
1. How is evaluation useful?

Because the drug phenomenon, its causes and consequences are both complex and serious an evaluation of policy is particularly useful in this field. In permitting a reasoned value judgement of the effects of public action, in other words, a judgement based on a scientific basis, evaluation helps identify needs, improve selection, planning and implementation of responses and a more rational allocation of resources. It also avoids excessive hopes, which are sometimes unduly placed on particular measures before knowing exactly what the effects will be.

In this respect, evaluation can provide a basis for a more well thought-out and less heated debate.

Evaluation is gradually coming to be accepted as a necessary condition for action in Europe, at least in terms of statements and intentions. Evaluation of the various kinds of intervention (prevention, treatment, etc.) and legal responses has gained considerable ground in recent years. While there is still much progress to be made, there is now a substantial body of literature that scientifically documents the successes and failures of particular responses.

Many of the strategies and plans drawn up by European Union (EU) Member States also state that evaluation of the implementation of policy, its effects and the costs incurred in achieving these effects (efficiency) should become a priority. Some Member States have launched vast programmes for the evaluation of policies implemented, often contributing for the first time to the accountability of the State to its citizens for what it does, how it does it and the results it achieves. As such, evaluation is not only an activity which makes it possible to improve the effectiveness and efficiency of public action, but also a response to a demand for transparency which civil society has long and legitimately demanded in modern democracies.

2. Evaluation and the European Union drug strategy and action plan

The EU strategy and action plan (2000–2004) are no exception to this trend: for the first time, evaluation is laid down as a priority objective in these two documents. While this is a legitimate objective that reflects a very widespread practice in many other EU actions, in this case the task is far from easy.

Firstly, the link between the strategy and the action plan is not as evident as it should be.

Strategy sets common guidelines, while the action plan translates them into more precise actions and objectives. There should, therefore, be continuity and coherence between these two documents, which is not always the case here.

Moreover, some of the stated objectives remain very general, and there are no criteria for measuring the degree of success or failure of the strategy and action plan in achieving these objectives.

Secondly, as the evaluation mandate is wide-ranging, with no specific resources being provided to match, the strategy and action plan, which remain non-binding instruments, must be evaluated in their entirety, in other words, in all fields of action and to a highly ambitious degree. Evaluation must fulfil three objectives:

1. Evaluation of the extent to which the actions laid down in the strategy are implemented;
2. Evaluation of the extent to which implementation of the plan meets the objectives of the strategy; and
3. Evaluation of the effects on the drug phenomenon.

While the first objective has already been the subject of a mid-term evaluation, the other two are the main objectives of the final evaluation, scheduled for the last quarter of 2004.

To meet these ambitious challenges, the Commission, which is responsible for evaluation, has set up a steering group, as requested by the EMCDDA, which includes representatives of the Member States, European Parliament, Europol, the EMCDDA, and a number of Commission Directorates (Eurostat, JAI, SANCO).

This steering group has met on four occasions to draw up rational and reasonable specifications (determining the tools and methods) and to monitor the evaluation process as a whole.
3. Tools for evaluating the strategy and action plan

Evaluating the effects of a policy on the phenomenon in question inevitably involves facing formidable technical and scientific obstacles. It presupposes being able to establish, on scientific grounds, a causal relationship between the measures taken and developments in the phenomenon between two dates. As is generally the case in the social sciences, however, this causality is particularly difficult to establish given that other factors (economic and social changes, other public policies, and so on) can be the cause of the changes observed.

Aware that these general difficulties also apply to the evaluation of the strategy and action plan, the steering group sought to place the exercise in a framework which would ensure that such difficulties are taken on board from the outset and that realistic objectives would be set. To that end, a number of tools were created with which to approach the three ambitious objectives assigned to the evaluation of the action plan.

