



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

**Specific programme evaluation: Drug Prevention and Information Programme (DPIP)**

**28 July 2015**



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

DG Justice

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in association with

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## Document Control

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<b>Document Title</b>	Ex-post evaluation of five programmes implemented under the 2007-2013 financial perspective – Specific programme evaluation: Drug Prevention and Information Programme (DPIP)
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## Executive summary

This final evaluation of the **specific programme Drug Prevention and Information Programme** (hereinafter DPIP) implemented between 2007 and 2013 was commissioned by DG Justice to ICF International and Milieu Ltd. under the Framework Contract for Evaluation and Evaluation-related Services (JUST/2011/EVAL/01).

### *Objectives and methodology of the evaluation*

This final evaluation aims to assess the relevance coherence and complementarity, effectiveness, sustainability, efficiency and scope for simplification and EU added value of the Drug Prevention and Information Programme. These main evaluation criteria are defined in the following way:

- **Relevance** – the extent to which the actions implemented under DPIP logically address its objectives, the wider policy needs of the EU and the needs of the target audiences;
- **Coherence and complementarity** – the extent to which DPIP is internally coherent and if there is complementarity and overlap between DPIP and other EU instruments at programme level, at the level of calls for proposals and at project level;
- **Effectiveness** – the extent to which the programme has been successful in achieving its objectives;
- **Sustainability** – whether the results, outcomes and impacts achieved by the projects are sustainable beyond the project funding period. To the extent possible, the evaluation distinguishes between short-term sustainability (dissemination of project results), medium term sustainability (continuation of project results and/ or partnerships), and longer term sustainability (successful transfer of project results to other contexts, organisations and Member States without additional funding or with limited funding only);
- **Efficiency and scope for simplification** – the extent to which the programme has been implemented in a cost-effective way and linked to this, the extent to which the implementation process or reporting requirements are clear and workable;
- **EU added value** – the different ways in which DPIP provides EU added value both to the EU and to grant beneficiaries and the pertinence of this EU added value, in particular the extent to which Member States could have achieved the same results without EU intervention.

The findings of the evaluation are based on data collected from multiple sources, including: an extensive review and quantitative analysis of the available documentation of all 51 action (AGs) and operating grants (OGs) funded by the programme; an online survey (23 respondents) and follow-up interviews (5 interviews) with grant beneficiaries; an interview with a Commission official who was involved in the programme; as well as a review of programme documentation and other relevant EU policy documents.

### *Overview of the Drug Prevention and Information Programme (DPIP)*

DPIP was established by Council Decision No. 1150/2007/EC<sup>1</sup> and is part of the EU's Drugs Strategy (and Action Plan) (2005-2012), which aims to significantly reduce the social harm and health damage caused by the use of, and trade in, illicit drugs. DPIP is part of DG Justice's General Programme on Fundamental Rights and Justice 2007-2013 and during this implementation period its total budget was €22,332 million.

#### *Objectives of the programme*

The general objectives of DPIP (set out in Article 2 of Decision No 1150/2007/EC) are: to prevent and reduce drug use, dependence and drug-related harm; to contribute to the improvement of information on drug use; and to support the implementation of the EU Drugs Strategy.

The programme's specific objectives (set out in Article 3 of Decision No 1150/2007/EC) are:

- To promote transnational actions to:
  - Set up multidisciplinary networks;

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<sup>1</sup> Decision No 1150/2007/EC of the European Parliament and of the Council of 25 September 2007 establishing for the period 2007-2013 the Specific Programme Drug Prevention and Information as part of the General Programme Fundamental Rights and Justice, OJ L 257, 3.10.2007, p. 23–29.

- Ensure the expansion of the knowledge base, exchange of information and identification and dissemination of best practices;
- Raise awareness of the health and social problems caused by drug use;
- Support measures aimed at preventing drug use, including reduction of drug-related harm and treatment methods taking into account the latest state of scientific knowledge;
- To involve civil society in the implementation and development of the EU Drugs Strategy and Action Plans; and
- To monitor, implement and evaluate the implementation of specific actions under the Drugs Action Plans (2005-2008 and 2009-2012).

### ***Target beneficiaries of the programme***

The programme targets two main groups of beneficiaries: i) all people who may be affected by the consequences of drug use, including young people, pregnant women, vulnerable groups and problematic neighbourhoods, and ii) those who may apply for programme funding, including teachers and educational staff, parents, social workers, local and national authorities, medical and paramedical staff, judicial staff, law enforcement and penitentiary authorities, NGOs, trade unions and religious communities.

### ***Funding mechanisms of the programme***

As with other programmes of DG Justice's General Programme on Fundamental Rights and Justice 2007-2013, DPIP funds actions through three different mechanisms: action grants (AGs) co-financing specific projects implemented by Member State' organisations/ institutions, operating grants (OGs) co-financing the annual work programmes of European-level NGOs, and public procurement (tendered contracts) by the European Commission.

During the implementation period 2007-2013 period most of the programme funding was allocated to AGs (just above €13,5 million), with the remainder committed to OGs (€1,8 million) and public procurement contracts (€4,4 million).

### ***Lead organisations and main activities in the programme***

DPIP-funded actions were mainly led by NGOs/ national networks (33% of all lead organisations) and universities (24%). The latter were also the most common partners within the projects' partnerships (NGOs/ networks and universities represented 31% each of all partners to DPIP projects).

The main activities implemented within the framework of AGs focused on awareness-raising, information and dissemination and analytical activities (31%), followed by mutual learning, exchange of good practices, cooperation (18%) and training (12%). With regard to OGs, the most commonly implemented activities were awareness-raising, information and dissemination (27%) and mutual learning, exchange of good practices, cooperation (20%), followed closely by analytical activities (18%) and support to key actors (18%).

### ***Main findings and conclusions of the evaluation***

#### ***Relevance***

Overall, the priorities of DPIP calls for proposals and selected actions met the objectives of the programme and were also relevant to policy developments at the time. Whilst a review of DPIP's objectives shows that they are broadly formulated and too ambitious at times, the priorities of the specific calls for proposals are clearly defined, realistic and attainable and overtime annual priority-setting increased the specificity of what the programme was to achieve. Furthermore, towards the second half of programme implementation, new priorities were introduced in the calls for proposals to reflect the latest policy/ legislative developments such as the emergence of psychoactive substances on the drugs market.

DPIP-funded actions were also relevant to programme objectives: all 51 projects had project/ work programme objectives which aligned with DPIP's specific objectives, even though not all priorities were covered to the same extent across projects. Selected actions also appear to have adequately supported policy developments, either by deliberately aiming to do this from the onset or by disseminating project results to policymakers, with public procurement contracts being especially responsive to the latest developments in the area.

DPIP was also pertinent to the needs of grant beneficiaries: the programme was ‘unique’ in the sense that it was the only programme specifically funding actions in the area of drug prevention and thus filling an existing gap in funding at national level. As most projects were designed on the basis of needs assessments, funded actions appear to have reflected the needs of the target groups, though few grant beneficiaries were able to elaborate on this.

### *Coherence and complementarity*

The findings of the evaluation show that DPIP is internally coherent and that it also has a high degree of complementarity with other EU instruments at programme level, at the level of calls for proposals and at project level. With regard to coherence, the findings of the evaluation show that the intervention logic of DPIP is internally consistent: the programme’s objectives, inputs, activities and expected results are non-contradictory. Furthermore, the programme’s funding mechanisms (AGs, OGs and public procurement contracts) are complementary and do not overlap with one another.

With regard to complementarity, at programme level DPIP acted in complementarity with other DG Justice programmes (DAP, JPEN, JCIV, FRC), other Commission DGs’ programmes (DG HOME’s ISEC, DG RTD’s FP7, DG SANTE’s Health Programme) and the EMCDDA: findings presented in this evaluation demonstrate that the objectives, end beneficiaries and thematic areas covered by DPIP and these programmes/ institutions do not overlap with one another. At the level of calls for proposals, eligible actions supported by DPIP do not overlap with those funded by the above-mentioned EU instruments due to their different priorities and objectives. Likewise, at project level, the overlap between projects is reduced by the specific requirements and priority setting of DPIP’s calls for proposals. For example, publications of results of EU-funded projects enabled (potential) beneficiaries to design projects that do not duplicate previous work in the area and – even though evidence is limited in this regard – to create synergies, where applicable.

### *Effectiveness*

Overall, DPIP was effective in achieving its general objectives; given the programme’s small budget and number of projects funded, however, the impact of the programme in the area of drug prevention is limited. Some of the positive effects of the programme include fostering inter-European awareness-raising and information on drugs and associated harm among young people and drug users and improved dialogue on drugs and exchange of best practice amongst stakeholders such as NGOs, social workers, policymakers and drug experts. DPIP-funded actions achieved the most impact in Member States which implemented the largest number of projects/ activities, including Italy, the United Kingdom, Germany and the Netherlands.

Although most DPIP-funded actions reached out to relevant policymakers at national level, there is limited evidence to suggest that the programme had impact on the development of legislation and policies in the Member States. Public procurement contracts – which were specifically aimed at developing and implementing policy and legislation in the drug prevention area – did trigger policy debates and steered the policy-making process at EU – but also Member State – level.

Finally, at project level, most of the funded projects reported achieving their objectives. The projects were implemented successfully in particular thanks to good working relationships between partners and clear intervention logics with regard to the target groups, objectives, methods and activities to be implemented. Although projects did not report experiencing any major obstacles to the implementation of activities, a limited number of grant beneficiaries reported not achieving their project objectives due to insufficient funding, insufficient duration of the grant or difficulties reaching and/ or engaging the target group.

In a few cases DPIP-funded actions developed tools recognised as innovative in different fields, including new prevention and harm reduction measures and treatment approaches and innovative approaches to provide information and raise awareness among specific and vulnerable groups. Some DPIP projects also achieved indirect and/ or unexpected positive results, including implementation of additional activities, wider dissemination of outputs and reaching additional target groups than initially planned.



### ***Sustainability***

Both the Commission and grant beneficiaries made efforts to disseminate the results of DPIP projects. Different dissemination methods were used which helped to reach different types of stakeholders and contributed to increasing the impact of DPIP projects on the ground.

At programme level, whilst project results were disseminated through websites of relevant EU initiatives such as ISEC, EMCDDA and the EU Drugs Strategy and Action Plans which overall helped to improve the visibility of DPIP, some of these platforms were not exploited to their fullest potential and ultimately only a limited number of projects benefited from them. At project level, most DPIP-funded actions developed a sustainability and/ or dissemination plan, though this could have included a larger number of events or other active forms of dissemination such as press releases or campaigns. Although projects continued to disseminate their achievements through their own websites at the end of programme funding, this was usually for a limited period of time and affected the potential for sustainability and transferability of project outputs. Even where arrangements for further dissemination were made, continuation of project activities was often reported as dependent on additional funding.

Finally, whilst the sustainability of project outputs, as well as partnerships formed in the implementation of DPIP projects was rated as good by grant beneficiaries, this was not confirmed by the review of project documentation: in practice, only a few projects provided evidence of transferred practices or methodologies, or of continuing cooperation after the end of the DPIP project.

### ***Efficiency and scope for simplification***

Whilst the funds available for the implementation of DPIP were used efficiently overall, the evaluation findings simultaneously suggest that the budget of the programme may not have been entirely sufficient. This is particularly the case in light of the level ambition of some of the programme objectives, the very high demand for funding, the relatively high absorption rates of grants and the high numbers of outputs and results achieved. For example, more funding could have been provided to DPIP with a view to impacting on prevention or reduction of drug use and drug dependence. In addition, the very high number of applications for funding by the programme (against the small number of implemented projects), as well as the fact that the most commonly funded organisations were NGOs who largely rely on external financing points again at a need for adequate financial resources in the area of drugs policy.

Despite the above, the resources made available under the programme appear to have been sufficient for grant beneficiaries to achieve their projects' objectives and to make a difference. The implemented projects achieved positive outcomes and impacts, which suggests that the amount of money spent by them was reasonable in comparison to their achievements. Furthermore, the allocation of resources to the different funding tools was logical, despite some scope for overlap between the grants and procurement. Commitments to AGs, OGs and procurement contracts were less than anticipated, but in all cases the high absorption rates indicated an efficient use of resources.

Overall, grant beneficiaries were satisfied with the management of DPIP by the European Commission, which was deemed to have improved overtime. However, the application and reporting requirements were complex: for small organisations (but also other types of organisations) with limited experience in grant applications and management, some of the requirements were experienced as burdensome and time consuming; improvements could also be made to the way in which the Commission communicates with applicants and grant beneficiaries.

### ***EU added value***

The evaluation findings show that the EU nature of DPIP brought added value to most of the grant beneficiaries and the EU. On the one hand, the transnational dimension of the programme supported grant beneficiaries based in different Member States to implement prevention and information activities and thus contribute to preventing or reducing drug use and drug dependence in their respective countries. Moreover, the transnational partnerships formed for the implementation of projects increased the geographical coverage of DPIP, along with the scope for dissemination of (good) practices between Member States. They also promoted transnational learning and contributed to improving the visibility of the implemented actions and to the identification of information gaps and common issues in the area of prevention and fight against drugs.

On the other hand, the nature of DPIP brought added value to the EU in that the transnational partnerships built within the programme helped the Union to achieve its objectives of cross-border



cooperation, exchange and dissemination of best practices and information, developing mutual trust among Member States and practical tools and solutions to address Union-wide challenges such as fight against drugs.

## 1 Introduction

The following report constitutes the specific programme evaluation of the Drug Prevention and Information Programme (hereinafter DPIP) which was implemented between 2007 and 2013. The report is organised by the main evaluation criteria (and corresponding questions); these are: relevance, coherence and complementarity, effectiveness, sustainability, efficiency and EU added value.

### 1.1 Methodology and sources of information

This final evaluation of the Drug Prevention and Information Programme has been developed on the basis of the following information:

- An extensive review of the available documentation of all 51 action grants (AGs) and operating grants (OGs) funded by the programme 2007-2013;
- A review of programme documentation, such as the founding Decision, annual work programmes and calls for proposals for both grants and public procurement contracts;
- A review of other information available online – e.g. EU policy documents, websites/ founding decisions of related EU programmes, etc.;
- A quantitative analysis of the 51 DPIP-funded projects/ activities;
- An analysis of 23 responses to the online survey from DPIP grant beneficiaries; and
- The write-ups of 5 follow-up interviews with coordinators of projects/ organisations receiving DPIP 2007-2013 grants.

### 1.2 Introduction to the Drug Prevention and Information Programme

This section provides an overview of the key characteristics of the specific programme Drug Prevention and Information (DPIP), along with its intervention logic.

#### 1.2.1 Overview and intervention logic

The Drug Prevention and Information Programme (DPIP) was established by Council Decision No. 1150/2007/EC<sup>2</sup> and is part of the EU's Drugs Strategy (2005-2012) which aims to significantly reduce the social harm and health damage caused by the use of, and trade in, illicit drugs. DPIP, established for the period 2007-2013, also ran in connection with the EU Action Plan on Drugs 2005-2012 which translates targets into actions to reduce the prevalence of drug use and to reduce individual and social harm caused by drugs.

Article 2 of Decision No 1150/2007/EC sets out the general objectives of the programme. These are:

- To prevent and reduce drug use, dependence and drug-related harm;
- To contribute to the improvement of information on drug use; and
- To support the implementation of the EU Drugs Strategy.

Article 3 of the above-mentioned Decision lists the specific objectives of the programme. These objectives are:

- To promote transnational actions to:
  - Set up multidisciplinary networks;
  - Ensure the expansion of the knowledge base, exchange of information and identification and dissemination of best practices;
  - Raise awareness of the health and social problems caused by drug use;
  - Support measures aimed at preventing drug use, including reduction of drug-related harm and treatment methods taking into account the latest state of scientific knowledge;
- To involve civil society in the implementation and development of the EU Drugs Strategy and Action Plans; and
- To monitor, implement and evaluate the implementation of specific actions under the Drugs Action Plans (2005-2008 and 2009-2012).

The target beneficiaries of the programme are:

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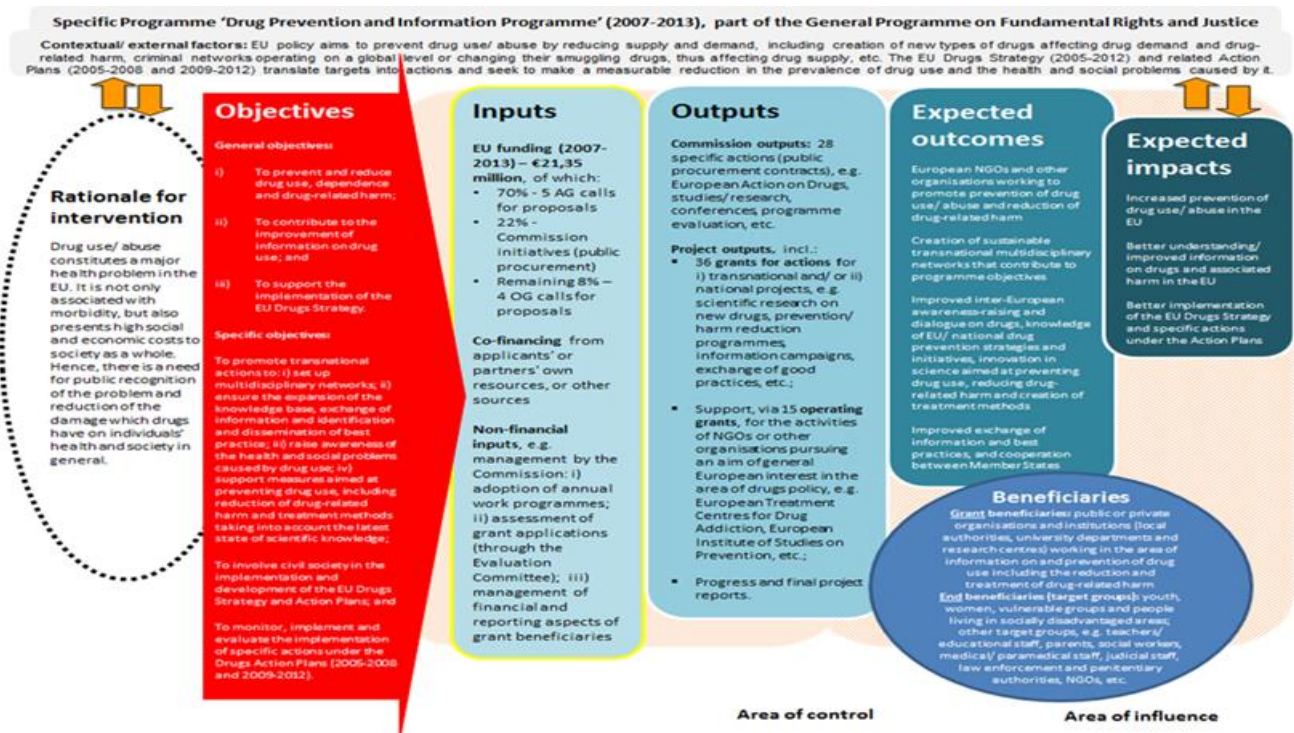
<sup>2</sup> Decision No 1150/2007/EC of the European Parliament and of the Council of 25 September 2007 establishing for the period 2007-2013 the Specific Programme Drug Prevention and Information as part of the General Programme Fundamental Rights and Justice, OJ L 257, 3.10.2007, p. 23–29

- All people who may be affected by the consequences of drug use: young people, pregnant women, vulnerable groups and problematic neighbourhoods;
- Those who may apply for funding: teachers and educational staff, parents, social workers, local and national authorities, medical and paramedical staff, judicial staff, law enforcement and penitentiary authorities, NGOs, trade unions and religious communities.

DPIP, as with other programmes forming part of DG Justice's General Programme on Fundamental Rights and Justice 2007-2013, funds actions through three different mechanisms (Article 4 of Decision No1150/2007/EC):

- Action grants (AGs): co-funding (up to 80% of the total costs) for specific projects carried out by authorities or other Member State bodies, international or non-governmental organisations which are transnational and may run for a maximum of two years;
- Operating grants (OGs): financial support (up to 80%) for the running costs of an organisation's annual budget actions carried out by non-governmental organisations or other entities 'pursuing an aim of general European interest;'
- Public procurement (tendered contracts): funds are also available for undertaking specific projects outlined by the Commission (Commission's initiatives), such as feasibility studies, topic-specific research, organising conferences or building IT systems.

The total budget of DPIP during the implementation period (January 2007 – December 2013) was €22,332 million.



Error! Reference source not found. illustrates the intervention logic of DPIP.

Figure 1.1 Intervention logic of the Drug Prevention and Information Programme (2007 – 2013)

### 1.2.2 Key characteristics (key elements of the quantitative analysis of the programme)

As described above, DPIP funding was made available through grants and through procurement contracts. 0 outlines the number of different actions funded during each year of the programme's implementation. Calls for proposals for action grants were split between 2009-2010 and 2011-2012.

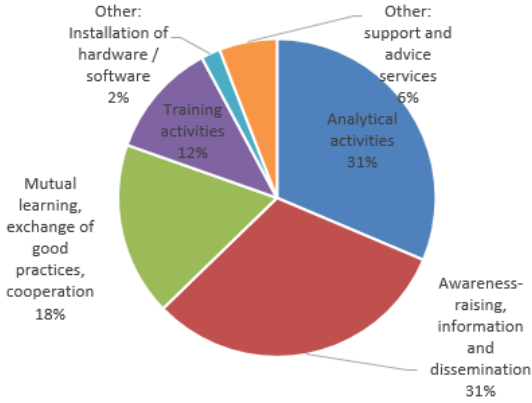
**Table 1.1 Number of actions funded per year**

	2007	2008	2009-2010	2009	2010	2011	2011-2012	2012	2013	TOTAL
<b>Action grants (AG)</b>	9	6	10	N/A	0	0	11	0	<i>Not considered<sup>3</sup></i>	36
<b>Operating grants (OG)</b>	0	5	0	N/A	4	2	0	4	<i>Not considered</i>	15
<b>Public procurement</b>	1	1	N/A	5	11	7	N/A	1	2	28

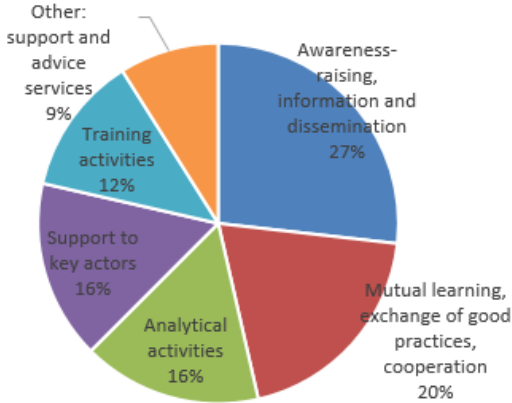
DPIP projects/ activities were mainly led by NGOs/ national networks (33% of all lead organisations), followed by universities (23%), research institutes (22%) and European networks/ platforms/ forums (14%). Similarly, the configuration of DPIP partners is as follows: national NGOs/ networks and universities are the most common partners (31% of all partners), followed by public services (14%), local authorities (8%), research institutes (7%) and training institutes (4%). A much smaller proportion of partners were European networks and several other types of organisations (e.g. regional authorities, law enforcement, and legal professionals).

Figure 1.2 and Figure 1.3 illustrate the main activities addressed by AGs and OGs funded by DPIP. AG projects most often focused on awareness-raising, information and dissemination (31%) and analytical activities (31%), followed by mutual learning, exchange of good practices and cooperation (18%). The third most frequent activities of AG projects were training activities (12%). Likewise, OGs also focussed on awareness-raising, information and dissemination activities (27%), followed by mutual learning, exchange of good practice, cooperation (20%). Analytical activities and support to key actors (with an equal share of 16%) were the third most common activity implemented by OGs.

**Figure 1.2 DPIP AGs by main activity**



**Figure 1.3 DPIP OGs by main activity**



<sup>3</sup> Not considered within the scope of this evaluation.

## 2 Relevance of the programme

The relevance of DPIP is assessed in terms of the extent to which the actions implemented under it logically address the programme's objectives, the wider policy needs of the EU and the needs of the target audiences. Overall, the priorities of the calls and selected actions met the objectives of DPIP as defined in the legal base. Firstly, the priorities aligned with one or more general objective(s). This was due, on the one hand, to the fact that the priorities were cross-cutting, focussing either on a type of drug, a type of beneficiary of the action and/ or a methodology. On the other hand, the DPIP objectives were very broadly defined. The definition of priorities was well balanced: the priorities were defined very clearly but were also set in such a way that no organisation working in the field and wishing to apply for funding was excluded. While the general and specific objectives of DPIP were assessed as too ambitious, the priorities were realistic and attainable. Overall, evidence shows that the annual priority-setting increased the specificity of what DPIP was to achieve. The priorities became an increasingly important tool for the Commission to influence the scope of the funded projects.

The selected actions were also considered relevant to the programme objectives. All 51 projects had project/ work programme objectives which aligned with the specific objectives programme. However, as for the priorities, some specific objectives were covered by the funded projects to a greater extent while others were underrepresented. Also, OGs were aligned only partially with the specific objectives of DPIP as they only covered two specific objectives.

With regard to the relevance of the priorities of the calls to policy initiatives (action plans, legislation etc.), the annual priorities adequately reflected the most important policy developments in this area. In fact, as of the 2011-2012 call for proposals, new priorities were introduced not only to reflect new policy and legislative developments, but also to take into account the latest state of scientific knowledge. This flexibility improved the relevance of the programme to the context in which the latter was implemented.

At project level, the selected actions appear to have adequately supported policy developments. In some case, DPIP projects deliberately aimed to do so while, in other instances, many ended up disseminating their results to policymakers and/or feeding into policymaking at EU/ national level. In addition to projects, procurement contracts were particularly relevant for policy/ legislative development in this area. The commissioned contracts also appeared to be responsive to the latest developments in the sector.

Finally, DPIP was overall relevant for the needs of grant beneficiaries. Firstly, the programme is "unique" in this area and filled an existing gap in funding at the national level. Moreover, the conceptual framework of the programme as well as its priorities fitted with the needs of actors working in the drug prevention area. The funded actions were relevant to the needs of the target audiences, particularly since most projects were developed on the basis of a needs assessments. However, as the needs assessment methods used by grant beneficiaries were different, this may have led to different degrees of quality/ relevance of activities to the needs of the target group. Also, while grant beneficiaries reported that they received positive feedback from final target groups as to the relevance of the activities implemented, only few were able to provide stronger evidence supporting this.

