters such as price/purity levels to the extent that they may give vastly differing messages depending upon the stage of development of the product.

Given the above constraints it is therefore only possible to benchmark success at attaining objectives through indirect indicators drawn from a variety of disciplines including economics, statistics, epidemiology and law enforcement information and intelligence. The selected criteria should be presented along with their possibilities and limits and should as much as possible satisfy the following conditions:

- Each criteria must be valid in that it must relate directly to the objectives. Otherwise, the criteria could be a trigger for an action that is inappropriate.
- The criteria should be robust in that it can be handled in a standardised manner, in order to avoid as much as possible any manipulation or subjective analysis. This relates for instance to drug seizure statistics. In some Member States, in the case of controlled deliveries, both the agency that allows the controlled delivery and the agency that seizes the drugs will record the amount as 'their' seizure. Thus, the same amount appears twice in seizure statistics.
- The criteria must be measurable and the required information should be readily available and manageable at Member State level and within existing structures.

Finally, there may be a need for the fine-tuning of certain criteria, due to the lack of harmonisation in the Member States.

EUROPEAN UNION STRATEGY TARGET 1:

“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”.

➤ Approach to the target

This target combines two complementary goals: on the one hand, to reduce globally the rate of use of illicit drugs⁵, including both ‘recreational’ use and more severe, problematic use, and, on the other hand, to reduce the number of young people initiating drug use and the proportion who progress to more intensive or risky patterns of use. For the first aspect, suitable tools are available to contribute to estimate changes over time in the number of illicit drug users in Member States and at the Union level. However, data are not available for all Member States for 1999 and, where available, national or international surveys do not always match exactly the under-18 years of age benchmark. Regarding the monitoring of recruitment under 18 years of age, the main difficulty is that data specifically on new use (recruitment or ‘incidence’) are limited. The assessment of the impact of the numerous prevention and, to some extent educational programmes, which constitute the arsenal of responses to counter drug use by the general population and in particular young people, remains very difficult and would require evaluation at the local levels.

➤ Monitoring approach

In order to contribute to establish the “situation baseline”, the EMCDDA will exploit data available through its key indicators on “Extent and patterns of drug use in general population” and “Prevalence of problematic drug use”, its project on “Emerging trends in drug use”, and through the national reports of its Focal Points. In addition it will draw on European school surveys (ESPAD) though not all Member States are covered. It will concentrate on the following variables:

- prevalence of recent or current use (last year and where available last month) of cannabis, cocaine, amphetamines, ecstasy and opiates among the general population aged 15-64, especially young adults aged 15-24 years, and among school children aged 15-16 years (ESPAD);
- lifetime experience with illicit drugs, especially in young adults and school children
- estimates of the numbers of ‘problematic drug users’ per 1000 population aged 15-64 years;
- where available, age of first use of cannabis, cocaine, amphetamines, ecstasy, LSD and opiates;
- perceptions of the risks of cannabis, cocaine, amphetamines, ecstasy, LSD and opiates, especially among 15 to 16 year old school children.

Regarding national responses, taking into account the impossibility to monitor the large variety of actions contributing to this Target, the EMCDDA decided to concentrate on primary prevention activities implemented in schools and, to some extent, in local communities. The main envisaged variables are:

- the level of insertion of prevention in school curricula;
- the number of schools covered by prevention programmes;
- the level of availability of programme material;
- the number of minimally evaluated programmes in school and local communities with their outcomes.

➤ Specific requirements to ensure monitoring over the current European Union Action Plan

Full implementation in Member States of the two key epidemiological prevalence indicators on the basis of the EMCDDA standardised guidelines is an essential requirement. However, since it is not now possible to carry out surveys for 1999 retrospectively, it will also be necessary to exploit other existing data as far as possible and to ensure improved availability of data in due time for the second snapshot from all sources to which EMCDDA resorted to for the first one.

⁵ In the absence of a specific definition, the reference is the list of illicit drugs in the UN Conventions of 1961, 1972 and 1988.