It was decided that the estimation of the degree of plan implementation (phase 1) and success in meeting the objectives of the strategy (phase 2) should be based on (a) questionnaires sent to the Member States and European institutions to obtain details of actions implemented and (b) thematic papers drawn up by the EMCDDA (see box) describing the main achievements in the priority fields of action under the plan.

For phase 3 of the evaluation, the impact on the drug phenomenon, the EMCDDA and Europol have developed a tool (the “snapshot”), which describes the relevant aspects of the epidemiological situation of drugs together with the main responses in 1999 and in 2002–2003 (data published in 2004), with the aim of discerning trends between these dates. Obviously, the indicators and descriptors were chosen to shed as much light as possible on the six targets set by the strategy and plan. However, it is not possible here to make an impact evaluation (linking causally policy and situation) on the basis of quantitatively aggregated data alone. The same interpretative constraint also applies to the findings of the Eurobarometer carried out on behalf of the Commission: a comparison of the 2002 and 2004 “snapshots” of the views of Europeans, especially young Europeans, may be interesting, but it is not possible to see these opinions and attitudes as being the direct consequence of policies implemented in the EU, particularly preventive policies.

Yet the fact remains that, for the first time, detailed information on trends will be available. Has the recent prevalence of drug use among young people increased? Has there been an increase in drug seizures? Has there been an improvement in the availability of treatment? These are just some of the questions to which these tools should provide answers. There is no doubt that this information and these summaries will provide a sound, unique basis to help define needs, efforts and priorities, at national and European level, over the coming years.

4. Developing national evaluation practices

This evaluation exercise will not be fully effective until it can draw on evaluations implemented at national level. This is firstly because most actions which can have a direct impact on the phenomenon are the sole competence of the Member States. It is also because the EU strategy and action plan do not necessarily cover all national initiatives: depending on what it sees as its priorities, each Member State implements specific actions, and these must also be evaluated. In such situations, an evaluation of the EU strategy and action plan can only be subsidiary to the national evaluation.

The Member States should therefore develop their own evaluation capacities. Measuring effectiveness must be based on an affirmed political will which grants a mandate and appropriate resources. This presupposes that Member States set clear and precise objectives for their action plan and a realistic timetable for implementation. It also presupposes developing activities for gathering pertinent information, as well as implementing research programmes and ad hoc studies of the phenomenon, its causes and consequences.

Systems for the routine observation of the phenomenon play a key role in evaluation by, throughout the implementation process, providing knowledge that can permit regular adjustments to public action. They also help estimate the initial and final situation and measure the efforts undertaken and those yet to be undertaken.

Considerable progress has been made in this field by the EMCDDA and the network of national focus points: after 10 years of hard work, reliable, objective and increasingly comparable information has been gathered, processed and
analysed on the epidemiological situation, responses and policies. We can now form both an overview of the phenomenon in Europe and a more precise picture of particular EU regions.

These efforts must be sustained. A rapid estimation of the implementation of EMCDDA indicators and descriptors shows there is much progress to be made, especially in terms of data comparability. This is particularly true for States that are now joining the EU. Without perseverance and the appropriate resources, the European snapshot will remain incomplete in many regions and on many subjects. At stake here is the quality of the diagnosis of the status of the phenomenon and our ability to make the action implemented more effective.

5. Integrating the evaluation in the process of political decision-making

There is more to evaluation than observation and monitoring. This is because evaluation implies a value judgement on the basis of information and analyses obtained using scientific methods. This judgement presupposes prior agreement on the underlying criteria and their respective weighting.

It is also crucial to include the evaluative judgement in the process of political decision-making. There can be no evaluation without either knowledge or institutionalisation. Evaluating is not just establishing a normative judgement on the basis of cognitive elements; it also involves creating and institutionalising links between science and policy making. What is known as the evaluation device is not limited to the evaluation protocol (the body of technical and scientific conditions), but also includes the defining of relations between those who commission the evaluation, the steering group and the evaluation team – and even, with a view to a pluralist evaluation, all the other actors involved in the public action, including the final recipients and citizens in general.