### 2.1 Relevance of the priorities and the funded actions to the programme objectives

*Do the priorities of the calls and the selected actions meet the objectives of the programme as defined in the legal base?*

The general objectives of DPIP were broadly defined and very ambitious in relation to the size of the programme and the budget assigned to its implementation as well as considering the limited timeframe of implementation of the actions. A number of issues was also identified in relation to the specific objectives of the programme: overall inconsistency in the formulation (with some objectives very operational while others insufficiently specific), lack of indicators associated with progress as well as insufficient coherence with the general objectives.

While the general objectives were assessed as too broad and ambitious and several issues with the specific objectives were identified, the findings of the evaluation showed that the annual priority-setting increased the specificity of what the programme was to achieve throughout the programming period. The priorities became an increasingly important tool for the Commission to influence the scope of the funded projects. The analysis showed that:

- All of the priorities aligned with one or more general objective/s;
- The definition of priorities was well balanced. On one hand, the priorities were defined very clearly and the level of details provided in their definition increased throughout the programming period. On the other hand, they were set in such a way that no organisation working in the field and wishing to apply for funding was excluded. They also enabled covering a full spectrum of projects from different angles of drugs policy;
- While the general and specific objectives of DPIP were assessed as too ambitious, the priorities were realistic and attainable i.e. they aligned with the grant beneficiaries' abilities, skills and capacity.

The analysis showed that the priorities put forward in calls for proposals put limited weight on the implementation and development of the EU Drug Strategy and related Action Plans (compared to other priorities). This is reflected in the low number of projects selected covering such priorities. It is, however, important to emphasise that the Commission pursued this objective mainly through procurement.

When looking at the relevance of funded actions, all 51 projects had project/ work programme objectives which aligned with the specific objectives programme. However, as for the priorities, some specific objectives were covered by the funded projects to a greater extent while others were "under covered". Also, OGs were aligned only partially with the specific objectives of DPIP as they only covered two specific objectives.

### **2.1.1 Assessment of the objectives of the programme and approach to priority-setting**

The general programme objectives of DPIP as per Article 2 of the Founding Decision are listed in Section 1.2.1. For the purpose of this evaluation, the general objectives of the programme were summarised/ grouped as follows:

- To raise awareness on the risks of drug use, dependence and associated harm and on the importance of prevention among persons/ groups that are actual/or potential drug users as well as the broader public;
- To provide better information on drug use, dependence and associated harm through the development of prevention measures; and
- To build the capacity of actors involved in prevention of drug use, dependence and associated harm also in relation to the implementation of the Drugs Strategy and related Action Plans.

The general objectives, as formulated by the legislator, largely focused on long-term and wide reaching goals linked to prevention of drug use, provision of information in relation to the drug phenomenon as well as the implementation of the EU Drugs Strategy. The general objectives were broadly defined, they lacked clear targets and expressions of baselines. Moreover, the general objectives of DPIP are very ambitious in relation to the size of the programme and the budget assigned to its implementation as well as considering the limited timeframe of implementation of the actions. This might also negatively affect the extent to which the DPIP actions contributed to the achievement of the programme objectives and impacted on the ground (this is further explored in section 4 of this report).

The broad nature of the general objectives, however, also triggered some positive consequences as it allowed for a certain degree of flexibility for the definition of annual priorities to capture future policy developments. The extent to which this happened in reality is explored below.

General objectives should be complemented by a coherent and logical set of specific objectives. However, when looking at article 3 of the Founding Decision, listing the specific objectives of DPIP, a number of issues arise.

First of all, there is an overall inconsistency in the formulation of the specific objectives of the programme. While some of them were very operational and focussed already on possible practical outputs (dissemination of good practices, training, study visits and staff exchange,

etc.), the majority of them is considered as insufficiently specific. Overall, they fail in describing, for example, the benefits associated with the objectives, who should be involved in the intervention, etc. For example, the specific objective “to involve civil society in the implementation and development of the EU Drugs Strategy and EU Action plans” did not specify measures/channels or type of actions to use to involve civil society.

Also, the specific objectives are not measurable. Indicators, allowing the measuring of progress toward the attainment of the specific objectives, were not included. This renders it very difficult to provide an objective assessment of the extent to which funded actions have been effective in achieving the objectives (see section 4.1).

Finally, the specific objectives do not constitute a logical and coherent set of “building stones” for the general objectives. Some specific objectives (e.g. promote transnational actions) are very broad and comprise of a list of “sub-objectives”, which cannot always be linked to a particular general objective. For example, “set up multidisciplinary networks” could contribute to all three general policy objectives. While this in itself does not constitute a problem, it becomes problematic when some aspects of the general objectives are then insufficiently covered in the specific objectives. For example “improvement of information on drug use” is only partially covered in Article 3 through the vaguely defined specific objective “expansion of the knowledge base”.

In the next programming period, the legislator could pay more attention to improving the specific objectives. Firstly, it is recommended to improve the level consistency in the degree of specificity (i.e. they should all define the benefits linked to the objective, the possible outcomes, type of actions to be used, the stakeholders to be involved, etc.). Moreover, indicators or, at least, descriptive measures may be introduced to render those objectives more measurable (i.e. to define when those objectives are met). Similarly to the general objectives, it is recommended to limit the ambition of the specific objectives. In order to achieve that, all the specific objectives of the programme could be defined in a way to be realistic and attainable by the funded actions. An improved measurability and attainability would not only increase the relevance of the intervention but also the extent to which the effectiveness of DPIP funded actions can be assessed in the future. Finally, an effort should be made to translate (all) the general objectives of DPIP into a logical and coherent set of specific objectives.

While the general objectives were assessed as too broad and ambitious and several issues with the specific objectives were identified, the findings of the evaluation showed that the annual priority-setting increased the specificity of what the programme was to achieve as well as contributed to steering the outcomes of the programme (this is further developed in the section below). When defining the priorities, the following elements were considered:

- The annual priorities for a given year were based on an assessment of previous priorities and the extent to which these were covered by the projects selected (and subsequent identification of gaps);
- The priorities were set in such a way that no organisation working in the field and wishing to apply for funding was excluded;
- The priorities were set in such a way to ensure that the Commission would be able to fund a full spectrum of projects from any angle of drugs policy; and
- The priorities were set in a way to ensure consistency with the Annual Work Programme.

The area of drugs policy being multi-faceted, other DGs (SANCO, HOME, RTD, etc.) were also included in the discussion about priority setting and this through an Inter-Service Group on Drugs.

### 2.1.2 Commission priorities and their relevance to the general objectives of the programme

**Error! Reference source not found.** presents the priorities, set for the period 2007-2013, alongside the objectives that they align with. The Table shows that all of the priorities aligned with one or more general objective. This is because the priorities were cross-cutting, focussing either on a *type* of drug (e.g. cocaine, cannabis, etc.), a *type* of beneficiary of the action (e.g. young people in vulnerable circumstances, families at risk, young offenders, homeless, prisoners) and/or a *methodology* (e.g. exchange of best practice, development of effective approaches in prevention, etc.) and – as discussed above in section 2.1.1 – the objectives were broad.



The analysis of the priorities showed that the latter were defined very clearly. They, for example, precisely identified the target groups, methods to be used and areas of intervention. For example, the rather vague specific objective related to the implementation and development of the Drugs Strategy was gradually defined through the years by identifying relevant stakeholders to be involved and methods to be used (i.e. exchange of best practices on cooperation between authorities and civil society at local and/ or regional level, by public services providing prevention, education, harm reduction, and law enforcement working together with voluntary organisations and service providers from civil society).

The analysis of the priorities also indicates that the level of details provided in their definition increased throughout the programming period. For example, while in 2007/2008 a priority was defined as “*exchange of experience, transfer of skills and best practice in the field of drug demand reduction*”, in 2011/2012, a similar priority was defined as follows “*exchange of best practice on innovative approaches, also, via the internet, to provide information and advice to parents/ family and members/carers of drugs users to support their involvement in preventing the use of drugs by young people*”. In this sense, throughout the programming period, the priorities became an increasingly important tool for the Commission to influence the scope (and to a certain extent the end results) of the funded projects.

The priorities are also assessed as realistic and attainable and are defined in a way to be easily implemented on the ground by the grant beneficiaries. The type of drugs covered, the beneficiaries targeted as well as the different methods mentioned within the different priorities are relevant to the sector – i.e. they are described in a way to fit with the grant beneficiaries’ abilities, skills and capacity. This confirms that, as mentioned above, the priorities were set in such a way that no organisation working in the field and wishing to apply for funding was excluded.

As far as the content of those priorities is concerned, fewer priorities focussed, throughout the programming period, on the implementation and development of the EU Drug Strategy and Action Plans. Moreover, while priorities linked to other specific objectives were diversified (i.e. included, for example, the development and implementation of approaches and methodologies, training activities, economic analysis, etc.), here the focus was on the exchange of best practice. In practice, the priorities linked to the implementation and development of the EU Drug strategy and Action Plans were covered to a lesser extent by DPIP projects compared to other priorities. There is therefore a link between the limited weight given to priorities concerning the implementation and development of the drug strategy and action plans in the design phase and the low number of projects covering such priorities in reality. Consultations with the Commission and grant beneficiaries, however, did *not* suggest that there was a biased representation of priorities towards some objectives of the programme over others.

In practice, the relative low coverage of these priorities was balanced by two factors:

- DPIP projects addressed specific aspects of the EU Drugs Action Plans by covering other priorities, such as those related to raising awareness and improving understanding of the drug problem; and
- The Commission pursued these priorities mainly by procurement (as further described below).

On the other hand, some priorities areas were more represented than others, particularly those in relation to the 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. This could be due to the fact that, of all priorities, those related to prevention were more vaguely formulated and hence, functioning as a catch-all priority.

Finally, as further developed below, the content of the priorities was slightly modified, over the programming period, to take into account evolving developments related to drug prevention. This improved the relevance of the programme to the context in which the latter was implemented.

### 2.1.3 Relevance of funded actions to the objectives of the programme

The relevance to the programme objectives, as well as to wider EU policy priorities was a key criterion for selection of AG and OG calls for proposals. Article 9(4) of the Decision, on implementing measures, indicates that the evaluation and award procedures shall take into account the conformity of the proposals with the annual work programme as well as with the general and specific objectives of the programme.

The importance of aligning the funded interventions to the programmes' objectives was also reiterated in the annual work programme and calls for AG proposals for the 2007-2013<sup>4</sup> period. The latter specified that all DPIP projects had to indicate clearly which of the priorities they aimed to address. Project proposals without link to any of the priorities were not selected. This already ensured that the actions funded were overall relevant to priorities set by the Commission. Finally, in the annual work programmes for the relevant funding period, "relevance to the EU Action Plans on Drugs and to the programme's objectives" was a main criterion for selecting action grants. Relevance was worth 25% of the total score until the 2011 call for proposal when its relative importance grew to 30% of the total score.

Evidence shows that all 51 projects had project/ work programme objectives which aligned with the DPIP specific objectives. Each of the objectives listed in Article 3 of the Decision was addressed by at least one AG. However, as for the priorities, some specific objectives were covered by the funded projects to a greater extent while others were underrepresented. This led to disproportionality in the topics addressed by different DPIP-funded actions. Evidence overall shows that:

- The objective, which was mostly covered by funded projects, was "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". Projects addressing this objective mainly focused on analytical activities such as scientific research, production of reports, development of surveys and questionnaires to collect data from drug users and/ or organisations dealing with drug issues, data collection/ analysis or statistics, etc.;
- The secondly targeted objectives were:
  - "Raise awareness of the health and social problems caused by drug use and to encourage an open dialogue with a view to promoting a better understanding of the phenomenon of drugs" - projects addressing this objective mainly focused on awareness-raising activities such as the organisation of dissemination events (conferences and seminars), the publication of materials, (such as newsletters, brochures and leaflets, or other dissemination outputs such as books and videos), etc.
  - "Ensure the expansion of the knowledge base, the exchange of information and the identification and dissemination of good practices, including through training, study visits and staff exchange" - projects addressing this objective mainly focused on mutual learning activities, exchange of good practice and cooperation amongst stakeholders coming from different environments.
- The objective less covered by AGs was monitoring, implementation and evaluation the implementation of specific actions under the Drugs Action Plans. As already mentioned above, this objective of the programme was mainly addressed through procurement. The latter focussed on two main types of activities: reports (for example, on global illicit drugs markets, a comparative analysis of research into illicit drugs in EU, minimum quality standards, etc.) and organisation of conferences/ events (for example the annual event of the European Action on Drugs, annual meetings of the Civil Society Forum on Drugs, etc.).

OGs were aligned only partially with the specific objectives of DPIP as they only covered two specific objectives (i.e. awareness raising on health and social problems caused by drug use and involving civil society in the implementation of the Drug Strategy and Action Plans).

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<sup>4</sup> Projects submitted through the 2013 call for proposals were not part of this evaluation.

All of the organisations funded through DPIP OGs and AGs had relevant expertise for implementing their proposed projects / work programmes. The main AG and OG lead organisations were in line with Article 7 of the founding Decision, which recognises NGOs and universities / research centres as main DPIP actors. NGOs were the main recipient of DPIP funding. This is in line with the original purpose of the AGs, which, according to a Commission official, was to “serve the big NGO community at the national level”. Moreover, taking account of the objectives of DPIP, universities and research institutes were relevant entities to fund considering that they tend to conduct analytical and research activities (also the most commonly implemented activities within DPIP as mentioned previously). A proportion of DPIP funds was also assigned to European networks. This is considered as relevant to the programme’s specific objective “promoting transnational actions” as well as in line with the aim to have a broad EU impact by addressing issues of direct EU importance/nature (see more information on the added value of DPIP in section 7). Hospitals/ health care providers, on the other hand, received limited funding under DPIP, even though these organisations are responsible for primary care and assistance to drug users, as well as prevention programmes in many EU countries. This may be explained by the fact that DPIP promoting scientific knowledge and prevention through awareness-raising activities rather than providing direct assistance to drug users.

## 2.2 Relevance of the priorities and selected actions to the policy initiatives and policy developments

*Are the priorities of the calls and the selected actions relevant for the policy initiatives (action plans, legislation etc.) and do they adequately support policy developments?*

Between 2007 and 2013 there were some major policy and legislative developments at EU level in the areas relevant to the DPIP programme. These are described in detail in Annex 2 and include: Council Framework Decision 2004/757/JHA, the EU Drugs Strategy and related Action Plans, and latest developments in relation to new drugs, such as new psychoactive substances (NPS).

As of the 2011-2012 call for proposals, new priorities were introduced not only to reflect these policy and legislative development but also to take into account the latest state of scientific knowledge. This flexibility improved the relevance of the programme to the context in which the latter was implemented.

At project level, selected actions appear to have adequately supported policy developments both because, for some, this was their main project objective, but also because many ended up disseminating their results to policymakers and/or feeding into policymaking at EU/national level (see also **Error! Reference source not found.** on the extent to which the programme objectives were achieved).

In addition to projects, procurement contracts funded by the programme were specifically aimed to develop and implement the policy and legislation in the drug prevention area. Evidence shows that some contracts were particularly relevant for policy/legislative development in this area (for example the Impact Assessment leading to the new Regulation on NPS). The commissioned contracts also appear to have been responsive to the latest developments in the sector.

### 2.2.1 The relevance of the priorities for policy/ legislative development

With regards to the priorities set in call for proposals for DPIP, there is strong evidence that some priorities were put forward to reflect new policy / legislative developments as well as developments in scientific knowledge. This improved the relevance of the programme to the context in which the latter was implemented.

As of the 2011-2012 call for proposals, three priorities referred to policy related to psychoactive substances, including new psychoactive substances (NPS) which are not controlled (“legal highs”) but which may pose health and social risks including new types of drug dependence. This was also confirmed by Commission officials consulted as part of this evaluation who stated that the priorities of the programme were set out in a way which would allow the Commission to address gaps in relation to new developments and emerging trends in the drugs field, in particular NPS and the need to expand the knowledge base on their potential effects.

Moreover, throughout the programming period, some priorities<sup>5</sup> focused on developing drug-related harm reduction strategies and treatment methods taking into account the latest state of scientific knowledge. This took into account the fact that trends related to the availability and use of drugs in Europe have evolved constantly during the past decade, particularly due to the manufacture and introduction of new drugs on the market, such as new synthetic drugs or NPS. As a result, there has been continuous monitoring and development in the state of scientific knowledge associated with these substances, along with a shift in drug control policies at both European and national level. As reported by the EMCDDA<sup>6</sup>, more than 110 substances have been notified to the EMCDDA and Europol through the early-warning system since its establishment in 1997.

## 2.2.2 The relevance of the selected projects to policy/ legislative development

Overall, not all projects sought to influence policy from the outset. Those who did, aimed to produce policy recommendations, draft technical reports to support policy reform debate, policy briefs or organised events, such as seminars or conferences to discuss needs in relation to policy reforms at national and EU level. Those projects were directly relevant for EU policymaking/ legislative development (as discussed in section 4.1.2).

However, many projects which did not have a pre-set objective to influence policy did end up trying to do so as part of their final activities – e.g. in disseminating project results. The projects presented in 0 are examples of those which had as their project objective to inform/ support the development of EU legislation in DPIP fields of work.

### Box 2.1 Examples of DPIP projects/ work programmes with a specific aim to support policymaking/ legislative development

- The 2010 OG led by Realise Legal Emergencies and Drugs Services Ltd had the objective to promote open debate on the effectiveness, direction and content of drug policies at national and international level, by providing NGOs and policy-makers with the platform International Drug Policy Consortium (IDPC) – a global multi-disciplinary network of NGOs and professional networks – holding discussions around implementation of more humane and effective policies and programmes in this area.
- The project “European Drug Emergencies Network (Euro-DEN)”, still under implementation, aims to fill the existing data gap on the availability of NPS and the risks related to their consumption both at EU level (in the database of the EMCDDA) and at national level in the different Member States participating in the project (CZ, DE, DK, EE, ES, FR, IE, PL, and UK). According to the interviewed organisation, the project is expected to “help take public health decisions in relation to NPS and undertake risk assessment”.
- The 2009-2010 AG co-funded project Evaluation and Prospects of International Drug Control aimed to promote public debate on region-wide drug control policy challenges through the organisation of seminars specifically targeting practitioners and policy-makers. The project also proposed concrete recommendations for further research and public policy planning and implementation in the context of European regional institutions and the UN drug control system.
- The 2011-2012 AG co-funded project New Approaches in Drug Policy & Interventions (NAPDI) aimed to identify cocaine use patterns for the design of appropriate policy responses to new psychoactive substances and harm reduction approaches targeting non-opioid users.
- The 2011-2012 AG co-funded project Promoting Excellence in Drug Prevention in the EU of the University of Liverpool aimed to introduce drugs prevention quality standards toolkits to contribute to the development of drugs prevention policies at EU level. Toolkits were made available for policy-makers through a website.

While only some of DPIP projects sought to influence policy from the outset, procurement contracts funded by the programme were specifically aimed to develop and implement policy and legislation in the drug prevention area. As mentioned above, through the publication of reports and the organisation of conferences and meetings, public procurement contracts aimed to inform better the policy-makers about the drug situation thus providing them with the right tools to develop relevant policies in the future. Some contracts were particularly relevant for policy/legislative development in this area. For example, through procurement, the Commission contracted the Impact Assessment on NPS, which looked into the

<sup>5</sup> Examples of priorities are: Identification and/or development of effective approaches targeting risk behaviour and/ or on the reintegration of problem drug users; Development of innovative approaches, especially aimed at young people, and including the reduction of drug-related harm; 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

<sup>6</sup> <http://www.emcdda.europa.eu/online/annual-report/2010/new-drugs-and-trends/2>

establishment of a new Regulation on NPS. Procurement contracts were therefore relevant for EU and national policymaking / legislative development.

Moreover, the commissioned contracts also appear to be responsive to the latest developments related to drugs use. Attention was in fact given, in the years under consideration, to research into illicit drugs, exploring recent trends and developments at the EU and national level.

Finally, the fact that procurement is directly “steered” by the Commission also contributed to improved relevance in relation to policy development. In fact, the main difference between AGs and procurement, is that the Commission has the full power to steer the work of procurement contracts and control the whole process. There is therefore more flexibility, i.e. the Commission can decide whether or not to procure a contract on the basis of an assessment of policy needs and policy strategies. As put by a Commission official: “if there is a policy need, we use procurement”.

## 2.3 Extent to which the priorities and selected actions meet the needs of the target group

*Do the priorities of the calls and the selected actions address the needs of their target groups? Which priorities should be maintained/ discontinued during the following financial perspective and why?*

Evidence shows that the DPIP programme was overall relevant for the needs of grant beneficiaries. Firstly, the programme is “unique” in this area and filled an existing gap in funding at the national level. Moreover, the conceptual framework of the programme as well as its priorities fit with the needs of actors working in the drug prevention area. The limited ‘take-up’ rate of the DPIP programme suggests that DPIP attracted a high number of applicants.

The funded actions were relevant to the needs of the target audiences, particularly since most projects were developed on the basis of thorough needs assessments. However, as the programme did not set requirements as to the needs assessments to be carried out by grant beneficiaries (this was not a specific requirement in the calls for proposals), the needs assessment methods used by grant beneficiaries were different. This possibly led to different degrees of quality/relevance of activities to the needs of the target group. It is overall difficult to conclude whether or not the funded actions were relevant to the needs of the final target groups without collecting data amongst these groups. While grant beneficiaries report that they received positive feedback from target groups, few were able to provide stronger evidence of this relevance.

In the future DPIP should:

- Introduce some stricter requirements at programme level as to the needs assessments to be carried out by the project beneficiaries in order to ensure more consistency in how those are carried out; and
- Introduce some stricter requirements at programme level as to measuring the usage and impact of DPIP funded activities by/on the final target group. This would not only facilitate the assessment of the relevance of the intervention to the needs final beneficiaries but also of the impact of the implemented activities (see section 4 assessing the effectiveness of the programme).

### 2.3.1 Extent to which needs assessments were undertaken

Most DPIP projects undertook a needs assessment in order to ensure relevance of their activities for the target group. In total, 16 of the 23 respondents (67%) surveyed indicated that the project/ activities implemented had been designed on the basis of needs assessments. Nine of these respondents (50%) stated that these needs assessments had been conducted in the year of, or the year preceding, the start of the project, demonstrating that the assessment considered the most up-to-date data.

The programme did not set requirements as to whether, and how, a needs assessments had to be carried out by grant beneficiaries. As a result, the needs assessment methods used by grant beneficiaries were different, which in turn may have resulted in different degrees of quality/ relevance of activities to the needs of the target group. The project documentation analysis indicated that projects undertook:

- Needs assessments based on desk research and other studies - although DPIP grant beneficiaries have a strong knowledge of the needs of the target groups as they are experienced organisations in the sector, needs assessments based on desk research and other studies might not be so robust and may not ensure that the project activities are relevant to the needs of the target group;
- Needs assessments based on consultations with target groups before designing the project and on the analysis of findings from previous pilot projects - these methods are assumed to be more robust and be more successful in ensuring that the project activities are relevant to the needs of the target group.

A closer analysis of a sample of the needs assessments undertaken by grant beneficiaries (project documentation) showed that their quality significantly varies. Organisations had applied a range of needs assessment methods to assess target group's needs, though the robustness of the methods varied – e.g. some based their needs assessment on the organisation's accumulated knowledge of the target group based on its day-to-day work, whereas others used needs assessments produced by previous studies or projects. Organisations identified the needs of their target groups mainly on the basis of desk research, including the review of EU-wide reports and surveys and/ or by conducting statistical analyses. In a few cases, projects conducted needs assessments on the basis of consultations with target groups before designing the project (e.g. surveys/ questionnaires directed at the target groups). In some other cases, needs assessment was also based on the analysis of findings from pilot projects which preceded the DPIP-funded action. For example, two organisations referred to two pilot projects and consulted the partners involved in these projects to gain a better understanding of the target groups' needs.

Project beneficiaries interviewed as part of this evaluation found the programme relevant to the target group's needs and to the needs of their Member State in the drugs policy area. Most organisations identified a gap in knowledge or in the practice (i.e. in relation to intervention schemes and support services) that needed addressing by means of projects such as those funded by DPIP. For example, one of the interviewed organisations identified a gap in the information available on NPS necessary for national health systems and designed a project to collect information directly from the main target group (i.e. NPS users) to make this data available for their second target group (i.e. health care providers).

### **2.3.2 Extent to which the end beneficiaries and target groups found the programme relevant to their needs**

Evidence shows that the DPIP programme was overall relevant for the needs of grant beneficiaries. Such relevance was assessed at different levels:

- DPIP is “unique” in this area - there are no other programmes focussing on Drug prevention and information. While the ISEC programme also focused on drugs, it mainly covered the actions linked to drug supply prevention;
- DPIP filled a gap at the national level - due to the economic crisis, there was a reduced availability of funding for these topics at national level;
- DPIP's conceptual framework (i.e. its objectives and priorities set) enabled the grant beneficiaries to develop their projects as originally envisaged - most interviewees (three out of five) reported that they already had a project or a design which could fit perfectly in the scope of the programme and no further tailoring was needed;
- The DPIP annual priorities attracted a broad variety of actors working in the sector - despite being very specific as to the methods and target groups to be targeted, the priorities were set in such a way that no organisation working in the field and wishing to apply for funding was excluded.

The ‘take-up’ rate of the DPIP programme (i.e. the number selected compared to the number of applications received) was on average between 10% and 15%<sup>7</sup> of all submitted projects. This suggests that the programme attracted a high number of applicants which may be indicative of the relevance of the programme to the needs of grant beneficiaries.

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<sup>7</sup> At the time of writing this evaluation, this information was not yet available. This will be introduced in the final version of this report.

Without conducting research amongst the end beneficiaries, it is challenging to make robust statements about the relevance of the projects to their needs. However, most organisations consulted as part of this evaluation reported that their projects had been well-received by the target groups, but they were not able to provide further messages about usage and impact. The online survey also shows that the grant beneficiaries perceived the programme as relevant (74%) or somewhat relevant (26%) to the needs of the target group. Another confirmation that target groups may have found DPIP relevant is the fact that no projects reported that a lack of interest of the target group(s) affected the implementation of any of the activities.