➤ **Specific requirement for direct benchmarking of the target over the next European Union Action Plan**

If the 'under 18 years of age' bench mark is to be fully taken into account, all Member States should aim to cover this age range in general population surveys, at least from 15 years, and to carry out school surveys in line with this bench mark. It is also necessary for the EMCDDA and its national partners to define and implement improved measures of the incidence (recruitment) of new drug use. Based on the results of the conceptualisation by the EMCDDA of core data on responses, additional variables could be added in particular to better monitor the progression of the actions implemented in place in Member States. Information gathering on coverage indicators of school and community prevention should be assured in Member States.

EUROPEAN UNION STRATEGY TARGET 2:

“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”.

➤ Approach to the target

This Target focuses on two facets of drug consumption: health damage, especially infectious diseases, which may result from drug use, and drug-related deaths. The former focuses on HIV and hepatitis. The latter covers on the one hand acute deaths arising directly from drug use notably overdoses, and on the other hand, deaths occurring for whatever reason amongst drug users, for example from associated diseases such as AIDS. Tools are available for the basic monitoring of changes over time in Member States and at Union level for both facets, in spite of the fact that standardised definitions and data collection procedures still have to be implemented. Delays in reporting data on drug-related deaths at national level constitute a significant constraint. For infectious diseases, national level data are not always available, and there is a lack of regular, timely data on new infections as opposed to overall measures of the level of infection among drug injectors. In terms of responses to counter drug-related death, many complementary approaches, ranging from outreach, early health responses, and substitution programmes, to general prevention, should be considered. The precondition for monitoring this multitude of methods, sometimes responding to divergent needs, is a preliminary assessment at grass root level on the basis of the analysis of specific objectives assigned to the programmes.

➤ Monitoring approach

To contribute to establishing the situation baseline, the EMCDDA will exploit data made available through its key indicators on “Drug-related infectious diseases” and “Drug related deaths and mortality in drug users” in combination with additional information sources that are available. It will concentrate on the following main variables:

- Rates of HIV and hepatitis B and C infection among injecting drug users;
- AIDS incidence rates related to injecting drug use in the general population;
- Numbers and rates of acute drug-related deaths;
- Mortality rate of drug users (ranking by cause of death).

In terms of “responses monitoring”, EMCDDA will focus on “Outreach Work”, “Needle exchange”, “Early health responses” fields and the following selected variables:

- Level of implementation of outreach programmes taking into account concepts and approaches in Member States;
- Estimations of syringes distributed including analysis of distribution modalities;
- Estimations of number and characteristics of early health responses to acute intoxications.

➤ Specific requirements to ensure monitoring over the current European Union Action Plan

The full implementation in Member States of the two key epidemiological indicators on the base of the EMCDDA standardised guidelines is an essential component for improving comparability and quality of measurements.

➤ Requirements for direct benchmarking of the target over next European Union Action Plan

Regarding drug-related infectious diseases, improved efforts are needed to achieve national coverage and to measure the rate of new infections. Regarding drug-related deaths, greater attention should be paid to improving the quality and comparability of procedures for detecting and recording drug deaths. Based on the results of the conceptualisation of core data fields by the EMCDDA, additional variables could be added in particular to better monitor the progression of the responses in place in Member States. Information gathering on coverage indicators of outreach work, early health responses, low threshold services and needle exchange should be assured in Member States.

EUROPEAN UNION STRATEGY TARGET 3:

“To increase substantially the number of successfully treated addicts”.

➤ Approach to the target

This Target is the only one concentrating directly on the effectiveness of practices. Nevertheless, there is no shared definition among Member States about “success” in the field of treatment of drug addicts and no straightforward performance criteria for this target, neither at national nor at European Union level, which could serve from 1999 on. Only some local studies and social research have been carried out on success of treatment. In some countries, the final objective of treatment is detoxification, in some others it is social reintegration based on maintenance. An additional difficulty consists of the impossibility to ensure the monitoring of all treated patients, particularly when anonymity is protected by law. In any case, conceptual work on definitions would be necessary to ensure direct assessment of the achievement of this target. Finally, social integration interventions, both for drug users completing treatment and drug users who have been released from the criminal justice system should be taken into consideration.