One must nevertheless be careful not to make the mistake of thinking that science alone can dictate political decisions. Simply because this is rarely the case: the findings of evaluations are not always exhaustive, do not remove all ambiguities and include a large measure of uncertainty. Frequently, they open the door to several possible rational scenarios. An intervention can be optimal from an economic point of view, but costly from a social point of view. Who should be the judge? Certainly not just the scientists or evaluators.

6. Evaluation as the source of a reasoned strategy

To evaluate properly, one can start by creating conditions favourable to the future evaluation. The exercise must be given a framework, in other words, constraints and limits, while at the same time accepting that not everything can be evaluated and concentrating efforts and resources on what can be evaluated. Documents that can be evaluated must also be drawn up so that the objectives are coherent, realistic, clear and precise. They must also be verifiable, in other words, linked either to quantitative data or indicators, or to qualitative data known as descriptors.

This presupposes that when setting objectives and targets, those responsible for deciding the strategy and action plan should take into account existing information systems as well as those to be introduced to monitor the priorities adopted. They must also provide the mandate and resources necessary for the conceptualisation and implementation of these new instruments for gathering information.

This does not mean, however, that the political decision must be subordinated solely to the technical and scientific constraints of information systems: everyone knows there are unavoidable political objectives, of which it is difficult to estimate the direct impact on the drug phenomenon, for example the need to ‘improve inter-institutional cooperation’.

It is also necessary to harmonise the political agenda, i.e. the decision-making agenda, and the scientific agenda, i.e. evaluation. The time required to collect and process information must be anticipated; otherwise, as is the case for the current strategy and plans, the interlude between the initial situation and the benchmark situation for the final evaluation may prove too short for the possible full impact of the strategy and plan to be apparent.

It may be useful to carry out a mid-term evaluation of the next plan (the duration of the plan permitting) which, by using data supplied to evaluate the previous plan (2000–2004), could provide sufficient distance from the evolution of the phenomenon to be able to adjust the priorities adopted if appropriate.

Finally, in fundamental terms, the new strategy and plan must take into account the change in perspective which comes with enlargement. Firstly, because it is likely that certain aspects of the phenomenon in the new Member States will require particular attention and effort and secondly, because, on certain subjects, such as drug trafficking or Aids, the situation in the 25 Member States is quite likely to pose problems on a different scale than in the current 15 Member States.

However, as the current evaluation of the EU strategy and action plan only concerns the 15 Member States, as they are the only ones to which the strategic documents relate, information on the situation and on the responses and policies adopted in the other 10 Member States must be collected and serve as an additional basis for the diagnosis (ex ante evaluation) of the phenomenon in an enlarged EU. It is on this condition that the new strategy and plan can rise to the challenges that lie ahead.
Conclusions

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

2. The evaluation of the EU strategy and action plan is complicated by a number of constraints, but for the first time, at the end of 2004, the European institutions and Member States will have pertinent information on the progress achieved between the beginning and end of the action plan, as well as on efforts yet to be made.

3. The Commission, with the support of Europol and the EMCDDA, has implemented an original evaluation device making it possible not only to measure the degree to which the actions foreseen in the plan have been implemented, but also to discern trends over the period in question.

4. To be fully effective, the European Union’s evaluation device must be able to draw on an evaluation of the policies implemented by the Member States. This presupposes that the Member States will seek to provide their action plans with clear and precise objectives, a realistic timetable for implementation, information and evaluation tools, and appropriate resources.

5. The evaluation must also be situated within the political decision-making process. It is a tool in the service of political decisions, making it possible to identify the implications and challenges of future programming and evaluation exercises and to communicate them to entitled persons.

6. When the European legislators set the objectives and targets of the new strategy and action plan, they will have to take into account the results of the evaluation exercise and monitor the priorities adopted by means of a device providing adequate indicators. They will also have to take into account the change in perspective linked to European Union enlargement.

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