### 3 Coherence and complementarity

*Was the complementarity and coordination with other EU programmes optimised?  
How do the results of the implemented actions complement national policy initiatives/  
programmes and other European or international initiatives/ programmes?*

This evaluation examines both the extent to which DPIP was internally coherent and if there was complementarity and overlap between DPIP and other EU instruments at programme level, at the level of calls for proposals and at project level. The findings of the evaluation confirm that DPIP is coherent. Firstly, its intervention logic is internally consistent: the objectives, inputs, activities and expected results of DPIP are non-contradictory. Secondly, the different funding mechanisms (AGs, OGs and public procurement contracts) are complementary and do not overlap.

At programme level, DPIP acted in complementarity with other EU instruments (other DG Justice programmes, DG HOME, DG SANTE and DG RTD programmes) with regard to thematic areas and objectives, eligible grant applicants, end beneficiaries and types of actions and interventions funded. At the level of calls for proposals, findings confirm that there was no scope for overlap with the other DG Justice calls and other EU instruments in terms of eligible actions, given that they differed in terms of priorities and objectives. At project level, the risk for overlap between projects is reduced by the requirements and priority setting of the DPIP calls for proposals. Regarding complementarity, few mechanisms were found for potential project beneficiaries to identify other projects that would be complementary in terms of objectives/activities. There could have been additional tools for informing potential beneficiaries and/or for encouraging project managers from different projects to work together.

Finally, there is limited data suggesting the existence of synergies between DPIP and other EU and national interventions. However, some synergies were reported by the Commission officials (and to a lesser extent by grant holders who replied to the survey). Some of the activities contributing to the creation of synergies seemed to be the dissemination of project findings, development of networks, joint actions and cooperation.

#### 3.1 Complementarity with other EU programmes and synergies

##### 3.1.1 Scope for complementarity and overlap of DPIP with other EU programmes

The Council Decision No 1150/2007/EC<sup>8</sup> establishing DPIP for the period 2007-2013 indicates that the EU can add value to the Member States' actions "in the field of drug prevention and information, including treatment and reduction of drug-related harm, by complementing those actions and by promoting synergies".<sup>9</sup>

Article 11 of the Decision highlights that synergies and complementarity shall be sought with other Community instruments, in particular with:

- The General Programme 'Security and Safeguarding Liberties';
- The 7<sup>th</sup> Research and Development Framework Programme, and
- The Community Programme on Public Health.

The Decision also indicates that complementarity should be ensured between DPIP and the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), by using the Centre's expertise, methodology and best practices, with a special focus on the statistical element of information on drugs.

The Decision highlights that DPIP may share resources with other EU instruments, including the ones mentioned above, as well as the General Programme 'Solidarity and Management of Migration Flows', in order to implement actions meeting the objectives of all programmes.

<sup>8</sup> DECISION No 1150/2007/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 25 September 2007 establishing for the period 2007-2013 the Specific Programme 'Drug prevention and information' as part of the General Programme 'Fundamental Rights and Justice'. Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32007D1150&from=EN> [Accessed on 1 December 2014].

<sup>9</sup> Ibid.

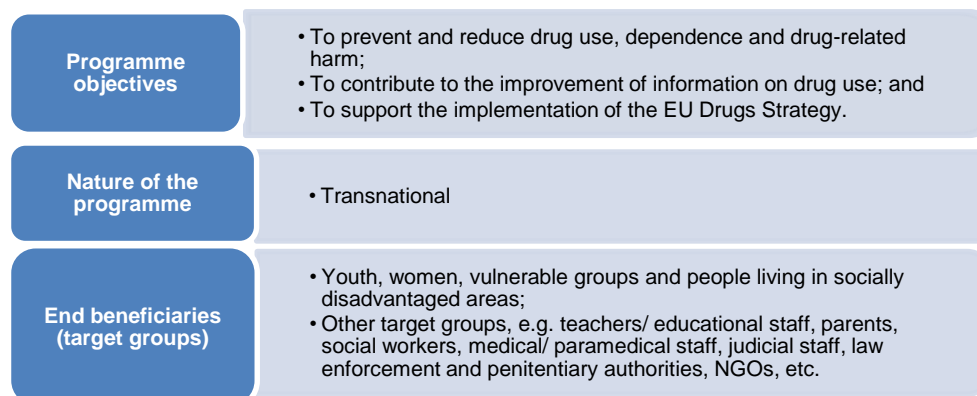


In addition to the instruments indicated in the Council Decision, there was scope for complementarity and synergies between DPIP and the other DG Justice programmes, such as JPEN, JCIV, FRC and Daphne III. This was possible because, although these do not focus on the theme of drugs, these programmes funded similar activities (analytical activities, mutual learning and exchange of good practices, training activities and/ or awareness-raising, information and dissemination) and targeted the same or similar final beneficiaries (young people, parents, families, vulnerable people, groups at risk) and/ or cover similar issues (family mediation, the work of teachers, healthcare professionals or social workers).

With regard to the risks of overlaps, as indicated by the Commission representative interviewed, there was a formal safeguard in the annual work programmes of DPIP to avoid duplication between projects funded under other programmes. Moreover, the Commission policy unit responsible for DPIP participated, organised and steered the meetings of the Inter-Service Group on Drugs (Commission/ EEAS) and worked together with the Presidencies and Member States within the Horizontal Working Party on Drugs (HDG) in the Council. In the Inter-Service Group, the annual work programmes were discussed in order to avoid overlaps in programming with other Commission services. Members of different DGs also had meetings with DG Justice on topics relevant to the programmes arising on an ad-hoc basis. Furthermore, the Evaluation Committee reviewing applications for DPIP funding consisted of experts from most units covering drugs policy as part of their work across the Commission.

Complementarity can be multi-dimensional in terms of (i) thematic areas and objectives; (ii) eligible grant applicants; (ii) the nature of the programme and; (iii) end beneficiaries. Figure 3.1 describes the nature of these four dimensions in DPIP. The complementarity of the programme regarding these three dimensions are discussed in turn below.

**Figure 3.1 DPIP programme overview**



### 3.1.1.1 Objectives and thematic areas

With regard to its objectives and thematic focus, DPIP shared similarities with the Prevention of and Fight against Crime (ISEC) programme, under the General Programme on Security and Safeguarding Liberties, to the extent that both programmes focused on the prevention of drug consumption. Being both managed in the same DG Justice unit and as indicated by the EC interviewee, they complemented each other and they fitted fully in the agenda of Justice and Home Affairs. However, DPIP covered drug *demand* prevention and ISEC focused on drug *supply* prevention by fighting against drug trafficking.

The Health Programme (2008-2013) managed by DG SANTE during most of the period coinciding with DPIP also covered drug policies and prevention of drug consumption, but from a public health perspective (promotion of healthy lifestyles). The Health Programme had a wider focus than DPIP, which aimed to focus on the issue of drug use exclusively, including in the instances when this related to poly-drug use (i.e. examining it through the perspective of drug use and not alcohol). In addition to health promotion, the much wider focus of DG SANTE's programme is confirmed by actions funded in other areas of public health, notably health security/ threats and health information, with the latter referring to highly technical/ scientific information or actions aimed to improve access to information for patients and doctors alike, i.e. a more direct approach than DPIP.

Finally, the 7<sup>th</sup> Research and Development Framework Programme (FP7) (2007-2013)<sup>10</sup> funded projects that aimed to strengthen scientific evidence on the consequences of drug consumption in the fields of public health, socio-economic sciences and the humanities. Examples of projects are: ALICE RAP (Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project) – a five-year project bringing together around 200 scientists from more than 25 countries, aiming to strengthen scientific evidence on addictions, including drug abuse<sup>11</sup>; the AMPHORA project, which provided new scientific evidence for public health measures to reduce alcohol-related harm<sup>12</sup> and AAA-PREVENT, looking into Effective Environmental Strategies for the Prevention of Alcohol Abuse among Adolescents in Europe.<sup>13</sup>

Table 3.1 illustrates the scope for complementarity and overlap of DPIP’s objectives and thematic areas with the selected EU programmes listed above. As can be seen from the table, only the DPIP objective to prevent and reduce drug use, dependence and drug-related harm is, in part, covered by the rest of the EU programmes, whereas the objective to provide information on drug use is only covered by FP7. The other DPIP objectives (support the implementation of the EU Drugs Strategy, and raise awareness of the social and health problems caused by drugs use) were not covered by the rest of the EU programmes.

**Table 3.1 Scope for complementarity and overlap of types of thematic areas of DPIP with other related EU programmes**

Prevent and reduce drug use, dependence and drug-related harm	Information on drug use	Support the implementation of the EU Drugs Strategy	Raise awareness of the social and health problems caused by drugs use
DPIP	DPIP	DPIP	DPIP
ISEC			
Health programme			
FP7	FP7		

### 3.1.1.2 Nature of the programme

DPIP and the other EU programmes mentioned above were managed centrally at EU level, without involvement of national or regional authorities (as in other EU programmes, e.g. the ESF, ERDF or Cohesion Fund). Thus, DPIP, through a direct management, supported transnational actions only, i.e. projects which (obligatorily) include more than one Member State working in a partnership.

Table 3.2 shows the nature of DPIP and the other EU programmes with regard to their management nature. As can be seen from the table, two of the DG Justice programmes (JPEN and JCIV) can support both transnational and national actions whereas DPIP cannot fund central national authorities directly. The Health Programme and FP7 are implemented through shared management, which focus much less on trans-nationality and rather on applying EU policy in the national context without engaging, or only to a limited extent, in transnational cooperation. Therefore, given the different nature of programme implementation modalities, there is less scope for overlap between DPIP and programmes implemented under shared management. In addition, as highlighted above, there is also limited scope for overlap with regard to the thematic areas supported by these programmes.

**Table 3.2 Scope for complementarity and overlap of DPIP with other related EU programmes in relation to the nature of the programme**

Transnational	National (direct management)	National (shared management)
DPIP		
Daphne <sup>14</sup>		

<sup>10</sup> [http://ec.europa.eu/research/fp7/index\\_en.cfm](http://ec.europa.eu/research/fp7/index_en.cfm) [Accessed on 4 December 2014]

<sup>11</sup> ALICE RAP. Available at: <http://www.alicerap.eu/about-alice-rap.html> [Accessed on 1 December 2014].

<sup>12</sup> DG Research and Innovation: AMPHORA. Available at: [http://ec.europa.eu/research/health/public-health/health-promotion-and-disease-prevention/projects/amphora\\_en.html](http://ec.europa.eu/research/health/public-health/health-promotion-and-disease-prevention/projects/amphora_en.html) [Accessed on 1 December 2014].

<sup>13</sup> DG Research and Innovation: AAA-PREVENT. Available at: [http://ec.europa.eu/research/health/public-health/health-promotion-and-disease-prevention/projects/aaa-prevent\\_en.html](http://ec.europa.eu/research/health/public-health/health-promotion-and-disease-prevention/projects/aaa-prevent_en.html) [Accessed on 1 December 2014].

<sup>14</sup> Daphne founding decision 779/2007/EC, Article 4

JPEN <sup>15</sup>	JPEN	
JCIV <sup>16</sup>	JCIV	
FRC <sup>17</sup>		
ISEC		
Health Programme		Health Programme
FP7		FP7

### 3.1.1.3 End beneficiaries

Table 3.3 illustrates the scope for complementarity and overlap of types of end beneficiaries of DPIP and other EU related programmes. As can be seen from the table, DPIP shared 2 out of the 4 types of beneficiaries with Daphne III, 2 common types of beneficiaries with the Health Programme, and one common type of beneficiaries each with JPEN, FRC and ISEC.

**Table 3.3 Scope for complementarity and overlap of types of end beneficiaries of DPIP with other related EU programmes**

Young people	Pregnant Women	Vulnerable groups	People living in socially disadvantaged areas
DPIP	DPIP	DPIP	DPIP
Daphne III		Daphne III	
		JPEN	
		FRC	
		ISEC	
Health programme		Health programme	

Although DPIP shared some end beneficiaries with other DG Justice programmes, as indicated above, these do not seem to have overlapped. For instance, DPIP shared two end beneficiaries with the Daphne III programme (young people and vulnerable groups) but even when the theme of drugs was included in Daphne projects the main focus was in relation to violence. One example in this regard is the Daphne project “Drug use and sexual abuse - Training, counselling and support to empower and protect drug-addicted women against violence”, which links the themes of drugs and violence, but demonstrates that the two instruments are complementary with each other.

## 3.2 Complementarity at the level of calls for proposals

As mentioned previously, DPIP acted in complementarity with other EU instruments and this section demonstrates that there was no overlap at the level of calls for proposals for these programmes. Regarding complementarity at the levels of calls for proposals with other DG Justice programmes, DPIP was the only DG Justice programme focusing on drugs and in that sense, although it funded similar activities and targeted the same or similar final beneficiaries (young people, parents, families, vulnerable people, groups at risk), the themes, priorities and objectives differed from the other DG Justice programmes. In this sense, there is no scope for thematic overlap between DPIP, FRC, Daphne III, JCIV and/ or JPEN.

With regard to complementarity at the level of calls for proposals with other EU instruments, namely ISEC, FP7 and the Health Programme, these programmes also had annual calls for proposals. In order to determine complementarity at the level of calls for proposals and to identify whether or not priority setting enhances the further differentiation between programmes, the priorities for the 2013 calls for proposals set for DPIP have been compared with those set in ISEC, FP7 and the Health Programme and as can be seen in Table 3.4, there does not seem scope for overlap in terms of eligible actions, as DPIP differs from the other EU programmes in terms of priorities.

<sup>15</sup> JPEN founding decision 2007/126/JHA, Article 4

<sup>16</sup> JCIV founding decision 1149/2007/EC, Article 4

<sup>17</sup> FRC founding decision 2007/252/JHA, Article 4

**Table 3.4 Overview of DPIP, ISEC, FP7 and the Health Programme priority areas identified in 2013 calls for proposals for action grants with scope for complementarity and overlap**

DPIP All priority areas	ISEC 2013 General Call for Proposals <sup>18</sup>	FP7-HEALTH-2013-INNOVATION <sup>19</sup>	HEALTH PROGRAMME (2013) CALL FOR PROPOSALS FOR PROJECTS <sup>20</sup>
<b>DEMAND REDUCTION</b>			
Priority 1 "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"	NA	NA	NA
<b>AWARENESS RAISING</b>			
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	NA	NA	NA
<b>PREVENTION</b>			
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	NA	3. OPTIMISING THE DELIVERY OF HEALTHCARE TO EUROPEAN CITIZENS: 3.3 <b>Health promotion and prevention:</b> Social innovation <sup>21</sup> for health promotion.	<b>PROMOTE HEALTH:</b> <ul style="list-style-type: none"> <li>■ Addressing chronic diseases and promoting healthy ageing across the life cycle. Promotion of healthy lifestyles among the 65+ age group <b>through the prevention of specific risks</b></li> <li>■ <b>Prevention of major and rare diseases</b></li> </ul>
<b>CIVIL SOCIETY</b>			
Projects aimed at the involvement of civil society in the implementation of the European Union's Drug Strategy and Action Plans on Drugs	NA	NA	NA
<b>DRUGS ACTION PLAN</b>			
Projects aimed at the monitoring, implementation and evaluation of specific actions under the Drugs Action Plan 2009-2012	NA	NA	NA

With regard to ISEC, nor the specific calls<sup>22</sup> nor the general call for AGs<sup>23</sup> focused on drugs. Nevertheless, in 2012, for instance, there was a specific priority on "cross border law enforcement cooperation in the field of drug supply reduction".<sup>24</sup> However, even when focusing on drugs, whilst DPIP focused on drug *demand* prevention, ISEC calls for proposals concentrated on drug *supply* prevention by fighting against drug trafficking.

FP7 and specifically the Health Theme under FP7 funded projects that had a scientific focus and its calls for proposals did not specifically target drug-related projects. Emphasis was on "translational research (translation of basic discoveries into clinical applications including scientific validation of experimental results), development and validation of new therapies, methods for health promotion and prevention, as well as sustainable and efficient healthcare

<sup>18</sup> [http://ec.europa.eu/dgs/home-affairs/financing/fundings/security-and-safeguarding-liberties/prevention-of-and-fight-against-crime/calls/call-2013/general-call/docs/general\\_call\\_for\\_proposals\\_2013\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/financing/fundings/security-and-safeguarding-liberties/prevention-of-and-fight-against-crime/calls/call-2013/general-call/docs/general_call_for_proposals_2013_en.pdf)

<sup>19</sup> <http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/fp7/calls/fp7-health-2013-innovation-1.html#epssdetails>

<sup>20</sup> [http://ec.europa.eu/chafea/health/previous\\_calls.html](http://ec.europa.eu/chafea/health/previous_calls.html)

<sup>21</sup> Social innovations are new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations. In other words they are innovations that are not only good for society but also enhance society's capacity to act. [http://ec.europa.eu/enterprise/policies/innovation/policy/social-innovation/index\\_en.htm](http://ec.europa.eu/enterprise/policies/innovation/policy/social-innovation/index_en.htm)

<sup>22</sup> ISEC 2013 Targeted Call for Proposals on: "Illegal use of Internet (INT)"; "Financial and Economic Crime (FINEC)"; "Chemical, Biological, Radiological and Nuclear materials (CBRN)"; "Radicalisation leading to terrorism and the role of victims of terrorism in preventing radicalisation (RAD)"; "Trafficking in Human Beings (THB)"

<sup>23</sup> [http://ec.europa.eu/dgs/home-affairs/financing/fundings/security-and-safeguarding-liberties/prevention-of-and-fight-against-crime/calls/call-2013/general-call/docs/general\\_call\\_for\\_proposals\\_2013\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/financing/fundings/security-and-safeguarding-liberties/prevention-of-and-fight-against-crime/calls/call-2013/general-call/docs/general_call_for_proposals_2013_en.pdf)

<sup>24</sup> [http://ec.europa.eu/dgs/home-affairs/financing/fundings/security-and-safeguarding-liberties/prevention-of-and-fight-against-crime/calls/call-2012/general-call/docs/isec\\_ag\\_call\\_for\\_proposals\\_2012\\_final\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/financing/fundings/security-and-safeguarding-liberties/prevention-of-and-fight-against-crime/calls/call-2012/general-call/docs/isec_ag_call_for_proposals_2012_final_en.pdf)

systems”.<sup>25</sup> In comparison to DPIP, the FP7 calls for proposals – whose priorities for 2013 are listed in Annex 3 – were much more scientifically focused and had broader objectives/coverage of health-related themes, their only common point being a focus on prevention.

Finally, the calls for proposals within the Health Programme, similarly to FP7, had a broader scope than DPIP, covering many topics in the field of health in a transversal way (health security, health promotion, generation and dissemination of health information and knowledge).<sup>26</sup> As shown in Annex 3 and as in the case of FP7, it seems that the only link with DPIP is the focus on prevention, but on different topics (major and rare diseases and prevention of specific risks among the elderly).

### 3.3 Complementarity at project level

#### 3.3.1 Complementarity and risk of overlap between projects

At project level, there is a risk of overlap and duplication of efforts between the different projects, but also an opportunity for complementarity and the creation of synergies, especially when project managers are aware of the findings from other projects and the broader policy context. In this sense, it is important to observe whether there were any mechanisms for potential project beneficiaries to identify other projects that would be complementary in terms of objectives/activities.

One of the elements that provided information on all the projects funded by DPIP was the publicly available document on summaries of projects, included in the DG Justice website dedicated to the DPIP calls for proposals. Some information on projects could also be found in other EU websites, such as EMCDDA’s website. Furthermore, the publication “Projects, studies and research on illicit drugs funded by the European Commission 2007–2010”<sup>27</sup> provided a comprehensive overview of projects funded under DPIP, the Health Programme, FP7 and ISEC in the period 2007-2010. Furthermore, the publication “New Psychoactive Substances Projects, Studies and Research”<sup>28</sup> also provided information on projects focusing on NPS from DPIP, the Health Programme, FP6, FP7 and ISEC (from 2007 to 2013). However, these publications do not seem to have been advertised in the DPIP website or in the guides for applicants. It appears that some additional tools could have been put in place for informing potential beneficiaries about other projects and/or for encouraging project managers from different projects to work together.

Nevertheless, the risk for overlap between projects is reduced by the requirements and priority setting of the DPIP calls for proposals. The latter stated that projects would be ineligible if there was overlap or duplication with other drug-related projects funded under other EU instruments. Furthermore, Section 3.2 concluded that the priority-setting for the DPIP calls for proposals provided a tool for further differentiating DPIP – and the projects/work programmes funded by it – from other EU instruments.

Regarding complementarity, data collected through the mapping of projects, follow-up interviews and the online survey indicated that some DPIP projects were complementary with projects funded by *other* EU programmes/ institutions. For example, the project “European Drug Emergencies Network (Euro-DEN)” led by the British Guy’s and St Thomas’ NHS Foundation Trust focussed on enabling systematic collection of data on adverse consequences (acute toxicity) related to drug use and the use of NPS (New Psychoactive Substances) in particular. Previous EU-funded projects implemented by the trust, such as an EMCDDA project, served as pilot projects in this area, thus revealing the needs and forming the basis for the current one.

Examples of complementarity of the projects can also be observed *among DG Justice programmes*. Only seven (out of 23) respondents to the survey (in relation to DPIP) had been awarded more than one grant under the five DG Justice funding programmes. Four

<sup>25</sup> DECISION No 1982/2006/EC of the European parliament and of the council of 18 December 2006 concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013) [http://ec.europa.eu/research/participants/portal/doc/call/fp7/common/30014-ecfp\\_en.pdf](http://ec.europa.eu/research/participants/portal/doc/call/fp7/common/30014-ecfp_en.pdf)

<sup>26</sup> [http://ec.europa.eu/chafea/health/previous\\_calls.html](http://ec.europa.eu/chafea/health/previous_calls.html)

<sup>27</sup> European Commission (2011) Projects, studies and research on illicit drugs funded by the European Commission, 2007–2010. Available at: [http://ec.europa.eu/justice/anti-drugs/files/2007-2010\\_drug\\_related\\_projects\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/2007-2010_drug_related_projects_en.pdf)

<sup>28</sup> European Commission (2014) New Psychoactive Substances. Projects, Studies and Research funded by the European Commission. Available at: [http://ec.europa.eu/justice/anti-drugs/files/nps\\_report\\_2014\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/nps_report_2014_en.pdf)

(57%) out of the seven respondents who had been awarded more than one grant, were also involved in projects under other DG Justice funding programmes. Three respondents had previously benefited from Daphne III funds (one as project leader and two as partner organisations) and one from JPEN funds (as project leader). This could be explained by the fact that the organisations concentrate on several policy subjects/ areas or because these are topics that fit under the different DG Justice programmes.

Box 3.3 overleaf illustrates the scope for complementarity between some of the projects implemented under DPIP and other EU programmes.

### 3.3.2 Opportunity for synergy creation

With regard to synergies, there is limited data collected in this evaluation suggesting the existence of synergies between DPIP and other EU and national interventions. Whilst some Commission officials indicated that synergies between the different policy areas and corresponding funding instruments were made when the inter-service consultations/ groups took place, limited information on the nature of these synergies was provided during the interviews. Results from the online survey further show that only a third of the respondents (9) stated that various synergies had been established with other projects funded under DPIP (i.e. 4 of those 9), other EU programmes (4), national/ regional programmes with similar objectives (4) and/ or programmes of international donors with similar objectives (1).<sup>29</sup>

#### Box 3.1 Examples of projects implemented under DPIP or other EU programmes which have a scope for complementarity

- The association “On the Road Onlus” focusses its work mainly on gender violence and human trafficking: they had one project funded under Daphne focussed on youth violence in Railway Station Areas and one project funded under DPIP, looking at the Connection between Prostitution and Drug Abuse. This DPIP project had scope for complementarity with Daphne, as one of Daphne’s objectives was to contribute to the protection of women and also to the fight against trafficking in human beings and sexual exploitation.
- The European Institute of Studies on Prevention (IREFREA) works mainly on drugs and especially targeting young people. Although most of their projects were funded by DPIP (they received 5 grants), they also received a grant under Daphne for a project focussed on assessing and preventing violence in national and international recreational settings for young people. This Daphne project showed scope for complementarity with DPIP, as it also looked at the relationship between violent behaviours and drug use.
- Fondazione Villa Maraini provides services for the care and rehabilitation of drug addiction. They were awarded one grant under DPIP: Improving Harm Reduction strategies, which aimed to expand knowledge base to prevent drug use and reduce harm connected to drug use. It also received a JPEN grant, ALTERNATIVE, focused on promoting alternatives to imprisonment for drug offenders. This JPEN project had scope for complementarity with DPIP, as it also looked at drug use, however, it focused on actions at the legal and judicial systems.

Regarding the types of synergies established, respondents to the online survey referred to:

- Development of national level networks and networking with other European networks in the field through conferences/ workshops, mutual exchange of best practice and training in cooperation.
- Synergies under other regional programmes with similar objectives were indicated by one respondent that mentioned synergies with the Department of Health in their region.

Few synergies were found among DPIP funded projects carried out by different organisations. However, an interviewee stated that synergies were made between two projects funded under DPIP and implemented by different organisations, notably the projects SPICE and SNIPE – Social Norms Intervention for the prevention of Poly-Drug Use. Both projects were implemented under the same call and both project members met at the kick-off meeting. Collaboration included, for example, the use of some of the survey questions from SNIPE in the SPICE project.

<sup>29</sup> A total of 14 respondents of the survey did not reply to this question or indicated that no synergies were established or that they did not know whether synergies were created. Therefore, there is an overall lack of evidence from the online consultation to suggest synergies were sufficiently established with other EU or national policy initiatives/ interventions. It is also necessary to mention that there is a slight methodological issue with this data: not all respondents had the option of replying “no” or “I don’t know”, because these two categories were only added after the survey was already running. A total of seven of the respondents considered in this report did not have this option and therefore of the 13 not providing a response to this question, some may have replied “no” or “I do not know” had they been given the option.

Finally, it seems that specific activities contributed to the creation of synergies between projects. Thus, some of the project managers interviewed indicated that the activities contributing to the creation of synergies were: the dissemination of project findings; the establishment of networks and cooperation with other organisations/institutions at regional, national or European level; as well as through learning from other projects and undertaking joint actions.