➤ Monitoring approach

In order to obtain indirect information on the evolution of drug treatment in the European Union during this European Union Action Plan on drugs, the EMCDDA concentrates on a set of drug treatment related variables. First of all, based on its key indicator on “Demand for treatment”, it will cross analyse for the period considered:

- the annual number of admissions to drug treatment;
- the annual number of new admissions (first treatments) to drug treatment;
- the profile of clients treatment –first and all treatments- (age, gender, drug, injection).

On other important variables the work will concentrate on the conceptualisation and feasibility: the number of relapses; the compliance of clients with some treatment outcomes (decrease of the illicit drug use, social conditions, etc.); the waiting list; the comparison between demand and offer. In addition, the EMCDDA will concentrate on analysing core data on treatment facilities availability in Member States in order to give an evolutive picture on the coverage of treatment services. It will focus in particular on:

- Estimates of treatment expenditure;
- Slots available;
- Services offered and their characteristics;
- Objectives of the structures;
- Admission criteria;
- Co-ordination between services;
- Evaluation of treatment services.

Level of provision and characteristics of social reintegration interventions for former drug users, long-term methadone clients and drug users released from the criminal justice system.

➤ Specific requirements to ensure monitoring over the current European Union Action Plan

Full support by Member States to the implementation by the National Focal Points of the EMCDDA key indicator on “Demand for treatment”.

➤ Requirement for direct benchmarking of the target over the next European Union Action Plan

- Have a standardised protocol to collect at national level reliable estimates of number of treatment admissions.
- Have a set of standardised definitions of treatment interventions;

- Have a standardised indicator on existing treatment facilities;
- Have a set of standardised definition of successful outcomes of treatment;
- Information on social exclusion and merging trends);
- Information on treatment and evaluations assured in Member States;
- Information on social integration interventions assured in Member States.
- Cross-analysis of treatment demand data with other indicators (prevalence, incidence, deaths).

EUROPEAN UNION STRATEGY TARGETS 4, 5 AND 6.

Target 4: "To reduce substantially over five years the availability of illicit drugs".

Target 5: "To reduce substantially over five years the number of drug related crimes".

Target 6: " To reduce substantially over five years money-laundering and illicit trafficking of precursors".

INTRODUCTION

When considering the Strategy Targets 4, 5 and 6, it must be concluded that, due to the illicit nature of the crimes to which these targets relate, data are often insufficient, inaccurate and vague.

1. Some reliable data are readily available in the Member States, such as certain data relating to seizure statistics (For a better understanding they will be named in this report and its annex "category 1 data").
2. Other types of data, although useful for the assessment, are not available in all Member States, or, if available, relate to concepts and estimates rather than to facts and, therefore, may need a further fine-tuning (category 2 data). Some of these constraints could be overcome once Member States have implemented the harmonised database on drug seizures as developed by Europol and Member States' experts.
3. The collection of a third category of data (category 3 data), although relevant for the assessment, is not likely to be achievable due to the complexity in obtaining such data.

For the purpose of presenting an overall perspective, reference will be made to these 3 categories of data, both in this report and in the annex. In this report, category 1 data will be mentioned under 'Monitoring Approach', whilst category 2 and 3 data will be referred to under 'Requirements for direct benchmarking of the target over the next European Union Action Plan'. Category 1, 2 and 3 data will be mentioned as C1, C2 and C3 in the Annex to this report.

EUROPEAN UNION STRATEGY TARGET 4:

“To reduce substantially over five years the availability of illicit drugs.”

➤ Approach to the target

The basic assumption of this target is that reducing the availability of drugs, in particular at street level, should reduce the demand for drugs and thus may reduce attraction of non-users.

What is availability? There are some constraints to define it, as, first, the assessment of volume of global production. Secondly, there is a market to consider as any commodity market: no monopoly, competitive market, high profit margins, life cycle, distribution, stability and volatility of the market. However, as the market is illicit, it is difficult to obtain information on all these parameters. So far there has been no systematic surveillance of the availability of drugs neither at national nor at European Union level. Data on drug seizures may inform indirectly on drug availability, but they also reflect Police and Customs actions against drug trafficking. Some population surveys inform on the perceived access to illegal drugs. The recourse to complementary information sources and the combination of different types of data would be necessary to better approach the level and trends of availability of illicit drugs.