## 4 Effectiveness

The effectiveness of a programme refers to the extent to which the programme has been successful in achieving its objectives. This section addresses the following:

- The extent to which DPIP projects were successful in achieving the programme objectives, and any external factors which influenced these (Section 4.1);
- The extent to which DPIP projects were successful in achieving their own project objectives (Section 4.2); and

The evidence collected to date suggests that overall DPIP was effective in achieving its general programme objectives. It should be however, noticed that only 51 actions were co-financed during the 2007-2013 funding period. Therefore, contribution to the achievement of the objective in relation to prevention and reduction of drug use in the EU could only be limited. Nevertheless, DPIP contributed to fostering inter-European awareness-raising and information on drugs and associated harm, in particular among young people and drug users. Further, DPIP-funded actions led to an improved dialogue on drugs, as well as facilitated the exchange of best practice amongst stakeholders, particularly NGOs, social workers, policy makers and drug-experts. Actions achieved a wider impact in the countries where most of the activities were implemented namely: Italy, United Kingdom, Germany, the Netherlands, France, Spain, Portugal, Belgium, Czech Republic, Bulgaria, Estonia and Belgium.

DPIP-funded actions however contributed to a lesser extent to the implementation of the EU Drugs Strategy and related Action Plans. This is due to the fact, as mentioned in section 2 on the relevance of the programme, that the implementation and development of the Drug Strategy and related Action Plan was covered to a lesser extent by the actions compared to other objectives/ priorities.

This does not influence the effectiveness of the programme since this general objective was mainly achieved by procured contracts (this is further discussed in section 4.1.1.3). Also, the programme was less successful in supporting the development of legislation and policies at both national and EU level. The DPIP actions focused on developing new practices related to prevention/drug reduction but failed to incorporate those into policies at EU level. Also, only few projects contributed to the development of national policy. Although policy makers were actively engaged in the majority of DPIP projects, there is only little evidence that contacts with these stakeholders led to a real impact on policy development.

At project level, most DPIP projects stated that they achieved their own objectives, in particular thanks to good working relationships with partners and a clear intervention logic with regard to the target group, objectives, method and activities to implement. Only in a few cases, grant beneficiaries could not achieve their own objectives because of insufficient funding, insufficient duration of the grant or difficulties experienced in reaching and/ or engaging the target group. DPIP funded actions also developed tools which were recognised as innovative in different fields, including prevention and harm reduction measures and treatment approaches, research methods or contribution to new research topics to fill knowledge gaps and innovative approaches to provide information and raise awareness among specific and vulnerable groups.

### 4.1 Achievement of the programme objectives

*Do the final results of the implemented actions address sufficiently the objectives of the programmes?*

*How effective has the funding been in supporting the implementation of EU legislation and EU policies in the respective areas?*

*How responsive have policy-making and legislation been to the results of the projects, both at European and national level?*

#### 4.1.1 Contribution to achieving the objectives of the programme

DPIP-funded projects implemented a number of activities which contributed to achieving the objectives mentioned in section 2.1.1.. As illustrated in section 2 assessing the relevance of the programme, this included analytical activities (such as reports, surveys, data collection and analysis, scientific research), awareness-raising activities including organisation of conferences and other types of dissemination events, publication of dissemination materials



(i.e. booklets, posters, books, audio-visual materials), awareness-raising campaigns, press conferences/ releases and policy briefs. Actions also implemented mutual learning activities, exchange of best practices, training, advice services and support to key actors.

In order to assess the effectiveness of the programme in achieving its objectives, each type of activity has been linked to the general objective it was expected to contribute to the most. The extent to which these activities have contributed to the achievement of each of the programme's general objectives is presented in the subsections below. Whilst funded actions had an impact on the ground overall, the analysis of the results and outcomes of the projects is affected by the varying quality of the projects' final reports, with some providing clear and highly useful descriptions of outcomes and wider impacts, and others not offering many details or confusing concepts such as outputs and outcomes. Also, while projects were requested to design and use monitoring/ evaluation tools to quantify outcomes and impacts, only few projects used such tools and even if they did, they mainly focussed on outputs rather than assessing outcomes and impacts.

#### **4.1.1.1 Achievement of the general objective on awareness raising**

DPIP-funded interventions implemented a wide range of activities, which led to improved inter-European awareness-raising and dialogue on drugs, as well as to an overall better prevention, reduction of drug use, dependence and drug-related harm. This objective was mainly addressed by awareness-raising and mutual learning activities.

Mutual learning activities in particular led to an improved dialogue on drugs, as well as facilitated the exchange of best practice amongst stakeholders coming from different environments. Moreover, they contributed to the creation of sustainable transnational multidisciplinary networks working on drug prevention (12 networks were established or expanded during the funding period). This impact was more prominent in the countries where such activities were directly implemented: Italy, United Kingdom, the Netherlands and Austria, followed by – to a limited extent – Denmark, Bulgaria, Portugal and Czech Republic. Nearly half of the actions organised workshops or focus groups (20 held in total).

Awareness-raising activities improved inter-European awareness-raising on drugs and information on drugs and associated harm. This impact was again more prominent in the countries where such activities were directly implemented, namely: Italy, United Kingdom, Germany, the Netherlands and Spain, followed by France, Lithuania, Portugal, Denmark, Estonia and Slovenia<sup>30</sup>.

The mapping of documentation showed that nearly all grant beneficiaries (both AGs and OGs) implemented awareness-raising activities (47 projects or 92%), reaching over 41,000 end beneficiaries. Furthermore, 57% of the mapped projects (29) focussed on mutual learning, exchange of good practices and cooperation. The majority (41 out of 47) organised dissemination events such as conferences and seminars. A smaller number (15) produced published materials, such as newsletters, brochures and leaflets, or other dissemination outputs such as books and videos (8 projects). The types of outputs of awareness raising activities include events such as conferences and seminars (half of the actions held at least one conference or seminar), newsletters, brochures and other written materials (23 published), and other promotional outputs, such as printed books, short films, etc. (19 developed in total). For instance, the REBOUND project<sup>31</sup> produced short films as part of the curriculum developed for young people and participating schools to present results of the project.

Activities mainly targeted people at risk and vulnerable groups (e.g. young people, women, disadvantaged groups, convicts/ former convicts, etc.) to raise their awareness about the consequences of drug use. For example, a project led by Villa Maraini Foundation reached over 14,000 young people through dissemination of information materials about the risks and harm caused by drug use/ abuse and strategies to reduce them. Awareness raising activities also targeted community members and the general public.

<sup>30</sup> In decreasing order per number of activities implemented

<sup>31</sup> Full project title: REBOUND - Resilience-based drug education

In the longer term, awareness raising and mutual learning activities contributed to an increased prevention of drug use/ abuse. The impact of DPIP interventions was stronger in the countries where these activities were implemented, as mentioned above. Though evidence does not allow to fully assess the extent to which DPIP-funded actions had an effect on the ground, the evaluation identified some examples concerning medium/ longer term impacts.

For example, the *Safe Coast* project organised workshops to foster knowledge-sharing between operators of the nightlife industry and social workers delivering harm-reduction interventions in Italy and Slovenia. Activities organised by this project not only improved cooperation between two groups (social workers and nightlife industry) both highly involved in raising awareness on the risks associated with drug use, but also contributed to improving cooperation between two EU Member States and to facilitating exchange of information and best practices. Increased cooperation and trust between EU Member States as an outcome/ result of DPIP is further assessed in Section 7.1.

The *Prevention of poly-drugs addiction*<sup>32</sup> improved dialogue on drugs between relevant actors, such as public authorities, social workers and health care providers, who are rarely all involved in the design and implementation of intervention schemes for poly-drug users. This project put these actors together not only at national level but they also exchanged information and knowledge in three different EU countries (Italy, Denmark and United Kingdom). The result was a greater exchange of information and good practices, which in turn allowed the programme design and implementation to benefit from actors working with one another and on the basis of a better knowledge base.

The European Family Empowerment<sup>33</sup> action grant led by the European Institute of Studies on Prevention (IREFREA) created a transnational network of local and national organisations working in the field of family prevention. Two hundred and ten organisations working with parents and families of young people at risk were to a different extent involved in the project and over 8,000 people were reached through several dissemination activities. Family organisations in five EU countries (Spain, Czech Republic, Portugal, Slovenia and United Kingdom) improved their capacity in relation to prevention and risk reduction strategies and increased their knowledge of young people's risk behaviours and consumption patterns through training and research activities undertaken in the framework of the project. National members of this European network continued their activities also after the end of EU funding through dissemination of the outputs produced by the action grant.

#### 4.1.1.2 *Achievement of the general objective on Information provision*

DPIP-funded interventions implemented a wide range of activities, which ultimately led to an improved information about drugs through the development of innovative intervention programmes or harm reduction strategies. These actions mainly consisted of analytical activities focussing on the latest developments in the drugs field (e.g. new trends in relation to NPS, poly-drug users and drug use by vulnerable groups including inmates, former convicts, sex workers, etc.).

The analytical activities implemented under the programme led to promoting innovation in science, as well as reducing drug-related harm by creating treatment methods. This impact was more prominent in the countries where such activities were directly implemented namely: Germany, United Kingdom, Italy, Spain, the Netherlands, Czech Republic, Denmark, Belgium, Poland, Portugal, Latvia, Estonia, Austria, Romania and Bulgaria.<sup>34</sup> The impact of projects developing these activities appears to have been wider due to the high number of Member States involved in this type of activities, but also because most project outcomes were easily disseminated within the Union (the impact of dissemination activities is further assessed in section **Error! Reference source not found.** below). Analytical activities included studies on the composition and effects of new substances and the development of

<sup>32</sup> Full project title: Prevention of poly-drugs addiction and reduction of drug-related harm programs for young people in recreational settings

<sup>33</sup> Full project title: European Family Empowerment: Improving family skills to prevent alcohol and drug related problems

<sup>34</sup> In decreasing order per number of activities implemented

new prevention programmes and drug related harm-reduction strategies, based on based on scientific research/data as part of the projects.

The mapping of documentation showed that 41 projects implemented analytical activities. Out of these 41 projects , 15 engaged in scientific research and/ or produced reports, 13 developed surveys and questionnaires to collect data from drug users and/ or organisations dealing with drug issues and five focussed on data collection/ analysis or statistics.

Various reports were produced as a result of such activities, including 21 guides and manuals (e.g. manual of the intervention produced), 20 reports outlining statistics (e.g. statistics in relation to the drug market and length of various drug using periods), and 18 surveys were conducted (e.g. surveys to collect direct information from target groups). 43 other type of reports were produced as outputs of analytical activities. These included reports collecting conclusions and recommendations from workshops or seminars, analytical reports on the effectiveness of tools used for screening, interventions, and referral to treatment programmes and summary reports on survey results and other type of stakeholder consultation.

Scientific research was used mainly to identify components of new psychoactive substances and to develop new methods to detect these substances in the human body. For instance, the SPICE project<sup>35</sup> contributed to identifying 68 new substances which were integrated into analytical methods for their detection in seized material and in body fluids or hair. Based on the results of the research undertaken within this project, new prevention strategies tailored to the main drug user's profile were developed and 'safer use' information and warnings about specific risks associated with NPS were disseminated to (potential) users of these drugs. Furthermore, project results were used by policy-makers, law enforcement authorities and forensic laboratories to establish control over the new substances detected under national legislation. The engagement of policy-makers as a result of DPIP projects is further discussed in Section 4.1.2.

Other types of support measures produced by DPIP projects include the eSBIRTes project<sup>36</sup> which documented the pilot implementation of a new electronic screening technology for (poly) drug users in emergency services. The report was based on data from information sessions and electronic screening of 236 poly-drug users in emergency services.

The main significant contributions of analytical activities/support measures can be summarised as follows:

- Filling gaps in knowledge and in scientific research in relation to drugs (i.e. new synthetic drugs/ NPS) and related health risks;
- Fostering debate on changes and reforms to drugs policy, and
- Developing new harm-reduction strategies and treatments approached to address rapid changes in the drugs area (i.e. NPS, poly-drug users, etc.).

For instance, the project SPICE II Plus contributed to filling gaps in knowledge about NPS by developing innovative bioanalytical methods for substance detection. In addition, the study conducted as part of this project improved knowledge of health risks of newly introduced toxic substances, whose toxicity was still unknown. The project applied social science research methods (online survey, interviews) to the use of NPS in three Member States (Germany, Austria and Finland) to provide extensive data and evidence about prevalence, patterns and conditions of use and related problems associated with NPS use.

Release Legal Emergency & Drugs Services Ltd carried out analytical activities including six reports, twelve online briefings, recommendations and guidelines with the main purpose of promoting debate on the effectiveness, direction and content of drug policies at national and international level. Through two OGs, this NGO fostered informal dialogue between CSO delegates from a number of Member States (France, Italy, the Netherlands, United Kingdom, Portugal, Poland, Bulgaria, Greece and Croatia), neighbouring countries (FYROM,

<sup>35</sup> SPICE and synthetic cannabinoids: Fast responses by means of forensic, toxicological and socio-scientific analyses with direct impact on prevention measures

<sup>36</sup> Full project title : eSBIRTes: Electronic Screening, Brief Intervention and Referral to Treatment for (poly) drug users in Emergency Services

Montenegro, Serbia, Bosnia and Herzegovina) and international organisations, such as the United Nations Office on Drugs and Crime (UNODC), United Nations Commission on Narcotic Drugs (CND) and International Narcotics Control Board (INCB). In relation to new harm-reduction strategies and treatments, the ORION project developed an e-tool to be used in various clinical settings for addiction treatments, while the SNIPE<sup>37</sup> project set up an online intervention tool and made this available to young people allowing them to create a personalised intervention programme.

#### 4.1.1.3 *Achievement of the general objective on capacity building*

Overall, it is difficult to assess the impact of DPIP-funded actions to achieving this general programme objective. Actions which carried out training of professionals helped to improve capacity building of actors involved in prevention of drug use, dependence and associated harm within the EU. However, the impact of training on easier access to harm reduction methods and/or new treatment methods, appears to have been primarily local, namely in the areas where such training was provided. Furthermore, dissemination of project results was in some cases limited (see Section **Error! Reference source not found.** on dissemination) and the impact of most projects was often local (affecting only a limited number of EU countries).

The DPIP projects which contributed most to the improvement of capacity building of relevant actors involved in the prevention of drug use/ abuse and reduction of drug-related harm were those implementing training activities or support services. Ultimately, these also contributed to the effective implementation of EU/ national drug prevention strategies and initiatives.<sup>38</sup> The mapping of documentation showed that 19 projects implemented training-related activities. These activities mainly focused on EU and national drug policies, trends in drug legislation, costs and benefits of different types of substances regulation. In addition, training generally provided information in relation to specific actions implemented through the EU Action Plans. Training activities (24 in total) were mostly implemented in Italy, Germany, Belgium, Spain, France, the United Kingdom, Austria, the Netherlands, Lithuania and Bulgaria<sup>39</sup> and involved an average of four transnational partners per project.

Over 1,100 participants benefitted from training activities developed by DPIP projects and these mostly involved participants from Germany, Belgium, Italy, Austria, Spain, the Netherlands and United Kingdom. As far as the impact of these activities is concerned, training mainly contributed to improving skills of actors taking part in training, cascading of knowledge to co-workers, improved knowledge of the EU Drugs Strategy and related Action Plans and improved implementation on the ground. It could be assumed, however, that the impact was more localised in comparison to awareness-raising and analytical activities since training is associated with a lower degree of dissemination.

For example, the NAPDI<sup>40</sup> project, for example, organised training and seminars for NGOs/ CSOs, drug prevention experts and policy makers in relation to changes to the EU's drugs policy after the Lisbon Treaty. Training was also used to teach relevant stakeholders how to use new early intervention programmes for risky consumption patterns, treatment programmes, rehabilitation and social reintegration programmes. Training contributed to improved skills of social workers, NGOs and health care providers in relation to demand-reduction and prevention of drug use. In addition, training supported relevant stakeholders in providing better access to services (particularly of vulnerable groups, such as women, sex workers and drug offenders) for the prevention and treatment of HIV/ AIDS, hepatitis, other infections, diseases and drug-related harm.

Within the OASIS project<sup>41</sup> training was organised for operators of advice and support services of an online self-screening tool and prevention support programme through online platforms (i.e. chats). The ACCESS project delivered theoretical training for 30 prison staff in the Netherlands and United Kingdom to increase their awareness about access to harm

<sup>37</sup> Social Norms Intervention for the prevention of Poly-drug Use

<sup>38</sup> The 2005-2012 EU Drugs Strategy for example, states that "Special attention should be given to the training of professionals and to consulting private and public actors."

<sup>39</sup> In decreasing order per number of activities implemented

<sup>40</sup> New Approaches in Drug Policy & Interventions

<sup>41</sup> Project full title: OASIS- Online Assessment of Substance Information and Support

reduction treatments and care for drug users in custody. The training also contributed to improving the capacity of staff working in closed or controlled environments when dealing with drug users in custody. As mentioned in Section 2 of this report, through this general objective, the programme was strongly linked to the Drug Strategy and related Action Plan. The Founding Decision, in fact, mentions the EU Drug Strategy and Action Plans in the preamble and stresses the role of DPIP in supporting the implementation of the targets identified by the policy instrument.

The implementation and development of the EU Drug Strategy and Action Plans was primarily meant to be achieved through procurement (see section **Error! Reference source not found.**), as confirmed by interviews with Commission's officials. For instance, a study on minimum quality standards in drug demand reduction (EQUS), undertaken by the University of Zurich following a call for tender, triggered a discussion in the following EU Presidencies, and in the European Council in relation to NPS, which contributed to the implementation of the Strategy and Action Plan. Further, an impact assessment on NPS was used as basis to draft the new Regulation on NPS which is currently under negotiations in the Council. In addition to this contribution to the development of the EU drugs policy, the report became a document of reference for the scientific community within the Union.

#### 4.1.2 Contribution to the development and implementation of EU and national legislation and policy

As discussed in section 2 on the relevance of the programme, the majority of DPIP actions aimed to produce outputs relevant for policy makers and policy making. However, the evaluation findings indicate that the majority of DPIP interventions did not manage to achieve this. The DPIP actions overall focused on developing new practices related to prevention/ drug reduction but most failed to get the relevant lessons of these taken up into policies at EU or national level. Nevertheless, some projects managed to support policy makers at national/ EU level in shaping new policies and legislation. Others developed tools for screening, brief interventions and referral to treatment for young people with drugs problems, which were then incorporated in national Drugs Plans and in other national strategic documents in relation to drug prevention strategies (for example, the European Family Empowerment project in Spain). While the majority of the DPIP projects reached out relevant policy-makers at national and EU level, the results of this engagement varied. Different methods were used to reach policy-makers at national and EU level, for example, a large majority of online survey respondents (21 or 91%) invited policy-makers to workshops and/ or other dissemination events; 18 respondents (78%) shared communication materials (brochures, leaflets, flyers) with policy-makers; 15 (65%) grant beneficiaries organised project meetings involving policy-makers; and 15 (65%) respondents invited policy-makers to events such as briefings and conferences<sup>42</sup>.

The results of this engagement could range from participation to project-related events, such as seminars, conferences and workshops – as reported by over half of the respondents to the online survey (16 or 36%) – to the use of some elements of the project, such as the approach/method used or activities implemented, by policy makers – as reported by nine (20%) respondents to the online survey. Further, nine respondents (20%) reported that policy makers contributed to the dissemination of project results by distributing communication materials (brochures, leaflets, flyers)<sup>43</sup>.

Based on the analysis of project documentation available, in most cases, the engagement of policy makers only occurred in the later stages of the project implementation phase, when limited resources and time were left to ensure that project activities contributed to development of national or EU legislation. Project beneficiaries should be encouraged to involve policy makers at an earlier stage to ensure that there is time and resources for them to understand and value the outputs of funded projects.

<sup>42</sup> Survey question 23b: Have the policy makers responded to the information provided by the project/activities? (Multiple choice question)

<sup>43</sup> Survey question Q23.c How have they responded to the project?(Multiple choice question) (Multiple choice question)

## 4.2 Effectiveness of the projects in achieving their own objectives

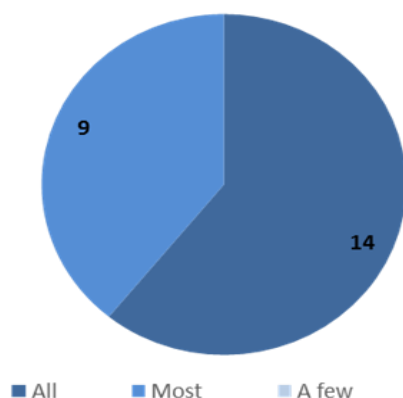
*How effective have the implemented actions been in comparison to the outputs proposed and those actually achieved?*

This section provides an overview of the extent to which DPIP actions implemented were effective in achieving *their own project/ operational objectives*. In addition, internal factors that affected the achievement of results are also analysed in this section. Findings of this evaluation show that most grant beneficiaries were able to meet their project objectives.

### 4.2.1 Project results and outcomes

The majority of the DPIP projects achieved their own objectives. This is confirmed by both the online survey results and the follow-up interviews, with all grant beneficiaries consulted as part of this evaluation stating that they were/ will be able to achieve all or most planned objectives/ results on time. Nearly all survey respondents (21) stated that their projects were/ will be able to reach the expected target groups, adding to the evidence that the projects achieved their goals (see Figure 4.1).

**Figure 4.1** Proportion of respondents who stated that they were/ will be able to achieve the planned objectives/ results on time



**Source:** Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013. N= 23.

**Question 18:** "We were/ will be able to achieve the planned objectives/ results on time"

While the above data from the online survey and follow-up interviews suggests that projects were effective in reaching their own objectives, about one fourth (12) of the 31 grants finalised at the time of writing of this evaluation report had not implemented some activities. The main reasons given for the non-implementation of activities were: unforeseen (external) obstacles (7); lack of time (5); insufficient funding (2); and staff departure/ insufficient staff (1). There were no projects which did not implement a significant number of the activities planned.

The main progress achieved by DPIP projects – and recognised by other actors working in the same policy area – related to the development of new and often innovative:

- Tools for prevention and harm reduction measures and treatment approaches to address new developments/rapid changes in the drugs area. For instance, a health care provider in Barcelona developed an innovative psychosocial intervention for HCV transmission knowledge for women injecting drugs.
- Tools to support the work of organisations dealing with target groups. The FESAT association provided drug helplines with standards for online counselling, which could guarantee a certain level of quality of the service provided. Also the University "Tor Vergata" developed supply indicators to measure the size and latest trends in the drug markets, useful information for organisations working in the field.
- Research methods or contribution to new research topics to fill knowledge gaps. The European Drug Emergencies Network (Euro-DEN) developed a representative minimum dataset to identify, monitor and respond to new trends and patterns of adverse consequences related to the use of drugs, particularly NPS. For the first time in the field of drug prevention and harm reduction strategies, IREFREA involved family and parents'

organizations in the research analysis, implementation and evaluation of new intervention schemes.

- Multidisciplinary networks and/or platforms. Under a DPIP co-funded AG, the first European Platform on hepatitis C and Drug Use was set up. This was regarded as an innovative network focusing on the specific correlation between spread of HCV amongst drug users. In the TRIP project an innovative partnership involving social workers, health care providers and public authority was successfully tested during the grant duration for the development and implementation of harm reduction interventions at local level.
- Approaches to provide information and raise awareness among specific and vulnerable groups. Both the TRIP and the Etnoblog project targeted “difficult to reach” target groups (poly-drug users and party goers/night-lifers) and developed innovative methods to disseminate information, such as temporary tattoos (Etnoblog) or drug-test kits (TRIP project).

#### 4.2.2 Internal and external factors influencing the implementation of project results/ objectives

During the implementation phase of DPIP projects, a number of factors – both positive and negative – influenced the achievement of project results/ objectives:

##### *Reasons for project success (i.e. critical success factors)*

The main reasons for project success mentioned by grant beneficiaries were the following:

- Good working relationships with partners: Grant beneficiaries noted that the partnership was crucial for the implementation of the project/ activities. A clear task allocation, agreement on the method/ activities to implement and engagement of all partners enabled the project to reach the target groups and ensure a wider dissemination of results achieved. In one interviewee’s own words “a strong and creative network of partners is crucial for the project to be successful” and achieve its objectives.
- Clear intervention logic with regard to the target group(s), objectives, method and activities to implement: Projects/ activities, which based the implementation of their activities on target groups’ needs and a clear methodology, were able to achieve all objectives as planned and – in a certain number of cases – incurred unexpected positive results. Spill-over effects generated by implemented actions are discussed in Section 4.2.3.

##### *Obstacles encountered during the implementation phase*

There appear to have been no significant challenges influencing the effectiveness of DPIP projects. Most of the grant beneficiaries consulted through the online survey and the interviews indicated that during the implementation of project activities they did not encounter any significant problems/ difficulties which could affect the delivery of planned results. Nevertheless, a few of the obstacles faced by project beneficiaries include:

- Insufficient funding: A third of respondents to the online survey indicated that they had to search for additional funding in order to implement some of the activities planned in the project. In two cases, grant beneficiaries realised that funding foreseen for a specific activity was insufficient and thus the activity was not implemented.
- Insufficient duration: Two grant beneficiaries interviewed noted that the duration of the project was insufficient and would have preferred a project lifetime of at least 36 months. The duration did not affect the *implementation* of project activities, but rather the *impact* thereof. For example, it was suggested that the implementation of preventive measures for drug users require a longer timeframe to generate/ observe impact. In one interviewee’s own words in general, social research needs a wider timeframe in order to measure a significant impact and change in behaviour.
- Difficulties in reaching and/ or engaging the target group: in one case project partners faced obstacles in reaching the main target group (i.e. university students) due to strict regulations in place in most universities with regard to the transmission of personal data of students. In another project, though the target group was reached through provision of information and awareness-raising, only a small proportion of it (poly-drug users) used the intervention programmes developed by the project.

The above-mentioned obstacles did not prevent DPIP projects/ activities to reach their own objectives.

#### 4.2.3 Indirect and unexpected effects of the projects

The implemented DPIP projects/ activities achieved indirect and/ or unexpected results. The evidence collected in this evaluation suggests that these were mostly positive indirect results; in some cases they were unexpected. According to the online survey data, the main indirect/ unexpected positive results of DPIP projects were:

- Implementation of additional activities than initially planned: Fourteen (61%) respondents indicated that they undertook additional activities, next to the ones originally planned (e.g. additional scientific publications). Similarly, 12 (52%) respondents reported that their project had received attention from policy-makers which was not initially expected or sought after.
- Wider dissemination of outputs than initially planned: Fourteen (61%) respondents reported that they had been more successful at disseminating the results of their project than anticipated (i.e. higher – than planned – number of dissemination materials produced and disseminated, use of additional dissemination tools such as TV, radio or publications in journals).
- For example, via an OG received in 2010, the (IREFREA) carried out a number of dissemination activities, mainly targeting media. As a result of these activities, TV and radio journalists used data and materials produced by IREFREA as background information to support news on the consequences of risky behaviour under the influence of alcohol and/ or other drugs. These additional dissemination activities produced unexpected positive effects such as raising awareness of the hazardous consequences of drugs to the general public, as well as promoting the need for prevention policies in this area.
- Reaching additional target groups than initially planned: a small number of respondents (10%) indicated that they had reached an additional target group(s) than those identified at the design stage.

With regard to unexpected negative effects of project implementation, the vast majority of survey respondents indicated that they had not experienced any such effects. Only one respondent pointed out the contrary, but these negative effects mainly related to project administration and did not prevent the project/ activities to reach its objectives.



## 5 Sustainability

### *Were the results of the implemented actions sustainable in the long-term?*

In terms of sustainability, the evaluation investigated firstly, whether the results, outcomes and impacts achieved by the projects are sustainable beyond the project funding period. Three levels of sustainability were identified in the evaluation: short-term sustainability, which is achieved mainly through dissemination of projects' results; medium term sustainability, which includes continuation of project results and/ or partnerships; and longer term sustainability, which is achieved mainly through the successful transfer of projects' results to other contexts, organisations and Member States without additional funding (or with limited funding only).

Considerable efforts were made to disseminate DPIP project results by both the Commission and grant beneficiaries. The dissemination of DPIP results overall contributed to increasing the impact of the projects on the ground, in particular as a result of the different dissemination methods put in place, which helped to reach different types of stakeholders (EU and national policy makers, NGOs/ CSOs, social workers, young people and drug experts). At EU level, project results were disseminated through websites of other EU initiatives such as, for example, ISEC, EMCDDA, Drugs Action Plans and Strategy, etc., which also improved the visibility of the programme itself (also demonstrated by increasing number of applications received). Procurement also contributed to the dissemination of project results, through production of information material and organisation of dissemination events. At project level, project managers planned and effectively used a number of dissemination tools, including organisation of events and publication of printed and audio-visual material, to disseminate projects' results.

However, the promotion of DPIP activities on websites of EU initiatives, such as ISEC, EMCDDA, and the EU Drugs Strategy and Action Plans, appears to have been only to a limited degree in some instances. This is particularly the case with regard to the EMCDDA website, where the number of DPIP projects shared on the website and the *degree of exposure* – sometimes limited to footnotes or links to project websites – was limited compared to its potential. Moreover, most projects used their own websites to continue disseminating project results also after the end of DPIP funding. However, dedicated project websites were generally only set up for a limited time period (e.g. two years maximum), thus affecting the sustainability and transferability of project outputs. In this respect, the Commission could make it a requirement for potential grant beneficiaries to identify, where applicable, which (EU) websites or initiatives could be used for dissemination purposes. At the same time, the Commission could explore with the EMCDDA what information could be usefully disseminated via their website and related networks, for example at the time when priorities for calls for proposals are set and the types of outputs, that are to be realised via these calls for proposals, are identified .

With regard to the continuation of the projects' activities, it was indicated by the majority of grant beneficiaries surveyed that, even when arrangements were made for the continued use and/ or availability of the outputs (e.g. websites), additional funding was needed.

Grant beneficiaries surveyed indicated that their project outputs had a good potential for sustainability. However, this is not confirmed by the analysis of project documentation: only a few projects provided evidence of transferred practices or methodologies. This (contradictory) finding may be partly explained by the fact that transfers generally happen after completion of project activities and are hence not yet described in the final report of a grant. Therefore, it would be recommended that for the current and future programming periods, the Commission requires applicants to indicate in their application the extent to which their expected outputs would be transferable to other contexts and what conditions or obstacles may have to be addressed. In addition, grant beneficiaries could be required to set aside part of their budget for proper dissemination and for transferring relevant outputs and practices, where this is feasible.

With regard to the sustainability of partnerships, a similar pattern emerges: whereas most online survey respondents indicated that their partnership to be sustainable beyond the project's end, this was not confirmed by project documentation where only six of the 51

would continue after completion. Again, this discrepancy may be due to (1) timing and (2) the fact that grant managers were not requested to indicate this possibility in their final reports.

## 5.1 Sustainability of results

As part of their application, grant beneficiaries were required to outline a “sustainability strategy” to secure project results after completion of project activities. This plan/ strategy had to include a detailed overview of *how* potential follow-up activities were to be carried out, strategies to attain this were built in from day 1 of the project, how ownership of the project results would be transferred to participating or other (e.g. mainstream) organisations, etc.. Further to this, applicants were requested to assess the *potential* for continuation and transferability of project outcomes.

The analysis of project documentation confirms that most projects developed a sustainability and/ or dissemination plan. This was generally designed in the initial phase of project implementation. This was further confirmed by stakeholder consultation.<sup>44</sup> However, the extent to which project beneficiaries were effective in securing the sustainability and transferability of project outputs/ activities varied substantially. In most cases, beneficiaries only produced dissemination materials which were circulated amongst partners and target groups within the six months following the end of the funding period. Few DPIP funded actions ensured medium-term sustainability, i.e. continuation of project results.

Only a few DPIP projects achieved longer-term sustainability, by transferring their project results or by continuing the partnership.

### 5.1.1 Dissemination of results

Considerable efforts were made to disseminate DPIP project results by both the Commission and grant beneficiaries. A range of dissemination tools were drawn upon by the Commission. These included the publication of project results on EU websites (e.g. EMCDDA), at conferences (funded through procurement), at internal meetings involving different DGs and, more generally, via publications and other dissemination materials (also often funded through procurement). For example, the publication “Projects, studies and research on illicit drugs funded by the European Commission, 2007–2010”<sup>45</sup> provides a comprehensive overview of projects funded under DPIP, the Health Programme, FP7 and ISEC that had been funded up to 2010 (the funding period finished in 2013). The main target audiences for these publications and other dissemination tools used by the Commission were policy-makers, public authorities, professionals and researchers working in the field of illicit drugs.

Despite the above, the promotion of DPIP activities on websites of EU initiatives, such as ISEC, EMCDDA, and the EU Drugs Strategy and Action Plans, appears to have been limited in some instances. For example, the *number* of DPIP projects shared on the EMCDDA website and the *degree of exposure* – sometimes limited to footnotes or links to project websites – was limited compared to its potential.

Furthermore, whilst grant beneficiaries report that they effectively disseminated the results of their projects, in most cases the information was disseminated only to those Member States that formed the partnership, which suggests that in practice their dissemination activities had a limited, i.e. more localised, impact.

#### 5.1.1.1 Effectiveness of the Commission’s dissemination

The analysis of programme documentation suggests that dissemination of project results was naturally very important for DPIP, given its main focus on prevention and provision of information, as well as dissemination of best practices in the EU context. In addition, the mid-term evaluation of DPIP had recommended to better promote project results at EU level and to increase the overall visibility of the programme.

Below is a list of the main tools used by the Commission for dissemination of (DPIP) project results:

<sup>44</sup> Online survey – conducted within this evaluation – included a question on the presence of dissemination/sustainability plans for the project outputs/activities. Results are presented and assessed in section 4.3.2.

<sup>45</sup> An example of this type of publication is available at: [http://ec.europa.eu/justice/anti-drugs/files/2007-2010\\_drug\\_related\\_projects\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/2007-2010_drug_related_projects_en.pdf)

- Commission initiatives funded through procurement contracts, including publication of project results, organisation of conferences and other types of events;
- Publication of results on EU websites (e.g. EMCDDA) and through brochures and leaflets;
- Presentation of results at conferences and meetings with relevant forums and other transnational organisations;
- Sharing of results internally between DGs/ EU institutions, etc.

Fifty-six percent of the budget allocated to procurement was spent on activities regarding the dissemination of project results, the production of information material and organisation of dissemination events. For example, the publication “Projects, studies and research on illicit drugs funded by the European Commission, 2007–2010”<sup>46</sup> provides a comprehensive overview of projects funded under DPIP, the Health Programme, FP 7, and ISEC that had been funded up to 2010 (the funding period finished in 2013). Policy-makers, public authorities, professionals and researchers working in the field of illicit drugs constituted the main target audiences for these publications and other dissemination tools. Another example is a brochure presenting the latest research on NPS (2011-2013).

Despite the Commission’s efforts to disseminate the results of DPIP projects, however, in practice the promotion on websites of other EU initiatives, such as ISEC, EMCDDA, and the EU Drugs Strategy and Action Plans, appears to have been limited in some instances. This is particularly the case with regard to the EMCDDA website where, in principle, DPIP results would have gained considerable exposure vis-à-vis relevant target audiences, but where, de facto, few were presented (mainly using footnotes and links to project websites). This was the case in spite of reports by Commission officials that DG Justice actively encouraged DPIP project leaders to share project results with the EMCDDA and to do so not only when producing the final report, but also throughout the lifetime of the project. Some managers did share the results of their projects through the Reitox network, an EMCDDA tool, which is used by policy-makers and staff working in the drug prevention area, also at EU level. However, this did not constitute a widespread practice. In this respect, the Commission could make it a requirement for potential grant beneficiaries to identify, where applicable, which (EU) websites or initiatives could be used for dissemination purposes. At the same time, the Commission could explore with the EMCDDA what information could be usefully disseminated via their website and related networks, for example at the time when priorities for calls for proposals are set and the types of outputs, that are to be realised via these calls for proposals, are identified.

Finally, project results were presented during meetings and conferences organised by the EMCDDA, Civil Society Forum on Drugs and Horizontal Group on Drugs within the Council (which is used to share information on drugs policy developments amongst Member States and different EU stakeholders). As pointed out previously in Section 3.1.1, information was also shared internally between Commission DGs (DG JUST, DG SANTE, DG RTD, DG ENTR), within the Inter-Service Group on Drugs, etc.

#### **5.1.1.2 Effectiveness of the grant beneficiary’s dissemination**

The data collected as part of this evaluation shows that most grant beneficiaries incorporated a dissemination strategy in the project design which, in their view, was overall effective. The vast majority (91%) of respondents to the online survey also reported that they had a clear plan for dissemination of the results of their project/ activities.

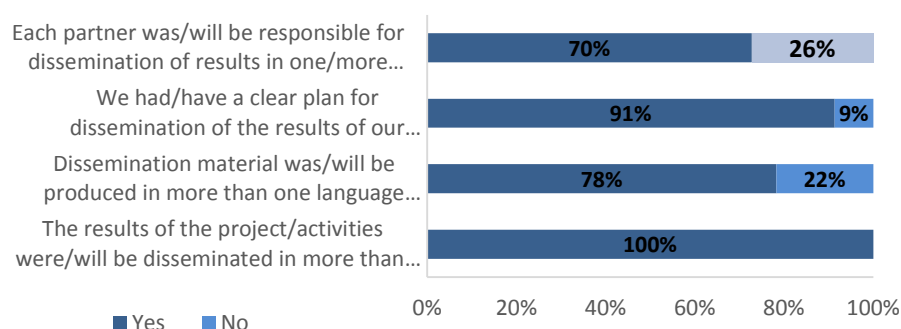
Figure 5.1 illustrates the types of dissemination planned by DPIP projects. As shown, most grant beneficiaries disseminated their project results through one or a combination of the following:

- Organisation of information events, including seminars, conferences and meetings;
- Production and dissemination of information materials, such as newsletters, brochures, leaflets, etc.;
- Involvement of media/ journalists through publications of newspaper articles or by organising information events (i.e. press conferences), specifically targeting media;

<sup>46</sup> An example of this type of publication is available at: [http://ec.europa.eu/justice/anti-drugs/files/2007-2010\\_drug\\_related\\_projects\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/2007-2010_drug_related_projects_en.pdf)

- Production and dissemination of publications, including articles and policy briefs; and
- Setting up project websites and updating website content.

**Figure 5.1 Type of dissemination of project results**



**Source:** Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

**Question 24.** Please comment on the following statements with regard to the dissemination of the results of your project/ activities

The quantitative analysis shows that at least one event was organised per project (54 events across 51 projects), covering an audience of just over 41,000 people, whilst a large number of projects appear to have produced published materials and/ or information or advice websites. However, only a limited number of projects appear to have engaged in more (pro)active forms of dissemination, such as press releases/ media involvement or campaigns. Nevertheless, it should be noted that – with young people as one of the main target groups of DPIP – some projects sought to be innovative and/ or creative in their dissemination activities to be able to attract a generally ‘difficult to engage’ target group and to be more effective in delivering information about drugs to them. One project, for example, produced temporary tattoos as part of their dissemination materials, in order to promote their website and the use of online services available (i.e. online screening tool for cocaine and alcohol use, online self-help tool with a chat function for cocaine and alcohol use). This approach proved to be very effective as over 19,000 users accessed the information published on the project’s website and used the online services available to them.

## 5.1.2 Continuation of project activities and/ or partnerships (medium-term sustainability)

### 5.1.2.1 Continuation of project activities

Twenty-three projects (out of the 51 projects mapped under DPIP) developed sustainable outputs that were/ will be used following the end of programme funding. For example:

- A project led by the Vilnius Pedagogical University produced teaching modules which were incorporated in the university’s curriculum to train young specialists;
- Within the CARE project, e-learning materials were made available to future users after the finalisation of the grant through host websites with free access.
- A project led by the University of Birmingham developed a toolkit to better meet and understand the needs of problematic drug users in prison. The toolkit can be downloaded from the project website in a number of languages, including English, Bulgarian, Estonian and Romanian<sup>47</sup>.
- The Addicted to Life<sup>48</sup> project produced a set of dissemination materials<sup>49</sup>, which continued to be used by the leading organisation during activities carried out in the same field beyond the project’s end.

As shown in Figure 5.2, certain types of actions, such as mutual learning, exchange of good practices and cooperation, as well as awareness-raising activities were reported as particularly likely to continue. This is reflective of the specific nature of these actions, whose

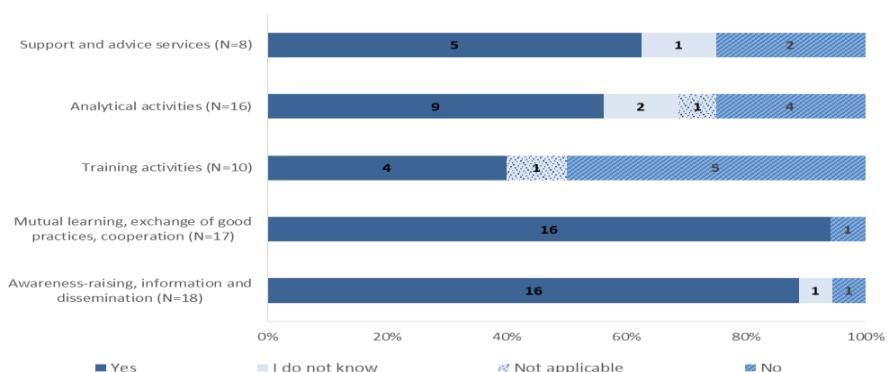
<sup>47</sup> The toolkit is still available on the project website: <http://www.throughcare.eu/downloads.html>

<sup>48</sup> Project full title: Addicted to Life: International information campaign for prevention and reduction of risks associated with amphetamines use

<sup>49</sup> Material including country profiles, media monitoring reports, media kits; a booklet “Press coverage of drug-related topics: a guide for the media and non-governmental organizations”; six leaflets on topics, related to amphetamine use,

very aim is to have a medium-term effect without necessarily having to be supported by further inputs or investment.

**Figure 5.2 Continuation of actions implemented in the project/activities**



**Source:** Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

**Question 17:** In your view, which types of actions have continued or may continue after the finalisation of the grant?

For example, through an OG, the Transnational Institute (TNI) – in partnership with the International Drugs Policy Consortium (IDPC) – organised a number of expert seminars and collected conclusions and recommendations in dissemination reports which were subsequently uploaded on the TNI website on UN Drug Control.<sup>50</sup>

The continuation of other types of activities, such as prevention measures or drug reduction interventions, was considered by grant beneficiaries as more dependent on future finances. This was indicated by more than half of the respondents to the online survey (61%, or 14 respondents). The follow-up interviews confirmed that additional resources were mainly required to transfer (parts of) the project (e.g. to other target groups) and further disseminate its outcomes, for example:

- Further dissemination of prevention measures and programmes, particularly those activities targeting end beneficiaries directly (e.g. provision of drugs test kits to young people in recreational settings); and
- Application of changes needed to transfer outputs to other contexts/ Member States (i.e. changes needed to adapt prevention measures to different national legislations).

Only five respondents (21%) to the online survey stated that further funding had already been ensured. This was confirmed by stakeholder consultation: only two out of five grant beneficiaries interviewed had managed to secure further funding.

### 5.1.2.2 Continuation of the partnership

Most partnerships established during the implementation of DPIP projects/ activities continued to exist to a full or partial extent after the finalisation of the grant, as demonstrated by results from the online survey and the follow-up interviews. Most of the respondents to the online survey (19 out of 23 or 82%) reported that their partnership did or will continue after completion of the project; three (13%) were unsure; and only one indicated that the partnership had stopped.

In most cases, continuation of the partnership meant further collaboration on similar projects or continuous commitment from all partners to continue disseminating projects' results. For example, partners involved in the European Family Empowerment project continued to cooperate after the project's completion towards the dissemination of the project results, by organising conferences/ seminars; in addition, the partnership was brought together in further DPIP/ other EU-funded projects (DPIP OG, Lifelong Learning Programme, etc.). Similarly, four partners<sup>51</sup> of the "Improving Harm Reduction strategies"<sup>52</sup> project signed a

<sup>50</sup> <http://www.undrugcontrol.info/>

<sup>51</sup> The Latvian and the Portuguese Red Cross, the Portuguese National Institute of Drug and Drug Addiction and the Centre for Infectious Diseases of Latvia

<sup>52</sup> Project full title: "Improving Harm Reduction strategies": a Red Cross approach in Europe

cooperation agreement to continue supporting each other's activities, particularly in relation to the dissemination of harm reduction programmes developed during the funded action.

### 5.1.3 **Transferability of project results (longer term sustainability)**

Though there is some evidence of medium-term impact and sustainability of DPIP-funded actions, it is difficult to assess their sustainability in the longer term. An example of longer term sustainability is the successful transfer of projects' results to other contexts, organisations and Member States without additional funding or with limited funding only. The online survey and follow-up interviews with project leaders show only limited evidence of transfers of projects/ activities implemented under DPIP.

Transferability in most cases related to the *outputs* of the DPIP project/ activities and their potential to be implemented in other EU countries, with minor changes/ inputs (as indicated by 78% of online survey respondents and two out of five interviewees).

18 out of 23 grant beneficiaries surveyed indicated that their project outputs had a good potential for transferability. Half of these reported that outputs produced have already been successfully implemented in other countries. For instance, the eSBIRTes project produced an online tool to provide assistance to people at risk of developing substance related disorders and a "self-help" intervention programme which were transferred on different national platforms in some of the partners' countries, such as Czech Republic. The ORION project developed an e-tool which was adopted by various clinics for addiction treatments in some Member States. The tool was set up so that it could be modified and adapted to future technological developments.

Further, while the majority of stakeholders consulted considered the results of the projects/ activities as fit to inform the policy activities in other countries, this only effectively happened in a few cases (as indicated by five out of the 18 respondents to this question, or 27%). The new methodological tools for policy and programme evaluation developed by a project led by the University of Rome Centre for Biostatistics and Bioinformatics were adapted and used in most partner countries, including Czech Republic, Italy and Spain.

Of the 23 actions that identified sustainable outputs in their final reports (reviewed during the mapping exercise), two stated that the methodologies developed within the framework of the projects have been taken up by the projects' partners' or other organisations. For example, the Safe Coast project developed harm reduction strategies in relation to drug use which were included in the partners' work programmes as part of their future activities.

In spite of considering elements of their projects transferable, many projects did not manage to realise this. This may be due to the timing of the evaluation, with the potential for transferability to be further realised in the medium- or longer term. Further, possible challenges to transferability of DPIP project results were identified in this evaluation. First, transferability of outputs or approaches developed within the framework of DPIP projects may be affected by cultural and/ or legal differences between Member States. For example, direct intervention programmes targeting young people appear to be less transferable to other countries, as Member States regulate the possibility of undertaking drug tests differently. Second, transferability of results could be affected by the level of capacity-building of NGOs and networks involved in the delivery of prevention and risk reduction strategies. For example, the methodologies, intervention scheme and evaluation procedures produced in the TRIP project<sup>53</sup> have been integrated in the framework of long-term prevention initiatives carried out by healthcare providers at local level.

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<sup>53</sup> Project full title: TRIP - Testing in Recreational-settings prevention-Intervention addressed to poly-drug users

## 6 Efficiency and scope for simplification

The efficiency and scope for simplification of DPIP refers to i) the extent to which the programme has been implemented in a cost-effective way and ii) the extent to which the implementation process or reporting requirements are clear and workable.

The assessment of efficiency showed that the funding made available for the implementation of DPIP may not have been entirely sufficient considering the level of ambition of some of the objectives, the very high demand for funding and the high absorption rates of grants. More funding could have been committed to the programme with a view to achieving in particular the objective of prevention/ reduction of drug use/ dependence. The very high number of applications for funding under DPIP (as opposed to the small number of funded projects), as well as the fact that the most commonly funded organisations were NGOs who largely rely on external financing confirms the general need for adequate financial resources in the area of drugs policy. Overall, the financial resources available were used in an efficient way, judging by the comparison of inputs/ outputs between projects' budgets.

Though some of the expected impacts of DPIP were, as they derive from the programme objectives, very ambitious, the implemented projects achieved positive outcomes and impacts which suggests that the amount of money spent was reasonable in comparison to the achievements. The latter include among others development of new prevention tools, treatment methods corresponding to the latest state of scientific knowledge in the drugs field and awareness-raising approaches targeting specific (vulnerable) groups. Furthermore, the high demand for DPIP grants has allowed the Commission to select those projects which showed the most potential and represented the best value for money.

The allocation of DPIP funds to the different funding tools was logical, with some scope for overlap between grants and procurement. Commitments to AGs, OGs and procurement contracts were less than anticipated but in all cases the relatively high absorption rates are indicative of an efficient use of resources<sup>54</sup>, especially when considered in combination with the outputs and results achieved (see also section 4.1 above) and the findings of the input/output analysis below. In addition, the amounts available per grant were overall sufficient for achieving their individual objectives and for making a difference, both according to stakeholder views and when considering the outputs, outcomes and impacts achieved.

When looking at the scope for simplification, overall the Commission's management of the programme improved overtime; however, the application and reporting requirements were complex which naturally affected the efficiency of the programme. In particular, for small organisations, but also other types of organisations with limited experience with fund applications and management, for example, the requirements were felt as burdensome and time consuming (especially with regard to financial reporting).

### 6.1 Efficiency

*Are there sufficient financial resources available for the implementation of the programmes and are they used in an efficient way? Is the amount of money spent reasonable in comparison to the positive impacts achieved?*

*Is there efficient allocation of funds among the different funding tools (action grants, operating grants, procurement contracts)? Are the amounts available per project sufficient for the implementation of the project's objectives?*

When looking at whether sufficient financial resources were made available for the implementation of the programme, it is first worthwhile to verify whether, when looking at the objectives it wished to achieve, the resources allocated would appear to suffice (this process is akin to a retrospective ex ante evaluation). As a next step, the overall level of programme absorption (the amounts committed versus those allocated, and the amounts paid versus those committed) could be considered, based on the assumption that a slightly lower absorption rate may be indicative of the resources being sufficient.

<sup>54</sup> A high absorption rate, in general, points at a good financial and administrative capacity of the organisation implementing the project. However, it is

To determine whether the financial resources made available were used in an efficient way, it is useful to analyse the inputs (i.e. costs of the project) versus the outputs produced. However, given that data on inputs only exists for an entire project (i.e. not broken down by specific activities/ types of expenses) and considering that output data is not comprehensive, undertaking a full input – output analysis will not be possible. Instead, where possible, a set of projects with similar ‘similar’ activities are being compared in terms of their costs and generated outputs. The lowest ‘unit costs’ which have been achieved for a project that is deemed to have been successful could be used as a benchmark. However, given the varied characteristics of programme beneficiaries and programme contexts such benchmarks need to be considered with caution.

In order to define whether the resources spent were reasonable (i.e. proportionate) to the anticipated and achieved impacts, it is first important to establish what kind of impacts were expected at programme and project levels and whether this was reasonable considering the amount made available to the programme and the projects (again akin to a ‘retrospective’ ex-ante evaluation); and second, to review whether these impacts were achieved (as discussed under Effectiveness in section **Error! Reference source not found.**) in a cost-effective way.

There is also scope to examine the resource allocation process, e.g. whether calls were competitive, whether they were funding innovative activities or activities with a strong EU-added value, whether cost-effectiveness (or good value for money) was used as a selection criteria, etc.

Whether the allocation of funds among the different funding tools was efficient first depends on the appropriateness of these tools and the logical links between them. Where the most appropriate method of resource allocation has been used and there were choices to be made between proposals and grants/ tenders it is more likely that the resource allocation would have been appropriate. Where the programme managers had little or no choice there is a danger that the projects and activities funded did not receive optimum resource allocation.

Finally, to assess whether the amounts available per project were sufficient for the implementation of their objectives, and to allow them to make a difference in their respective policy area(s), it is useful to first examine the extent to which projects incurred an over- or underspend and second, to assess the extent to which they generated the desired results, outcomes and impacts with the amount made available. Here comparisons between projects having similar objectives and operating in similar contexts can provide useful insights.

### 6.1.1 Extent to which financial resources made available were sufficient

The total budget planned for the implementation of DPIP over the 2007-2013 period was €22,332,800, with an average annual planned budget of just over €3 million (see Table 6.1). The funding was provided via grants (AGs and OGs) and public procurement contracts. The largest proportion of the budget (€13,514,200 or 88%) was planned for AGs.