➤ Monitoring approach

Two main areas are considered:

- “Global availability of illicit drugs”. The main information producers are Europol and other (international) institutions (e.g. UNODCCP).
- “Availability of illicit drugs at street level”: The European Union Action Plan has tasked the EMCDDA to develop an indicator.

Availability evaluation will have to be sorted by product and should be considered or compared from several perspectives or levels. Emphasis will be on:

- Statistical data: the relation between the volume of production, the estimated volume of importation or exportation (ecstasy) the quantity of drugs seized, the number of seizures and the average wholesale prices.
- Strategic data: the level of international co-operation⁶, including co-operation agreements at European Union-level such as those between Europol and other organisations and countries, the existence of national drug strategies⁷ and the overall number of organised crime groups involved in drug in the European Union.
- Demand data: estimates based on consumption (cat.1 data), street prices and the attractiveness of drugs, medical indicators (drug related deaths, first time consumers and information on treatments).

➤ Specific requirements to ensure monitoring over the current European Union Action Plan

- Close co-operation between the Member States, Europol and the EMCDDA is required.
- Implementation by the Member States of a harmonised database on drug seizures according to the model proposed by Europol and Member States Experts should constitute an important step in the context of this target.
- In addition, all Member States should collect data on the number of disrupted criminal groups; the purity of drugs⁸; the contents of tablets and the degree of difficulty for the user to obtain drugs⁹.
- Data from a European Union-wide survey on alcohol and drugs to be carried out in 2003 in some Member States (ESPAD) should be made available in 2004 (originally planned in 2005).

⁶ Number of rogatory letters, international investigations, exchange of information on drugs, controlled deliveries.

⁷ There are no instruments available to measure the impact of national strategies from a European Union perspective.

⁸ Of Cocaine Hcl, heroin, etc... This information is not available in some Member States.

⁹ This means the distance to cover, the necessary time, etc. This information is not available in some Member States, where it is considered that this parameter cannot be used as an instrument to measure the availability of drugs.

➤ **Requirements for direct benchmarking of the target over the next European Union Action Plan**

- Routine feeding by Member States of harmonised databases on drug seizures and data analysis is required.
- A set of questions on the accessibility to drugs should be developed to be included in population (general and school populations) survey questionnaires.
- There should be a mapping of existing information and the production of regular data on availability, in particular and where appropriate from international organisations.
- A monitoring system based on regular reports from a network of key-informants (law enforcement officers, drug users, outreach workers, etc.) should be developed.
- Additional data on the number of criminal investigations (cat.3 data) and the use of law enforcement staff resources (cat.3 data) could be of relevance but the collection of this type of data is not likely to be achievable in several Member States.

EUROPEAN UNION STRATEGY TARGET 5:

"To reduce substantially over five years the number of drug related crimes".

➤ Approach to the target

Drug related crimes may be sorted in 3 categories:

- Drug offences: production, cultivation, trafficking and distribution, possession and/or use.
- Supportive offences relating to logistics: car thefts in a view of supporting the trafficking, murders to eliminate competitors, money laundering and precursors trafficking as referred to in Strategy Target 6.
- Acquisition and nuisance offences: offences carried out to acquire drugs, public order offences, property crimes and offences committed under the influence of drugs.

It has to be noted that there is not yet a European Union common definition of drug related crimes. Although data on drug offences are available in every Member State, the main problem consists in their interpretation. For example, the recording of arrests for drug offences as such does not directly inform on the effectiveness of combating drug-related crime. An increase of arrests may inform on the level of activity or success of law enforcement agencies, but cannot be considered as a signal of increase or reduction of drug-related criminality.

With the exception of some types of data on money laundering and precursors, very few data are available regarding supportive offences and acquisition and nuisance offences. Data on crimes linked to drug use and drug users such as property crimes and public nuisance are not available on a routine basis. When available they come from ad-hoc local studies that are difficult to extrapolate. The recourse to complementary information sources and the combination of different types of data would be necessary to better conceive the baseline for this Strategy Target. In this respect, reference is made to data relating to drug use amongst criminal populations such as arrestees or prisoners; and to alternatives to prison for drug offenders and assistance to drug users in prisons aiming at reducing drug use and associated crime.