**Table 6.1 Planned budgetary breakdown for DPIP (2007-2013)**

Available budget for grants (AGs and OGs) and contracts								
Year	Projects (Action grants)		Operating grants		Commission initiatives		Total Annual Budget	
	Value (€)	%	Value (€)	%	Value (€)	%	Value (€)	%
2007	€2,150,000	72%	N/A	-	€750,000	25%	€2,900,000	100%
2008	€2,150,000	72%	€500,000	17%	€350,000	12%	€3,000,000	100%
2009	€2,400,000	80%	N/A	-	€600,000	20%	€3,000,000	100%
2010	€1,717,600	56%	€400,000	13%	€958,000	31%	€3,075,600	100%
2011	€3,045,200	74%	€250,000	6%	€800,000	20%	€4,095,200	100%
2012	€2,058,000	67%	€500,000	16%	€520,000	17%	€3,078,000	100%
2013	€2,634,000	85%	N/A	-	€450,000	15%	€3,084,000	100%

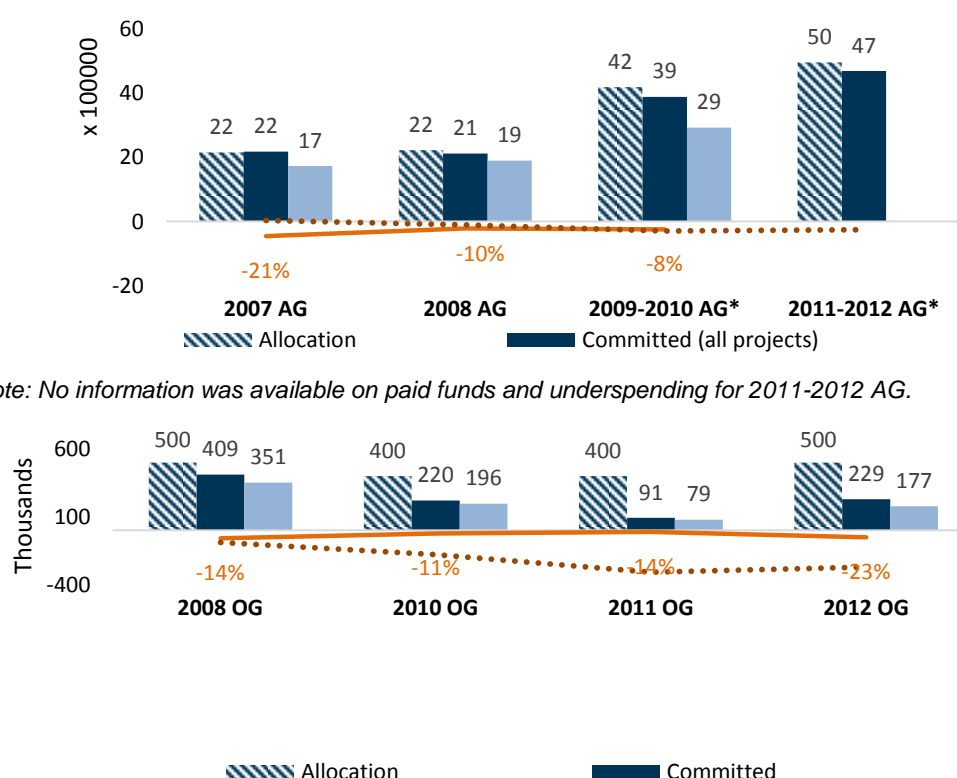
*DPIP – Annual work programmes (2007-2013)*



The general objectives of DPIP related to the prevention and reduction of drug use, dependence and drug-related harm; contribution to the improvement of information on drug use; and supporting the implementation of the EU Drugs Strategy. The first objective is very ambitious and can therefore only be addressed to a limited extent with approximately €22 million over a period of seven years, as the scale of the problem of drug use/dependence in the EU would require (much) more funding. The second objective, focussing on ‘contributing’ to the improvement of information on drug use, is more realistic and commensurate with available funding, as is the third objective which also appears to be more tangible. The fact that the programme was not continued as a separate specific programme in the current programming period (with drugs policy instead being covered by the Justice Programme 2014-2020 (judicial cooperation and crime prevention aspects) and the Third Health Programme 2014-2020 (drugs-related health damage, including information and prevention)), may be an indicator of an insufficient level of financial resources made available for this kind of transnational and/or EU level actions. Furthermore, the programme addressed a ‘popular’ subject area, i.e. reducing drug use/dependence and associated harm for which relatively little funding was provided by Member States. This was particularly the case after the financial crisis in 2008 when demand for funding drugs policy initiatives increased, with many stakeholders (e.g. NGOs) being dependent on external financing.

When looking at the extent to which the initial programme allocation was effectively committed, in total €12,879,359 was committed to AGs (i.e. in terms of grant agreements signed) and €958,362 was committed to OGs, with approximately €2,7 million committed to procurement contracts. Compared to the initial allocations, both AGs and OGs received less than initially envisaged (respectively €634,841 and €841,638 less than planned). Despite these differences, overall the grants were in very high demand. Moreover, more funding could have been committed under DPIP, considering the high demand for funding of scientific projects in the field of drugs and the importance of prevention measures (corresponding to some of the programme objectives) as well as the scale of drug use/dependence in the EU. The lower commitments to AGs and OGs which became sharper in the second half of the funding period are shown in Figure 6.1.

**Figure 6.1 Total allocated, committed and paid DPIP funds and total over/ under commitment and underspending per call (AG above, OG below)**



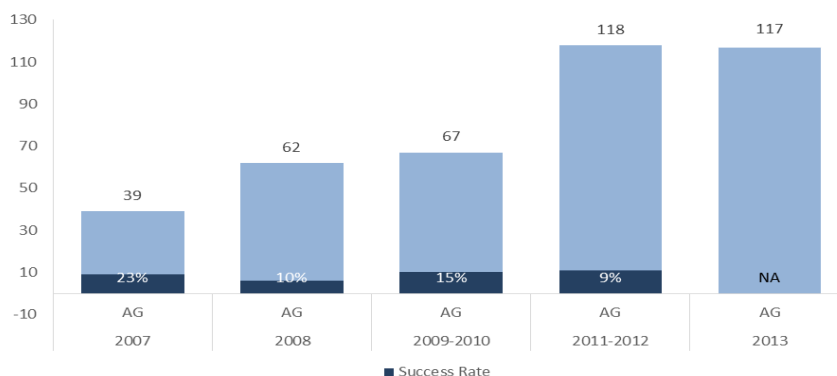
Note: No information was available on paid funds and underspending for 2011-2012 AG.

DPIP – Calls for Proposals (2007-2013)

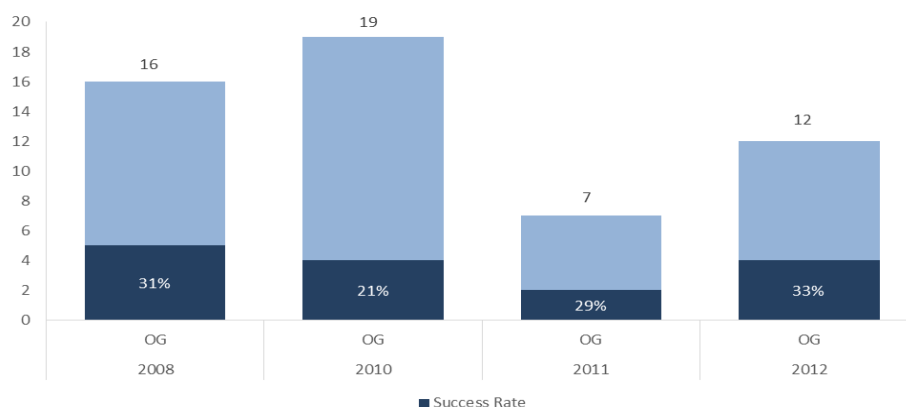
The high demand for funding (in terms of applications received versus selected projects) is presented in Figure 6.2: a total of 457 DPIP applications were submitted between 2007 and 2013 and a total of 51 projects (11%) were selected.

Less than 3 million out of the €4.4 million allocated to procurement was committed which may suggest that funding made available for this was possibly too generous (see also Section 6.1.4). When looking at the payments made to finalised AGs and OGs to date, the relatively high absorption rates for both AGs and OGs suggests that the committed funds may not have been sufficient

**Figure 6.2 Total number of applications received and success rate per call by type of funding tool (AG above, OG below)**



Note: No information was available on: rejected and successful applications for 2013 AG



DPIP – Calls for Proposals (2007-2013)

### 6.1.2 Extent to which the financial resources made available were used in an efficient way

As mentioned above, the total budget planned for the implementation of DPIP over the period 2007-2013 was €22,332,800, of which €13,837,721 was committed. Given that some actions are still ongoing, the total amount paid is not yet known, but overall underspending appears to be low on average (less than 20% of the committed value)<sup>55</sup>. With this money, DPIP funded 36 AGs, 15 OGs and a total of 28 procured actions. The good spending levels and relatively small numbers of grants provide a first suggestion that the financial resources were used in an efficient way, as the competitive process by which the grants were selected allowed the Commission to select high quality projects/ activities.

There is no sufficient data on procured projects to carry out an analysis of the inputs and outputs. For the AGs and OGs, this is only possible to a (very) limited degree. Firstly, the input data is not enough to be able to identify the costs of individual outputs/ results and thus

<sup>55</sup> Several programme evaluations, including Youth in Action, the ESF and the EU Structural Funds suggest that an absorption rate >80% is acceptable especially when the programme is introducing innovation and/ or requiring new stakeholders to work together.

define benchmarks, given that information was only available for the total cost of the grant (commitment or payment) and not by type of activity or type of expense. This therefore makes it impossible to establish any type of unit cost, because almost all projects (with the exception of one) undertook different types of activities which led to different sets of outputs. Secondly, the quality and comprehensiveness of the data on outputs/ results, identified through the mapping exercise of all projects, differs significantly, as it completely depends on the level of detail on outputs given in the final reports of the grants. Although some grant beneficiaries wrote very detailed reports with quantitative information, others did not offer the same degree of detail.

Nevertheless, in order to analyse some of the project inputs and outputs, a set of completed DPIP projects (with final reports) were identified which implemented a 'minimum' number of types of activities. As only one project undertook a single type of activity (awareness-raising, information and dissemination), it was not possible to look at this sample. It was then found that seven projects (all AGs) had implemented a combination of only two types of activities: analytical activities and awareness-raising activities. Table 6.2 presents the outputs identified for each, from the grant with the lowest value to the one with the highest value.

Most of the action grants – as part of analytical activities – undertook data collection and analysis, including surveys, mapping, interviews, literature reviews and writing of project and research reports. When it comes to awareness-raising activities, these very often disseminated and presented the results of the analytical activities described above, including at conferences and workshops and in most cases through project websites and by producing dissemination materials such as brochures or flyers. The difference between DPIP grant budgets was smaller than in other programmes, such as for example Daphne III. In Daphne III, the difference between the highest and the lowest budget was more than €446,680, whilst in DPIP the difference is €286,126. In the case of DPIP there may be some reasons for price differentials:

- The number of analytical reports produced;
- The development and delivery of training related to the analytical activity;
- The development of guidance materials related to the analytical activity;
- Film production.
- The development of costly research tools (surveys and focus groups)
- The organisation of conferences.

When looking at Table 6.2, it must be noted that in some cases, it is difficult to compare the different grants because in some final reports, quantitative information is not provided (e.g. information on the number of participants attending conferences, number of copies of analytical publications disseminated or the cost of producing different information and dissemination materials). Therefore, when some grants with bigger budgets show relatively fewer outputs, this may be either a sign of inefficiency, or it may be related to a lack of clear and consistent reporting of outputs and results in the final reports. Nevertheless, the more expensive projects overall did produce higher numbers of outputs and/or outputs which are relatively 'expensive, such as a high number of technical reports, the production of a series of short films, the development and dissemination of teaching manuals and toolkits, surveys with a very large sample.

**Table 6.2 Inputs and outputs of DPIP grants focusing on analytical and awareness-raising activities**

Call for Proposal	Project code	Total project cost	Outputs and results related to analytical activities	Outputs and results related to awareness-raising activities
2008 AG	142	€221,270.00	<ul style="list-style-type: none"> <li>■ Inventory of scientific evidence, national guidelines, standards and policy papers</li> <li>■ 6 Technical reports</li> <li>■ Questionnaires for experts consultation (19 respondents) and interviews with young drug users (377 participants)</li> </ul>	<ul style="list-style-type: none"> <li>■ 5 Conferences (84 participants):                             <ul style="list-style-type: none"> <li>– Amsterdam: 20 participants</li> <li>– Athens: 23 participants</li> <li>– Barcelona: 24 participants</li> <li>– Hamburg: 3 experts</li> <li>– Vilnius: 14 experts</li> </ul> </li> <li>■ Project website (containing project results and information)</li> <li>■ Presentations in 3 international conferences</li> </ul>
2008 AG	125	€288,075.30	<ul style="list-style-type: none"> <li>■ 1 report (1,000 copies)</li> <li>■ Directory of drug user organisations (developed through an online questionnaire completed by 30 organisations)</li> </ul>	<ul style="list-style-type: none"> <li>■ Brochures (4,000 copies)</li> <li>■ 3,000 membership forms developed and disseminated</li> <li>■ 200 copies of Marseille meeting programme</li> <li>■ 7 pan European Newsletters 11 Conferences (total of 32,716 participants):                             <ul style="list-style-type: none"> <li>– IHRA conference 2010 (Liverpool) – 1,200 delegates</li> <li>– Vienna International AIDS Society Conference 2010 (Vienna) – 25,000 delegates</li> <li>– NCIDU Conference (Newcastle) – 5,000 delegates</li> <li>– AFR – French National Conference – 800 delegates</li> <li>– INEF National Conference (Dublin)</li> <li>– Citywise Conference (Dublin)</li> <li>– European civil society forum on HIV – discussion of audit and Marseille</li> <li>– Correlation conference (Slovenia) 500 delegates</li> <li>– Porto sub regional network meeting-28 participants</li> <li>– Bologna sub regional network meeting-8 participants</li> <li>– Marseille meeting – 180 delegates</li> </ul> </li> <li>■ New network (257 members)</li> <li>■ Website established for the network</li> </ul>
2009-2010 AG	964	€376,792.67	<ul style="list-style-type: none"> <li>■ Literature review (25 Articles)</li> <li>■ Survey-available in 7 languages (4,500 respondents)</li> <li>■ 2 published articles</li> </ul>	<ul style="list-style-type: none"> <li>■ Project website</li> <li>■ Project flyer</li> <li>■ Workshops</li> <li>■ Presentations in 6 international conferences</li> <li>■ 5 local presentations of the projects in the participating countries</li> </ul>
2008 AG	112	€380,325.63	<ul style="list-style-type: none"> <li>■ Literature review</li> </ul>	<ul style="list-style-type: none"> <li>■ Project website and partners and other institutions websites</li> </ul>

Call for Proposal	Project code	Total project cost	Outputs and results related to analytical activities	Outputs and results related to awareness-raising activities
			<ul style="list-style-type: none"> <li>■ Surveys (8,000 participants) and Focus Groups</li> <li>■ Mapping study</li> <li>■ 6 country reports</li> <li>■ Guidebook with recommendations</li> <li>■ 10 scientific papers</li> </ul>	<ul style="list-style-type: none"> <li>■ Participation in national (13), international (7) and local forums</li> <li>■ Final conference (86 participants)</li> </ul>
2009-2010 AG	975	€467,807.10	<ul style="list-style-type: none"> <li>■ Literature review</li> <li>■ Toolkits</li> <li>■ Manual of the intervention</li> <li>■ Survey of best practices (31 respondents)</li> <li>■ Mixed methods study</li> </ul>	<ul style="list-style-type: none"> <li>■ Project website</li> <li>■ Press releases</li> <li>■ Presentations in international conferences</li> </ul>
2008 AG	106	€485,749.11	<ul style="list-style-type: none"> <li>■ Teaching manuals (144 copies)</li> <li>■ Developed curriculum published as a book</li> <li>■ 24 Short films</li> <li>■ 7 Journal articles</li> </ul>	<ul style="list-style-type: none"> <li>■ Conferences (115 participants):                             <ul style="list-style-type: none"> <li>– Initial conference: 50 participants</li> <li>– Outcome conference: 65 people</li> </ul> </li> <li>■ Project website and social media</li> <li>■ Public events (302 participants)                             <ul style="list-style-type: none"> <li>– Curriculum short film premiere: 172 people</li> <li>– Rebound film festival: 130 people</li> </ul> </li> </ul>
2007 AG	38	€507,396.45	<ul style="list-style-type: none"> <li>■ Literature reviews</li> <li>■ Qualitative interviews</li> <li>■ Toolkit (50 copies)</li> <li>■ 24 technical reports (country reports, comparative analysis, and research reports)</li> </ul>	<ul style="list-style-type: none"> <li>■ Project website</li> <li>■ Final conference</li> </ul>

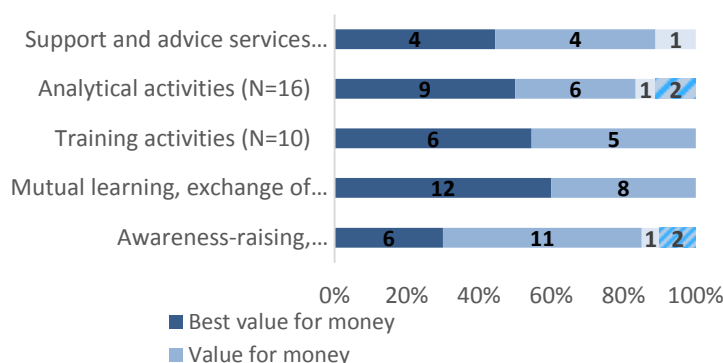
An additional important aspect is the connection between analytical and awareness-raising activities, which may indicate the cost-effective use of resources: DPIP projects usually started with data collection and analytical activities, which were then used to produce reports, toolkits and books and subsequently, to disseminate this information through different channels (project websites, brochures/ leaflets/ flyers, etc.).

In general, the efficiency of DPIP-funded actions was rated as very high by survey respondents; the vast majority of the implemented actions were in the least considered as good value for money (Figure 6.3). Whilst the difference in efficiency ratings between the different actions is of little statistical significance, the three most commonly implemented actions mentioned previously are rated as follows:

- Six organisations (33%) implementing ‘awareness-raising, information and dissemination’ rated them as ‘best value for money;’
- Twelve respondents (56%) rated ‘mutual learning, exchange of good practices, cooperation’ as ‘best value for money’ as well; and

Nine organisations (53%) implementing ‘analytical activities’ rated them as ‘best value for money.’

**Figure 6.3 Efficiency of actions implemented in the project/ activities**



**Source:** Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

Question 16: ...and rate their efficiency (i.e. requiring proportionally less financial resources) in terms of reaching beneficiaries and results:

### 6.1.3 Extent to which the resources spent were reasonable to the impacts

As presented in the intervention logic in Section 1 above, the expected impacts of DPIP were:

- Increased prevention of drug use/ abuse in the EU;
- Better understanding/ improved information on drugs and associated harm in the EU;
- Better implementation of the EU Drugs Strategy and specific actions under the Action Plans.

Similarly to the discussion on the objectives in Section 2.1.2 above, the expected impacts of the programme appear overall reasonable to achieve with the available resources, especially with regard to improving information provision on drugs and associated harm in the EU. Nevertheless, the first expected impact, i.e. prevention seems to be the most challenging to achieve given not only the scale of the problem of drug use/ dependence versus that of the programme, but also the fact that reducing drug use/ dependence is inherently associated with behavioural changes/ lifestyle choices which are generally difficult to influence and may require a series of long-term interventions. With regard to the third objective – better implementation of the EU Drugs Strategy/ Action Plans – this was mainly achieved via a series of high-level policy reports covering a realm of issues of drugs policy in the EU procured to external contractors (see also Section 6.1.5).

The evidence collected as part of this evaluation is insufficient to firmly conclude that the resources spent on the programme were reasonable to the outcomes and impacts achieved,

considering that most of the 2011-2012 AGs are still to be completed and in general, that certain outcomes and impacts of interventions in the drugs policy area in particular require time to be realised. Nevertheless, the outcomes and impacts identified under DPIP to date suggest that spending was reasonable when looking at project achievements.

As discussed in Section 4 on Effectiveness, overall DPIP AGs and OGs achieved positive outcomes and impacts, in particular in relation to:

- Developing new prevention tools, harm reduction measures and treatment approaches to address new developments/ rapid changes in the drugs field, or developing tools (e.g. quality standards for online helplines) supporting the work of organisations dealing with target groups;
- Developing new approaches to raise awareness and provide information among specific target groups/ vulnerable groups;
- Establishing multidisciplinary networks and/ or platforms to increase exchange of information and cooperation between organisations, further disseminate project results/ good practices, as well as leverage visibility with policy-makers;
- Capacity building and training to strengthen the implementation of the EU Drugs Strategy/ Action Plans and relevant actors in prevention of drug use/ dependence and associated harm.

DPIP funded, with around €22 million, over 50 mostly transnational projects, representing approximately 200 leading and partner organisations. The analysis of the finalised projects to date shows that at least 63% of the finalised AGs and OGs<sup>56</sup> show evidence of obtained outcomes and impacts,<sup>57</sup> with AGs showing slightly less evidence of outcomes and impacts (60%) compared to OGs (67%). Even though these outcomes and impacts are based on self-reporting of the grant beneficiaries, one should also bear in mind that in general outcomes and impacts take time to manifest themselves; in addition, for many projects these might not have been observable at the time of writing of their final report.

#### 6.1.4 Extent to which the allocation of funds among the different tools was efficient

Each of the funding tools (AGs, OGs, and procurement) thus had a clear focus, though to some extent procurement activities could overlap with the activities undertaken by AGs and OGs (see Figure 1.2 and Figure 1.3 in Section 1), albeit the former covered the EU level and/ or all Member States.

As discussed in Section 6.1.1 above, while around €13.5 million was initially allocated to AGs as a funding tool, €12.8 million was finally committed. The average project budget per AG call ranged from €1,104 (2007 AG) to €757,466 (2011-2012 AG). The average value of AGs showed a strong tendency to increase between 2007 and 2012, with most of the funding allocated during the second half of the implementing period.<sup>58</sup> Budget absorption of AGs (payments as a share of commitments) was high, i.e. 88%. This suggests that funding for AGs has been allocated in an efficient manner; this analysis does not consider most of the grants awarded under 2011-2012 AGs, as they are still ongoing.

OGs received a bit more than half of the funds initially allocated to them (€958,362 instead of €1,800,000), which may be due to there not being a sufficient number of organisations meeting the criteria for OG funding. The average value of OGs decreased considerably between 2008 and 2012 (reaching its lowest value in 2011), ranging from €20,499 (2012 OG) to €200,000 (2008 OG). The lower average value of OGs can be explained by their shorter duration (maximum 12 months) and the fact that only one organisation is funded,

<sup>56</sup> In total, 40 AGs and OGs are considered to be finalised at the time of writing.

<sup>57</sup> The mapping of the rest of the finalised AGs and OGs indicates that these projects/ activities show evidence of obtained outcomes/ impacts to some extent, except for one OG where there was no such evidence.

<sup>58</sup> DPIP AGs on average had four 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.

whereas a partnership of organisations is financed under AGs. Budget absorption of OGs was high, i.e. 85%. Likewise to AGs, OGs funding allocations appear to have been efficient compared to other programmes.

During the implementation period, the Commission committed approximately €2, 7 million on a total of 28 procurement contracts (or about 17% of the total committed budget). Approximately half of the procurement budget was committed to the European Action on Drugs (EAD) awareness-raising campaign and regular meetings of the Civil Society Forum on Drugs. With an initial allocation of over €4.4 million, procurement has been under-used which might have had a negative effect on, for example, dissemination of programme results at EU level. An interview with a Commission official in this regard revealed that the remaining amount from procurement was used to fund two AGs from the reserve list of projects. The lower level of commitment related to no immediate policy needs/ need to start policy thinking on another area in the second half of the funding period.

Finally, the funding tools were all implemented through a competitive process, using calls for proposals (for the grants) and calls for tenders (for procurement) which attracted high numbers of applications. Whilst this suggests an efficient allocation process for the OGs, the much lower funding levels of AGs, as well as procurement may raise questions about their efficiency as funding tools. This, however, is not corroborated by evidence from the interview with the Commission official mentioned above suggesting that OGs were the least preferred (and thereby least used) funding tool under DPIP. According to this official, AGs and procurement contracts were perceived as more effective and efficient funding tools, with procurement in particular extending full power to the Commission to steer the work and control the process, as well as allowing it to be the owner of the end result.

#### **6.1.5 Extent to which the amounts per project were sufficient for the implementation of their objectives and to allow them to make a difference**

As indicated already in Section 0 above, the analysis of the finalised projects to date shows that as much as 63% of the finalised<sup>59</sup> AGs (15) and OGs (10) show evidence of obtained outcomes and impacts. Project reporting refers in particular to positive impacts in the area of prevention (including capacity-building/ training), awareness-raising and dissemination of good practices, and scientific research/ studies. Budget absorption of the grants (payments as a share of commitments) was overall high for both AGs (79 %) and OGs (86%), which suggests that all grants were completed successfully and against the initial work programme. In addition, the results of the online survey amongst grant beneficiaries show that 69% (16 out of 23 respondents) agreed that the financial resources available were sufficient to implement the activities as planned.

In terms of making a difference to the thematic area they are working in, the majority of the survey respondents (17 out of 23 or 74%) were of the opinion that their project/ activities made a significant difference to the thematic area they are working in. Furthermore, the majority of the participants in the survey (17 out of 23 or 74%) also reported that their project/ activities were considered as leading the way forward by other actors working in the same policy area. These positive perceptions of the results obtained by projects are again indicative of the amount of resources allocated being sufficient to implement their objectives and to make the desired difference.

Finally, procurement activities – which by their nature are expected to help the Commission achieve its objectives – received less funding than originally envisaged but seem to have generated a desirable impact nevertheless. Procurement activities contributed to increasing the involvement of civil society in the drugs policy field (through the EAD campaign and the Civil Society Forum on Drugs) and led to the publication of several important studies which triggered policy debates and/ or steered the policy-making process at EU, but also Member State level. These notably included the impact assessment on NPS, the report on minimum quality standards in drug demand reduction (EQUUS), the report on global illicit drugs markets

<sup>59</sup> In total, 25 AGs and 15 OGs are considered to be finalised.



and another on the state of scientific research into illicit drugs. Along with the redirecting of leftover procurement funds to AGs, this suggests an overall efficient use of the funds and hence sufficient attainment of the Commission's objectives and related impact.

## 6.2 Scope for simplification

Overall, the management of the five Justice programmes, including DPIP, improved over the years, especially during the change from DG JLS to DG JUST. Several Commission officials explained that a task force was formed and assigned to find a different approach to managing the programmes during this time. This was also recommended by the mid-term evaluation of the five programmes. As a result, a single unit to manage all programmes was established within the new DG JUST. The management of the programmes therefore became much more streamlined, in the Commission's view.

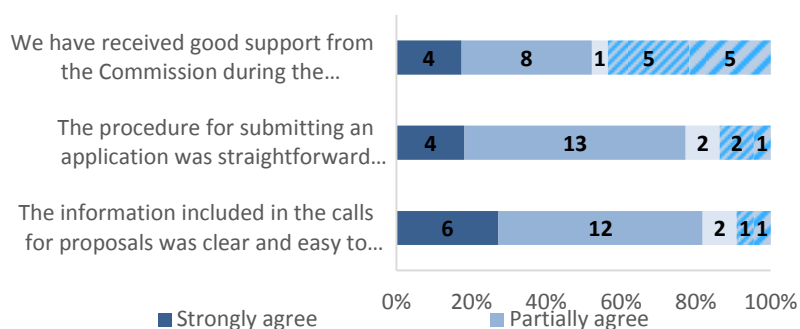
Human resources within the Commission were however affected by budget cuts and the unit managing DPIP became much smaller with time. A main bottleneck in the work of this unit in the selection processes for both DPIP and ISEC (managed jointly by the unit) related to the high number of applications to be evaluated (at least 100 per call) in comparison to the available human resources (6-7 people).

When prompted about the appropriateness of the application process and the management of the Commission during the implementation phase, grant beneficiaries who replied to the survey were overall satisfied, though more support during the application process could have been offered in their view, as along with easier reporting procedures (especially with regard to financial aspects and timesheets).

### 6.2.1 The application phase

Based on the data collected, the requirements for applicants to access DPIP funding were overall considered to be appropriate (see Figure 6.4). Commission's management of the five programmes during the application phase

**Figure 6.4 Application requirements**



**Source:** Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

**Question 36:** With regard to the Commission's management of the five programmes, including the Commission's monitoring and evaluation of your project/activities, please comment on the following statement:

#### **Procedure for submitting an application**

An analysis of documentation required from grant applicants at the application stage in the DPIP 2007, 2009-2010 and 2011-2012 calls for proposals was undertaken.

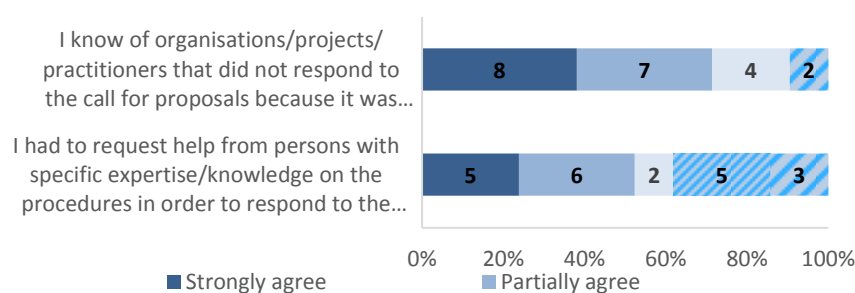
In 2007, the application form contained the following aspects: project's objectives and relevance; project implementation (impact, methodology, duration, concrete outputs and Foreseeable risks and difficulties); follow-up, sustainability and visibility (including dissemination and European added value); information on the applicant and partners; declaration by the applicant; application package and a checklist. Additionally to the application form, applicants were asked to submit annexes, comprising, among others, partner and associate declarations, co-financing declaration forms, budget forms, a staff-cost analysis form, timetable, financial identification forms, legal entity forms, declaration on exclusion criteria, and CVs, etc.

In 2009-2010, the submission of the application forms was done through the PRIAMOS on-line system. Applicants were provided with a guide which included information on how to use the PRIAMOS system. This was a guide developed for various DG Justice programmes (DPIP, Daphne III and FRC). In the 2009-2010 call, applicants were required to include an exhaustive description of the different work streams, including the specific objectives, activities, outputs, deliverables, costs and timeline within each work stream. Some of the administrative requests for applicants were lightened. For instance, annual financial reports were required for the past two years instead of the past three years, as in 2007. Furthermore, the audit report, which was compulsory in 2007, was only required for the grants exceeding € 500.000 in the 2009-2010 call.

In the 2011-2012 call, the application form remained similar to the one from 2009-2010. This time, the guide was the same one for all the DG Justice programmes (DPIP, Daphne III, FRC, JCIV and JPEN).

When looking at the information collected in the survey, in order to respond to the call for proposals just over half of the survey respondents (11 or 48%) had to request help at least partially from persons with specific expertise and knowledge in relation to EU procedures. Moreover, more than half of the respondents (14 or 61%) confirmed that they knew of organisations/ projects/ practitioners that did not respond to the calls for proposals due to the complex/ difficult requirements set by the Commission. These findings are illustrated in Figure 6.5.

**Figure 6.5 Commission’s management of the five programmes during the application phase**



**Source:** Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

**Question 36:** With regard to the Commission’s management of the five programmes, including the Commission’s monitoring and evaluation of your project/activities, please comment on the following statement:  
 In spite of the difficulties faced by applicants, the total number of applications received for Application Grants continuously increased from 2007 to 2013 (from 39 in 2007 to 117 in 2013). In the case of Operating Grants, however, there was a decrease, from 16 applicants in 2008 and 19 in 2010, to 7 in 2011 and 12 in 2012.

**Support from the Commission during the application procedure**

Regarding the support received from the Commission during the application process, almost half of the respondents to the survey (10 or 43%) did not feel that they had received appropriate support and one respondent mentioned that the application process was very challenging, with a lack of clear and direct advice from the EU on a number of topics, such as what costs were eligible for funding and how permanent staff costs should be included in the budget for the proposal. There also appeared to be some language issues when making enquiries to the Commission.

**The information in the calls for proposals**

Information in the calls for proposals, both for AGs and OGs is available in the DG Justice’s website<sup>60</sup>, comprising documents for applicants, information on how to apply, information on reporting of fraud and irregularities and the selected projects under each call. The vast

<sup>60</sup> [http://ec.europa.eu/justice/grants1/programmes-2007-2013/drug/index\\_en.htm](http://ec.europa.eu/justice/grants1/programmes-2007-2013/drug/index_en.htm)

majority of survey respondents (18 or 78%) regarded the call for proposals to be clear and easy to understand. Similarly, the procedure for submitting an application was perceived as straightforward by a majority of respondents (17 or 74%). Furthermore, one interviewee indicated that the information provided in the calls has improved with time.

### 6.2.2 Reporting requirements

The evaluation looked at the financial reporting requirements and the monitoring and evaluation requirements, examining their complexity and burden on human resources. Overall, the reporting arrangements concerning the progress and achievements of the projects/ activities were considered to be appropriate by 13 out of the 23 respondents (56%) to the survey. Moreover, the Commission's monitoring arrangements were at least partially considered as good and helpful during the implementation of the projects/ activities by just under half of the survey respondents (10 respondents or 43%). However, one of the project managers interviewed mentioned that reporting was very bureaucratic and burdensome and this implied that significant amount of time was spent on reporting.

#### *Financial reporting requirements*

In order to obtain the final payment, projects were requested to prepare a final financial statement of the eligible costs<sup>61</sup>. When project duration was equal or greater than 24 months a progress report containing a summary financial statement was to be provided after 12 months from the start of the implementation phase. A final technical implementation report and financial statement was to be provided once the project was finalised. In the 2013 AG call, a specific guide on financial reporting was provided for applicants<sup>62</sup> explaining the procedures to follow when calculating and reporting financial data. However, in the new call for Action grants to support transnational projects in the area of EU drugs policy (Justice Programme 2014-2020)<sup>63</sup>, no such specific guide on financial reporting was provided for applicants.

However, as in the case of general reporting, some of the follow-up interviewees mentioned that too much administrative information was requested (e.g. pay slips, bank statements, timesheets, etc.), which could be burdensome and very time consuming. In one beneficiary's own words: "there was a lot of emphasis on bureaucratic aspects and control and low sensitivity to achievements." Two interviewees also mentioned that it was not easy to prepare the financial report; one of these stated that they were waiting for the last instalment two years after the end of the project, which meant a substantial financial risk for the organisation. Another respondent indicated that some of their project partners struggled to complete the timesheets (especially those organisations that did not use the system as a common system to register their working hours). A simplified reporting process could be applied in future programmes. At the moment, in relation to the 2014 call to support transnational projects in the area of EU drugs policy (Justice Programme 2014-2020), it is difficult to know if the reporting process will be simplified, as there is no information regarding the "reporting documents for beneficiaries" as it was the case for DPIP<sup>64</sup>. Furthermore, while it is important that costs are justified, when assessing whether a project should be paid in full, due attention should also be paid to project results and outcomes.

#### *Monitoring and evaluation requirements*

The monitoring and evaluation requirements were limited to a final report for projects lasting less than 24 months, whereas projects lasting between 24 and 36 months also had to provide a progress report after 12 months from the start of the implementation phase.

#### *Progress reporting*

The narrative progress report's structure has not changed over the funding period. These reports mainly asked DPIP grant beneficiaries to report, per work stream, on outputs,

<sup>61</sup> According to the 2007 and 2008 calls for proposals, a pre-financing payment on signature of the grant agreement and the balance on receipt and approval by the Commission of the final report and final financial statement of the project.

<sup>62</sup> [http://ec.europa.eu/justice/newsroom/files/fin\\_reporting\\_2013\\_ag\\_en.pdf](http://ec.europa.eu/justice/newsroom/files/fin_reporting_2013_ag_en.pdf)

<sup>63</sup> [http://ec.europa.eu/dgs/home-affairs/financing/fundings/drug-policy-initiatives/calls/2014/jdru-ag-drug/index\\_en.htm](http://ec.europa.eu/dgs/home-affairs/financing/fundings/drug-policy-initiatives/calls/2014/jdru-ag-drug/index_en.htm)

<sup>64</sup> [http://ec.europa.eu/justice/grants1/calls/call\\_just\\_ag\\_dpip\\_2013\\_en.htm](http://ec.europa.eu/justice/grants1/calls/call_just_ag_dpip_2013_en.htm)

deliverables, and activities delayed or not implemented. In addition, changes to the scope of the project and overall assessment and difficulties encountered had to be reported. Similarly, the ISEC progress reporting has not changed over the funding period and follows a similar structure to DPIP's progress report templates.

Progress reports are useful to verify whether the programme priorities still cover upcoming or new needs perceived on the ground. As part of the progress report, grant beneficiaries could, for example, be required to indicate any upcoming trends in the policy field they operate which could make the Commission's priority setting process for the upcoming calls more targeted and up-to-date as well as provide the Commission with an overview of what the main 'hot topics' are in each of the participating countries.

Grant beneficiaries considered the Commission's monitoring arrangements as partially good and helpful during the implementation of the project/ activities by just nearly half of the survey respondents (10 or 43%). However, seven out of 23 partially disagreed with this view, while four strongly disagreed. Moreover, progress reports for grants lasting 24 months or more were regarded as useful by grant beneficiaries since these would provide both project managers and the Commission with an overview of the results achieved so far and would allow to introduce adjustment to work streams, when relevant. Although this does not seem to be a general issue, slow responses to requests by the Commission were mentioned by two interviewees. The speed of responding to such requests could be improved in the future, especially when applicants ask for a quick reaction/ solution to their concerns (e.g. because someone leaves the team and they need to know if it is possible to replace the person in the grant application).

#### *Final reporting*

There has been a slight increase in the level of detail requested from the grant beneficiaries. Whereas the 2007 and 2008 calls for proposals requested a simple final narrative report, the information to be provided became more detailed from the 2009-2010 call, by requiring grant beneficiaries to report on the separate work streams.

Overall, reporting arrangements concerning the progress and achievements of the projects/ activities were considered to be appropriate by 13 out of the 23 respondents (56%) to the online survey. The five follow-up interviewees further noted that reporting requirements were burdensome and time consuming, especially for small organisations with limited resources.

In order to improve reporting and to ease the process for project beneficiaries, it is recommended to provide additional guidance in relation to monitoring and evaluation at project level (e.g. information on indicator setting and data collection tools for evaluation purposes), which should also improve the quality and completeness of information on project outputs, outcomes and impacts. Furthermore, in order to increase inputs into monitoring and evaluation, the Commission could require grant applicants to include a plan and resources for monitoring and evaluation.

## 7 EU added value

*In what ways does the programme provide EU added value – i.e. what aspects of the programme bring EU added value?  
How “significant” is the EU added value? To what extent could the MS have achieved the same results without EU intervention?*

This section assesses the EU added value of the Drug Prevention and Information Programme, by reviewing:

- The different ways in which the programme provides EU added value both to the EU and to grant beneficiaries; and
- The pertinence of this EU added value, in particular the extent to which Member States could have achieved the same results without EU intervention.

The evaluation found that – similarly to the mid-term evaluation of DPIP – the EU nature of the programme brought added value to the EU and to most grant beneficiaries. The evaluation findings indicate that the programme’s main added value relates to its transnational dimension within the EU. The Union’s transnational nature is reflected in the design of the programme, which requires projects to cover EU priorities – also linked to the EU Drugs Strategy 2005-2012 – and to form transnational partnerships for the implementation of such projects.

Overall, transnational partnerships significantly increased the geographical coverage of DPIP projects. The implementation of DPIP projects/ activities by transnational partnerships also facilitated the achievement of some of the EU’s objectives, for example: the elaboration and dissemination of best practices, improving cross-border cooperation, creating practical tools and solutions that address cross-border or Union-wide challenges and developing mutual trust among countries. On the other hand, the evaluation findings indicate that DPIP grants contributed to a lesser extent to raising awareness among the wider public regarding EU legislation and policies in the area of drugs, while this was more the focus of procured actions.

The partnerships formed also contributed to achieve DPIP’s specific objectives, as well as those in the EU Drugs Strategy 2005-2012 and both EU Action Plans on Drugs (2005-2008 and 2009-2012), which refer to supporting transnational actions such as: the creation of multidisciplinary networks, the expansion of the knowledge base, the exchange of information and the identification and dissemination of good practices.

Overall, DPIP transnational partnerships offered benefits to the fight against drug use and drug prevention by promoting transnational learning, increasing the scope of the dissemination of practices, improving the visibility of the activities implemented, as well as contributing to the identification of information gaps and common issues. The transnational dimension of the programme therefore significantly contributed to improving the coordination, cooperation and raising public awareness between organisations established in different countries, in order to ensure a high level of human health protection and to reduce drug-related health damage. As a result of such collaboration, organisations and Member States also increased their mutual understanding.

In relation to funding, 86% of survey respondents indicated that their projects would have not been implemented without DPIP funding. Hence, the financial support of the programme seems essential in order to continue implementing projects with an EU dimension, contributing to an effective EU Drugs Strategy.

### 7.1 The EU nature of the programme

DPIP has three characteristics that give it an ‘EU dimension’. These are as follows:

- Programme scope and objectives: Article 1 of Decision 1150/2007/EC establishing DPIP stipulates that DPIP was established to contribute to ensuring a high level of human

health protection and to reducing drug-related health damage,<sup>65</sup> hence the programme is intrinsically linked to the EU Drugs Strategy 2005-2012 (which aimed to achieve a high level of protection, well-being and social cohesion by preventing and reducing social harm and health damage caused by the use and trade of illicit drugs).<sup>66</sup> In addition, according to Article 11, the programme aimed to pursue synergies and to complement other EU instruments (see Section 3).<sup>67</sup>

- Focus of DPIP projects: Article 4(b) stipulates that the AGs will fund transnational projects of “Community [EU] interest”. The annual work programmes and call for proposals subsequently required projects to cover specific objectives and priorities of relevance to the EU, as shown in Section 2.1.
- Finally, the EU nature of the Programme is also reflected in the calls for proposals award selection criteria which also included the assessment of the project’s EU added value or European dimension.
- Trans-national nature: Articles 3 and 4 stipulate that one of the specific objectives of DPIP is to promote transnational actions. The annual work programmes and calls for proposals laid down the requirement for AG beneficiaries to form transnational partnerships consisting of minimum two EU Member States.<sup>68</sup> As for OGs, organisations were requested to carry out activities with a European dimension involving at least ten EU and EFTA/ EEA Member States.<sup>69</sup>

## 7.2 Overview of the geographical coverage of the funded actions

### 7.2.1 Member State participation according to the distribution of lead and partner organisations

Geographically, DPIP covered lead and partner organisations from a total of 25 EU Member States plus Norway. Regarding AGs, Figure 7.1 shows that the number of lead organisations, and therefore the number of projects implemented, concentrates mainly on four Member States: Germany, United Kingdom, Italy and the Netherlands. The lowest number of AGs was implemented in Belgium, France, Spain, Bulgaria, Lithuania and Slovenia. It follows that the large majority of DPIP AGs tended to be implemented by a select group of Member States, whilst other Member States were only involved to a limited extent (or were not involved at all). However, such coverage significantly increases when taking into account partnerships of DPIP AGs.

For example, when compared to the other four DG Justice funding programmes, DPIP is the smallest in scale, as it overall received 4% of the total 2007-2012 funding allocated to the five DG Justice programmes. Nevertheless, the evaluation shows that DPIP has a rather good geographical coverage as a result of the good consolidation of transnational partnerships.

Thus, when looking at AGs partner organisations, Figure 7.1 also shows that the geographical coverage of DPIP AGs increased from 10 to 25 Member States, in addition to Norway, hence to 26 countries in total. The figure shows that the organisations taking part in DPIP projects as partners are mostly based in some Member States. The highest number of partner organisations is found in Italy, United Kingdom and Germany, which are also the top three Member States in which the highest number of lead organisations is found. On the other hand, the lowest number of partner organisations is found in Greece, Ireland,

<sup>65</sup> Decision No 1150/2007/EC establishing for the period 2007-2013 the Specific Programme ‘Drug prevention and information’ as part of the General Programme ‘Fundamental Rights and Justice’.

<sup>66</sup> EU Drugs Strategy (2005-2012)- Brussels, 22 November 2004

<sup>67</sup> EU Instruments such as the General Programme ‘Security and Safeguarding Liberties’ (e.g. the Fight against Crime Programme – ISEC), the 7<sup>th</sup> Research and Development Framework Programme and the Community Programme on Public Health, as well as complementarity with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)’s methodologies and best practices.

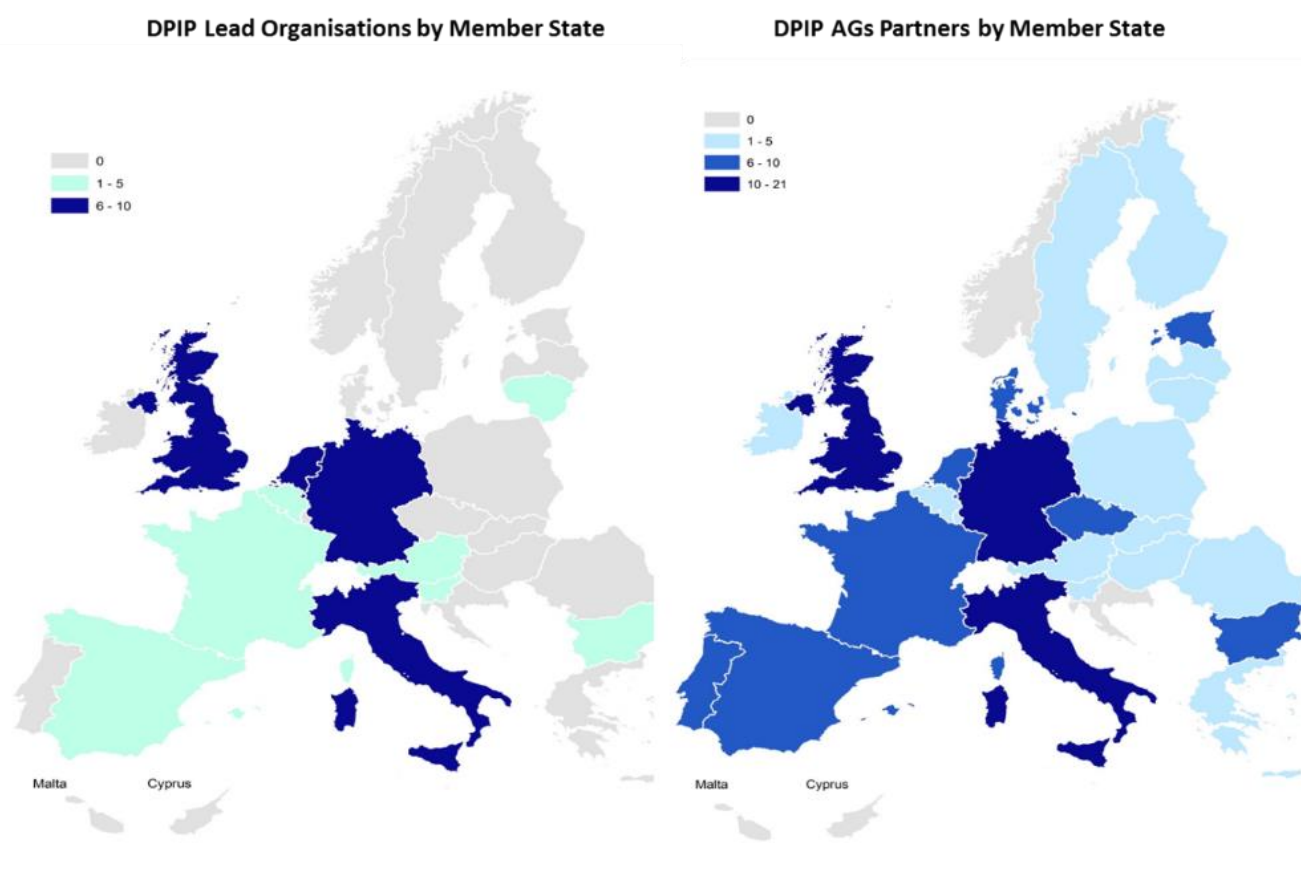
<sup>68</sup> However, if the grant applicant was from one of the EFTA/ EEA countries, then the partnership needed to be composed by the EFTA/ EEA applicant in addition to minimum two Member States as partners. The 2007 AG calls for proposals excluded EFTA/ EEA countries.

<sup>69</sup> The 2010 and 2011 OG calls for proposal required nine EU and EFTA/EEA Member States, where the 2008 call for proposal requested at least five.

Luxembourg and Slovakia, while Malta and Cyprus did not implement DPIP projects at all. Interviews undertaken with the Commission nevertheless indicated that the selection of DPIP projects is not done on a geographical basis, but rather on the assessment of the quality and the number of project applications received.

On the other hand, concerning OGs, the highest numbers of grants were awarded to Austria, Spain and the United Kingdom, while the lowest numbers are found in Italy, France, Belgium and the Netherlands. It is interesting to note that while Germany implemented the highest number of AGs, lead organisations from this Member State were not awarded with OGs.