➤ Monitoring approach

The three categories of drug related crime could be considered, following again various perspectives. National crime statistics on drug offences should be used. From a strategic perspective, threat assessments, the existence of national strategies, the existence of priorities in law enforcement, the introduction of new legislation, the level of international co-operation, including joint teams can be considered whereas surveys on public opinion regarding drug related crime (cat.2 data) could be used, as well as the level of drug use amongst criminal populations and the level of provision and characteristics of alternatives to prison.

➤ Specific requirements to ensure monitoring over the current European Union Action Plan

The close co-operation between the EMCDDA, Europol and their national partners is essential in order to agree upon a definition of drug related crime and to conceptualise and develop a realistic and comparable set of data on drug related crime which could be used to set a baseline for measuring such progress over the next European Action Plan.

➤ Requirements for direct benchmarking of the target over the next European Union Action Plan.

Yet to be agreed but possible indicators could include:

- Analysis of drug law offences by type of drug and type of offence;
- Incidence of revenue-raising crimes;
- Regular on-the-spot study on drug-related public nuisance;
- Regular data on drug use amongst criminal populations (prisoners, arrestees);
- Information on alternatives to prison and assistance to drug users in prisons.

EUROPEAN UNION STRATEGY TARGET 6:

“To reduce substantially over five years money-laundering and illicit trafficking of precursors”.

➤ Approach to the target

This target concentrates on two different illicit drug-related activities and therefore will be considered in two chapters.

1. To reduce substantially over five years money-laundering.

The FATF states the impossibility of estimating the magnitude of these illegal activity proceeds, even at regional level. However, significant information can be made available concerning specific anti-money laundering measures undertaken both at European Union and national levels, for a first drawing of the 1999 and 2003 situations.

➤ Monitoring approach

It is proposed to adopt the combination of the following parameters: from a law enforcement perspective, case-related assessments and reports can be used as well as the number and volume of suspicious transactions, the number of investigations resulting from the suspicious transactions, the amount of assets seized. At strategic level, threat assessments on financial flows, legislation and priorities, international co-operation could be considered.

2. To reduce substantially over five years illicit trafficking of precursors

Concerning illicit trafficking of precursors, more accurate information could be made available from national and European Union levels. However, to ensure that this information would be really useful for a first drawing of the 1999 situation, it would, as a prerequisite, require to establish a close co-operation with not only national and community authorities (including OLAF and EUROSTAT) but also third organisations (INCB, ICPO-Interpol, CEFIC etc.) This would allow for the production of a more accurate picture of the 2003 situation than the one actually feasible for 1999.

The fact that the market of precursors is a licit market has to be kept in mind and international, European Union and national legislations have to be considered. Trafficking of precursors is the appropriate wording when considering that nowadays there is not only diversion but also illicit production.

➤ Monitoring approach

As for other targets, the criteria for evaluation of the illicit trafficking of precursors could be considered from several perspectives. This includes the number and volume of seizures and dismantled illicit laboratories, the number of stopped shipments and prices. At strategic level, the state of memoranda of understanding (MoU) between competent authorities and industrial sector, situation reports, assessments, international actions and co-operation (Operation Topaz, Operation Purple, training, the Phare program, constraints (secrecy on economical data). Considering Regulatory Authorities information, number of licences, export notifications and authorisations, voluntary reports by the industrial sector. Looking at the supply aspect (market), level of import flows .

➤ Specific requirements to ensure monitoring over the current European Union Action Plan

Concerning data arising from third international organisations, concrete joint co-operation activities could result in the availability of information through the access to databases and reports. In relation with data arising from community bodies and private sector, (i.e. EUROSTAT and CEFIC) a considerable analysing effort will be necessary.

➤ Specific requirements for direct benchmarking of the target over the next European Action Plan.

- Concerning money laundering: legal developments at European Union and national levels; international co-operation developments; law enforcement agencies activities.

- Concerning trafficking of precursors: legal developments at European Union and national levels; international co-operation developments; law enforcement agencies activities; data concerning production, import and export activities.