**Figure 7.1 Total number of organisations involved in DPIP AG projects, including lead (left) and DPIP AGs partner (right) organisations**

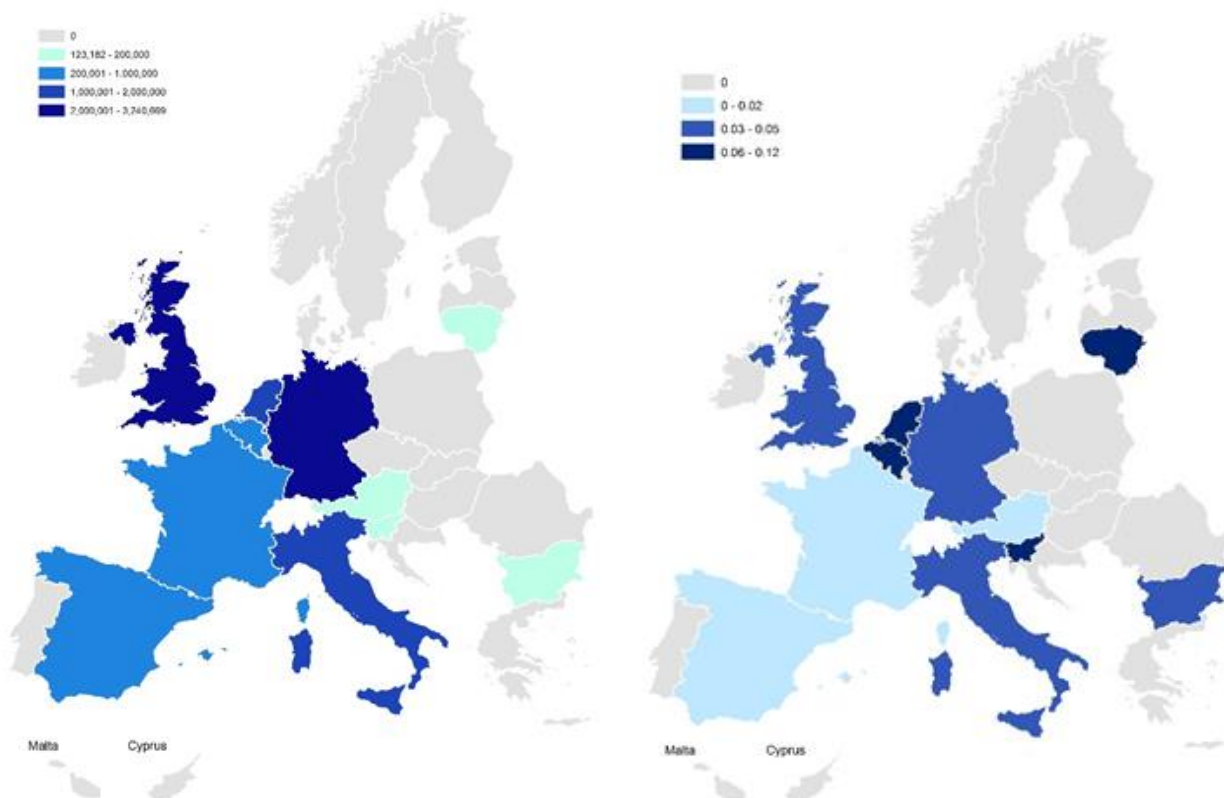


### 7.2.2 Distribution of funding by Member State of lead organisations

Following the analysis of the geographical coverage, the distribution of the committed funding consequently follows a similar pattern, where most of the committed funding was allocated to AGs lead organisations in Germany (24%), United Kingdom (22%) and Italy (15%). The distribution of the committed DPIP funding by Member State of the lead organisation is presented in 0 (left). However, it should be noted that data on the committed funding among *project partners* is not shown by 0; instead it presents all the committed funding under the country of the lead organisation. Given that in reality projects were transnational and hence 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 0 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 four Member States (Belgium, Lithuania, the Netherlands and Slovenia) and less than €0.05 per capita in seven Member States (Austria, Bulgaria, France, Germany, Italy, Spain, and United Kingdom)

**Figure 7.2 Allocation of DPIP committed funding by lead organisation (left) and by lead organisation per capita (right)**

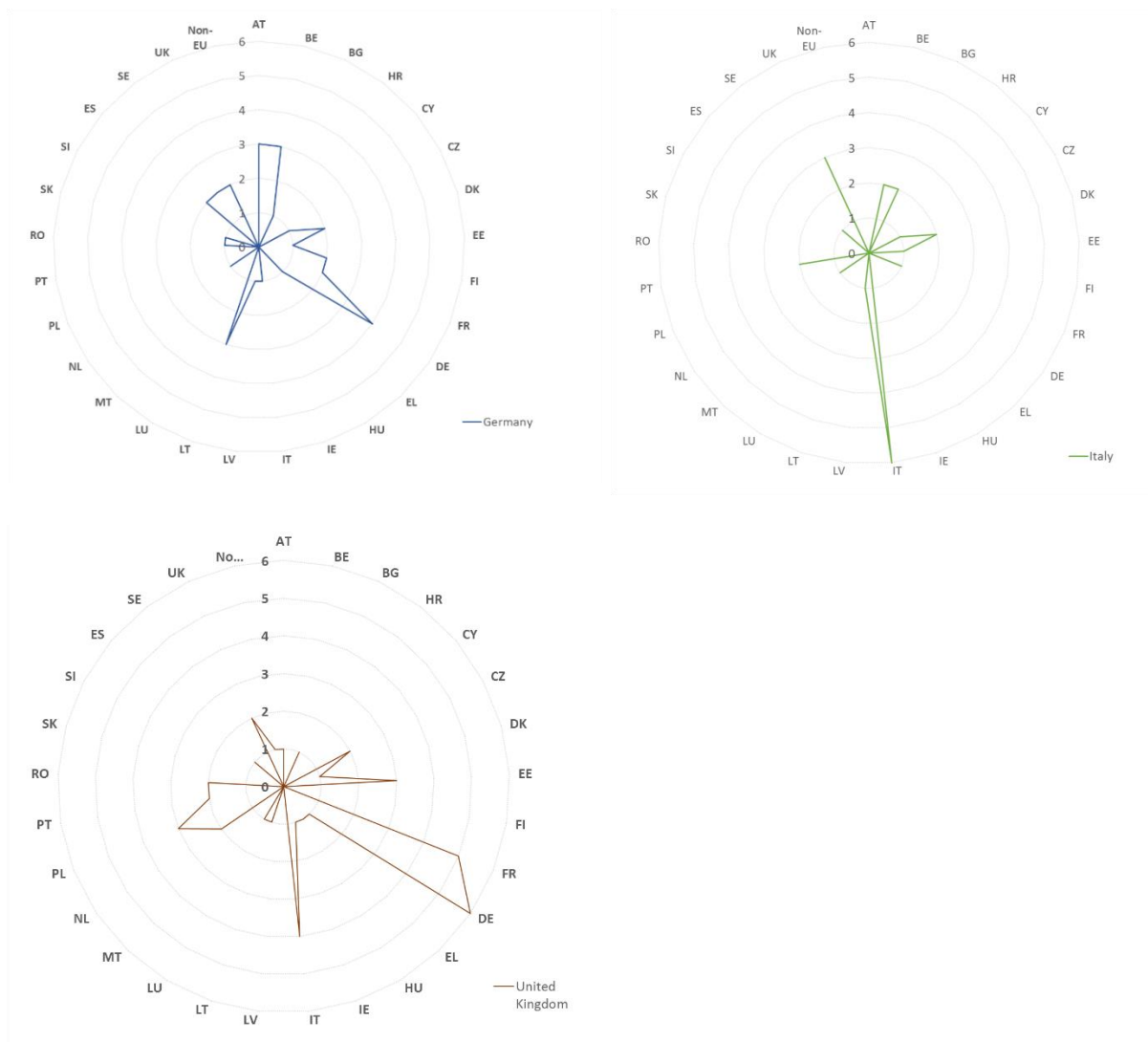


### 7.2.3 Structure of the partnerships

The partnership structure of the Top 3 Member States, with the highest number of lead organisations (Germany, United Kingdom and Italy), is provided by Figure 7.3. Data shows that in two cases lead organisations are more likely to partner with organisations from their own Member State than with organisations 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 organisations. For example, Italian lead organisations partnered with six Italian and three UK organisations, while Germany lead organisations partnered with four German and three Belgian, three Austrian and three Lithuanian organisations. Lead organisations from the United Kingdom partnered with six German, five French and four Italian organisations.



**Figure 7.3 Partnership structure for the Top 3 Member States of lead organisations**

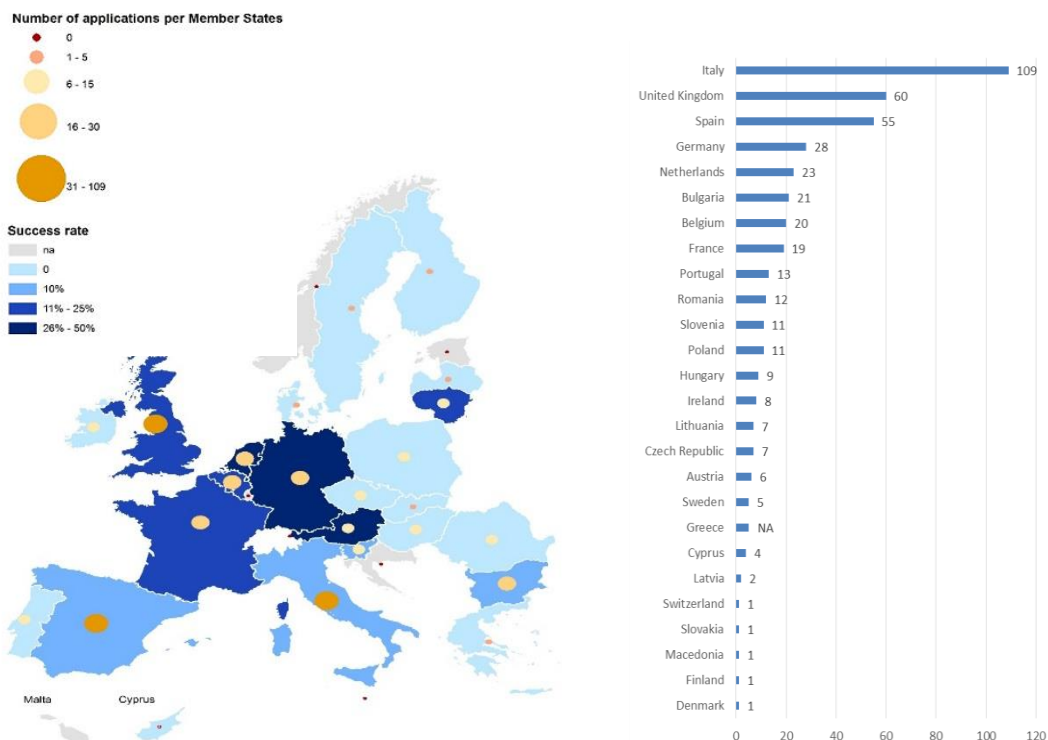


While data shows that there is a strong link between the Member State of the lead organisation and consequently on the Member State of the partner organisation, as both present the same top three Member States as shown in Figure 7.1, the number of Member States involved in DPIP projects, significantly increases when taking into account the partnerships formed by the projects - as explained in 7.2.1 above.

**7.2.4 Analysis of the geographical coverage of the programme**

The analysis of sections 7.2.1, 7.2.2 and 7.2.3, shows that the DPIP programme did not have a uniform geographical coverage. In fact, the latter is also linked and reflects the number of applications received by Member States. For example, from the total 457 applications received through the DPIP programme, the highest number of applications was submitted by Italian organisations (109) followed by organisations from the United Kingdom (60) and Spanish organisations (55). These top three applicant Member States submitted 49% of all applications for funding from the programme. Please see Figure 7.4.

**Figure 7.4 Total number of applications in DPIP projects (right) and the success rate by MS (left)**



However, it is worth noticing that while the highest numbers of applications submitted were from Italy, United Kingdom and Spain, the highest success rates of the submitted applications were found for Austria, Germany and the Netherlands as shown in Figure 7.4 (left). 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 under the DPIP programme.

### 7.3 The added value of the programme for grant beneficiaries

The findings of this evaluation show that the main features that brought EU added value of the programme to grant beneficiaries were: EU funding which made the implementation of the projects possible, and the “EU brand” and reputation provided by the DPIP programme and funding. These are further explored in this section.

As stated in the EU Drugs Strategy 2005-2012, the drugs phenomenon is a major issue which is experienced primarily at local and national level, but it is however a global issue that needs to be addressed in a transnational context. Thus, it is worth noting that the findings of the survey and stakeholder consultations showed that the transnational dimension of DPIP has allowed different organisations established in different Member States, to cooperate together and to develop and implement transnational activities in the area of fight against drug use and drug prevention. While the geographical distribution of lead organisations show that these are mainly focused in certain group of Member States, the partnerships on the other hand allowed other Member States to participate, collaborate and learn with/from the leading Member States and to implement similar activities. Overall, transnational partnerships contributed to mutual learning, collaboration and to sustainable support on both national and EU level. This is evidenced also by the results of the stakeholder consultation which are further explored in this section.

For example, the majority of survey respondents indicated that the main specific benefits of transnational partnerships while implementing DPIP projects were: the creation of a network consisting of (more) international partners (90%), an increased knowledge/ expertise in the area (85%) and an increased knowledge on policy and practice in other countries (70%). Hence, transnational partnerships also contributed to achieve the specific objectives, as

provided in Decision No 1150/2007/EC establishing DPIP, as well as in the EU Drugs Strategy 2005-2012 and both EU Action Plans on Drugs (2005-2008 and 2009-2012), which refer to supporting transnational actions such as: the creation of multidisciplinary networks, the expansion of the knowledge base, the exchange of information and the identification and dissemination of good practices, which is consistent with the findings in section 4.1.1 of this report. On the other hand, survey results also showed that transnational partnerships contributed to a lesser extent to raise awareness about what is foreseen in EU legislation and policies.

Furthermore, when implementing transnational activities in the area of fight against drug use and drug prevention, DPIP projects also promoted transnational learning through their partnerships. Follow-up interviews with DPIP project beneficiaries overall indicated that transnational partnerships contributed to: increase the scope of the dissemination of practices, transnational learning, as well as contributing to the identification of information gaps and common issues in the drug fight and prevention area. Furthermore, and as indicated in section 5.1.1.2 all survey respondents indicated that project activities were/ will be disseminated in more than one country and the majority of the respondent beneficiaries (91%) indicated they had a clear dissemination plan of the project results.

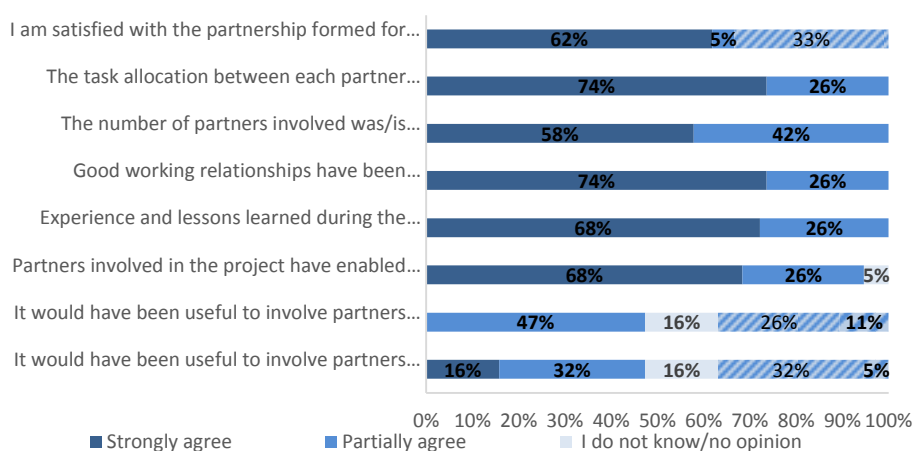
Box 4 outlines the advantages of the transnational element of DPIP partnerships, as outlined by project beneficiaries. Sentences in italics are direct quotes from grant beneficiaries who participated in interviews.

#### **Box 4 The benefits and added value of transnational partnerships for grant beneficiaries**

- *“It was a very positive and successful experience to work with other countries and share knowledge and findings across European countries, we think this is very positive for future research.”*
- *“The key to success was the excellent partnership built”*
- *“Cooperation with the partners enabled a real and productive exchange of knowledge and expertise which impacted positively on the productivity of the partners involved and the project itself.”*
- *“Mutual learning activities where international meetings took place were the ones with the highest EU added value because they enabled exchange of information and opportunities for networking not only between partners, but also with relevant actors and policy-makers from different EU countries.”*
- *“The transnational partnership also provided the perspectives of countries of origin/ transit, compared to countries of destination.”*

As mentioned earlier in section 4.2.2, the specific benefits of transnational partnerships also resulted from good working experiences between the project partners. As shown in Figure 7.5, the majority of survey respondents indicated good working relationships with their transnational partners (74%) and satisfaction with the partnerships established by the projects (62%). These positive relationships enable and strengthen transnational learning – the majority of the respondents (68%) exchanged experiences and lessons learned with their partners during the project implementation. In this respect, 48% of the survey respondents agreed that it would have been beneficial to involve more partners from different Member States in the project implementation and multiply this effect. .

**Figure 7.5 The extent to which project beneficiaries had a good experience with the transnational partnership**



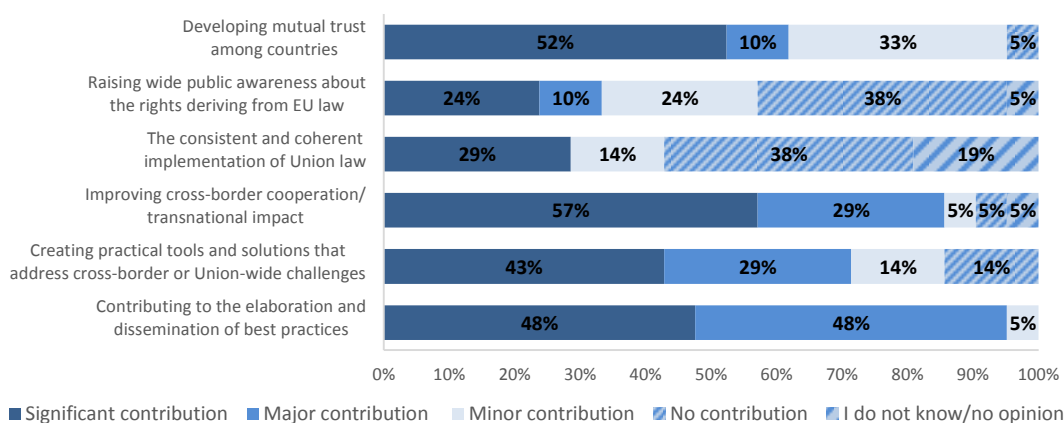
Source: Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

Other forms of value that the programme brought were the “EU brand”, i.e. a higher visibility and interest among policy-makers, practitioners and the wider public, that the projects generated, and the fact that it provided funding at a time when limited funding was available via other channels (e.g. national, regional). Indeed, the majority of the project beneficiaries (86%) indicated that their projects would not have been implemented without EU funding.

### 7.3.2 Added value for the EU (achieving EU objectives)

The implementation of DPIP projects also contributed to the achievement of EU objectives, as demonstrated by the online survey results. Overall, the specific benefits of the transnational partnership, as mentioned above, facilitated reaching the goals set by the EU. **Error! Reference source not found.** illustrates that the majority of survey respondents reported that the projects/ activities implemented made a significant/ major contribution to: the elaboration and dissemination of best practices, improving cross-border cooperation, creating practical tools and solutions that address cross-border or Union-wide challenges and developing mutual trust among countries. On the other hand, survey results also showed that the projects/ activities implemented contributed to a lesser extent to raising wide public awareness about the rights deriving from EU law, as well as to the consistent and coherent implementation of Union law.

**Figure 7.6 Community objectives achieved through the implementation of projects under the DPIP programme**



Source: Survey for the ex-post evaluation of the five DG Justice programmes 2007-2013.

Box 5 illustrates how projects contributed to achieving Community objectives, from the perspective of grant beneficiaries.

### Box 5 Examples of how projects contributed to achieving EU objectives

- *The project mapped which data has been collected within Europe to date. The responses we received from all EU countries unveiled data gaps. These findings were subsequently published in scientific literature. The project was able to collect data and to start documenting patterns and geographical differences across Europe.*
- *The project identified common problems in the five partner countries. Partners hence learned from each other about the similarities and differences across Member States.*
- *The network that we have activated helps to build Europe through our projects.*

Finally, as previously explained, the evaluation showed that, EU funding was essential for the DPIP projects' implementation and hence the achievement of the EU objectives. Therefore, the likelihood to achieve EU objectives – and thus meet the EU Drugs Strategy objectives – without EU funding is intrinsically limited.

## 8 Summary of main findings and conclusions

This evaluation was based on data collected through an extensive review of the project documentation of 51 DPIP projects, an online survey (23 respondents) and five follow-up interviews with grant beneficiaries, review of relevant EU policy documents as well as interviews with Commission officials involved in the programme.

In terms of key characteristics of the programme, the total planned budget for the period January 2007 until December 2013 amounted to €22,332 million. There were three funding mechanisms (action grants, operating grants and public procurement).

Most of the financial support within the DPIP budget was allocated to AGs (just above €13,5 million), with the remainder of the budget committed to OGs to co-finance the annual work programme of non-governmental organisations (€1,8 million) and public procurement contracts (€4,4 million).

DPIP projects were mainly led by NGOs/ national networks (33% of all lead organisations) and universities (24%). The latter were also the most common partners within the projects' partnerships (NGOs/ networks and universities represented 31% each of all partners to DPIP projects). In terms of activities implemented by AGs, these were mainly focused on awareness-raising, information and dissemination activities and analytical activities (31%), followed by mutual learning, exchange of good practices, cooperation (18%) and training activities (12%). With regard to OGs, the most commonly implemented activities were awareness-raising, information and dissemination (27%) and mutual learning, exchange of good practices, cooperation (20%), followed closely by analytical activities (18%) and support to key actors (18%).

### Relevance of the programme

- Overall, the priorities of the calls for proposals and the selected actions were relevant to the objectives of the programme as defined in the legal base. While the general and specific objectives of DPIP were assessed as broadly formulated and too ambitious, the priorities were not only clearly defined but also realistic and attainable. They became an increasingly important tool for the Commission to influence the scope of the funded projects throughout the life of the programme.
- The selected actions were also considered relevant to the programme objectives. All 51 projects had project/ work programme objectives which aligned with the specific objectives of the programme. OGs were aligned only partially with the specific objectives of DPIP.
- With regard to the relevance of the priorities of the calls to policy initiatives, the evaluation found that the annual priorities adequately reflected the most important policy developments in this area.
- At project level, the selected actions appear to have adequately supported policy developments. Procurement contracts were also particularly relevant for policy/ legislative development in this area.
- The programme was overall relevant to the needs of grant beneficiaries (the latter were judged through needs assessments by the grant beneficiaries). The programme is 'unique' in this area and filled an existing gap in funding at the national level. Moreover, the conceptual framework of the programme as well as its priorities fit with the needs of actors working in the drug prevention area.

### Coherence and complementarity

- DPIP showed a high degree of complementarity with other DG Justice programmes (DAP, JPEN, JCIV, FRC), other relevant EU instruments (ISEC, FP7, Health Programme) and EU institutions (EMCDDA) in terms of objectives and thematic areas covered, nature of the programmes and/ or end beneficiaries targeted.
- Such complementarity created both opportunities and risks in terms of implementing overlapping activities on the ground. The work of the Evaluation Committee of DPIP applications, which consisted of experts from most units covering drugs policy within the Commission, was considered as helpful to avoid possible overlap with other instruments.

- At the level of proposals, DPIP does not overlap with the other DG Justice programmes (Daphne III, FRC, JCIV and JPEN) or other EU programmes, namely ISEC, FP7 and the Health Programme. Next to calls for proposals explicitly stating that projects would be ineligible in case of overlap or duplication with other drug-related projects funded under other EU instruments, the themes, priorities and objectives put forward differed.
- At the project level, the document on summaries of projects, as well as other publications on results from projects funded under DPIP (and other EU instruments, e.g. ISEC, FP7, the Health Programme), enabled (potential) beneficiaries to design projects that did not duplicate what had/was being done by others and/or to facilitate, where applicable, the creation of synergies (to achieve greater impact with the available funding).

### Effectiveness

- Overall, DPIP was effective in achieving its general programme objectives, although the impact was overall limited, given the relatively low budget and number of projects funded. DPIP contributed to fostering inter-European awareness-raising and information on drugs and associated harm, in particular among young people and drug users. Furthermore, DPIP-funded actions led to an improved dialogue on drugs, as well as facilitated the exchange of best practice amongst stakeholders, particularly NGOs, social workers, policy makers and drug-experts.
- A few DPIP projects contributed to EU policymaking/ legislative development. Procurement contracts, being specifically aimed at developing and implementing policy and legislation in the drug prevention area, were more effective in this concern and triggered policy debates and steered the policy-making process at EU, but also Member State level.
- The majority of the DPIP projects reached out relevant policy-makers at national and EU level, with different levels of involvement and results.
- At project level, most funded actions achieved their own objectives, in particular thanks to good working relationships with partners and a clear intervention logic with regard to the target group, objectives, method and activities to implement. There were no major obstacles experienced in the realisation of project activities.
- DPIP funded actions also developed tools which were recognised as innovative in different fields, including prevention and harm reduction measures and treatment approaches, research methods or contribution to new research topics to fill knowledge gaps and innovative approaches to provide information and raise awareness among specific and vulnerable groups.
- The implemented DPIP projects/ activities achieved indirect and/ or unexpected positive results, including implementation of additional activities, wider dissemination of outputs and reaching additional target groups than initially planned.

### Sustainability of results

- Considerable efforts were made to disseminate DPIP project results by both the Commission and grant beneficiaries. Overall, the dissemination of DPIP results contributed to increasing the impact of the projects on the ground, in particular as a result of the different dissemination methods put in place, which helped to reach different types of stakeholders (EU and national policy makers, NGOs/ CSOs, social workers, young people and drug experts).
- At programme level, project results were disseminated through websites of other EU initiatives, which also improved the visibility of the programme itself (also demonstrated by increasing number of applications received). Procurement also contributed to the dissemination of projects' results, through production of information material and organisation of dissemination events. However, mechanisms and strategies for dissemination set up by the Commission were not exploited to their fullest potential and only a limited number of projects benefited from these.
- At project level, most actions developed a sustainability and/ or dissemination plan; however, next to published materials and online dissemination, the latter could have involved more active forms of dissemination, for example, a larger number of events organised per project or campaigns. Furthermore, the extent to which project

beneficiaries were effective in securing the sustainability and transferability of project outputs/ activities varied substantially. In most cases, beneficiaries only produced dissemination materials which were circulated amongst partners and target groups within the six months following the end of the funding period.

- Project outputs had a good potential for sustainability. However, only a few projects provided evidence of transferred practices or methodologies. This (contradictory) finding may be partly explained by the fact that transfers generally happen after completion of project activities and are hence not yet described in the final report of a grant.

### Efficiency and scope for simplification

- The funding made available for the implementation of DPIP may not have been entirely sufficient considering the level of ambition of some of the objectives, the very high demand for funding, the high absorption rates of grants and the high numbers of outputs and results achieved.
- Nevertheless, the funding made available under DPIP was sufficient for grants to achieve their own objectives and to make a difference. Furthermore, the implemented projects achieved positive outcomes and impacts which suggests that the amount of money spent was reasonable in comparison to the achievements.
- Overall, the financial resources available were used in an efficient way, judging by the comparison of inputs/ outputs between projects' budgets.
- With regard to the allocation of DPIP funds to the different funding tools, this was logical in spite of some scope for overlap between grants and procurement. Commitments to AGs, OGs and procurement contracts were less than anticipated but in all cases the high absorption rates indicated an efficient use of resources.

### Scope for simplification

- In general, grant beneficiaries were satisfied with the Commission's management of the programme which improved with the change from DG JLS to DG JUST. However, the application and reporting requirements were complex which affected the efficiency of the programme. For example, the financial reporting requirements were perceived as burdensome and time-consuming, especially by small organisations with limited resources.
- Some improvements could be made to the way in which the Commission communicates with applicants and grant beneficiaries, as well as the application and reporting requirements.
- Finally, some interviewees felt that the focus of the Commission was on the procedures/ process rather than on the effects and impacts of the projects in terms of monitoring and reporting.

### EU added value

- The EU nature of the programme brought added value to most of the grant beneficiaries:
  - The main added value of DPIP for most grant beneficiaries related to its transnational dimension. The latter supported/ enabled organisations based in different Member States to implement prevention/ information activities and thus contribute to preventing/ reducing drug use/ dependence.
  - While the main lead organisations of DPIP projects were based mainly in Italy, the UK and Germany, the transnational partnerships increased the geographical coverage of the programme as well as the scope for dissemination of (good) practices between Member States. The partnerships also contributed to promoting transnational learning and improving the visibility of the implemented actions as well as to the identification of information gaps and common issues in the area of prevention and fight against drugs.
- The nature of the programme brought added value to the EU in pursuing its objectives. The partnerships built within DPIP improved cross-border cooperation, contributed to the exchange and dissemination of best practices and information, developed mutual trust among Member States and supported the creation of practical tools and solutions to address Union-wide challenges.





## **Annexes**

Annexes are provided as a separate document