ANNEX

TABLE OF PARAMETERS

Europol file NR 2564-144 Annex 1.
NOTES

1. In order to properly assess the different Strategy Targets, the indicators should not be used separately but in combination.

2. Due to constraints (mentioned in the table) the expected outcome will, in many cases, be hindered. This is particularly due to the fact that crime is by nature a hidden activity that only can be assessed in as far as it has become known to the authorities.
European Union Strategy Target 1: to reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.

<table>
<thead>
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</table>
| Drug use in general population (EMCDDA key indicator) | 1. Prevalence in general population and school surveys:  
- recent use (Last Year, Last Month)  
- cannabis and (less precision) cocaine, amphetamines  
1999-2004 comparison possible only in some countries  
2. Initiation to drug use (incidence):  
- age first use of cannabis (very limited data on other substances)  
In a few countries only. Planned but not yet available in others.  
Age ranges to be monitored  
- General Population surveys: 15-24 years  
School surveys: 15-16 years | • EMCDDA annual report;  
• Re-analysis of Reitox Standard Tables (General Population and School surveys);  
• Analysis of available data for  
- Detailed prevalence data  
- Incidence data | • Lack of national surveys in some MS  
• No surveys in 1999 (+/- 1 year) in other MS  
• Incomplete data on recent drug use in Reitox tables  
• School survey data depends on ESPAD in 2003  
• Lack of incidence data in many MS  
• Age group (<18 years) presents methodological and content problems  
Assumes substantial development of EU survey Databank | EU-wide overview of drugs consumption, in particular among young people, patterns of consumption. |
| Prevalence of problematic drug use (EMCDDA key indicator) | • Prevalence estimates of numbers of ‘problematic drug users’ per 1000 population aged 15-64  
2. Changes over the time in other indirect indicators that may reflect the prevalence or incidence of problem drug use (will vary between MS depending on the availability and quality of existing data). | • EMCDDA annual report;  
• Statistical modelling on routine data from different sources (treatment and other medical sources, arrest data, deaths, infections etc.)  
• re-analysis of information provided by National Focal Points in national reports and Standard Tables. | • Current quality of estimates permits assessing only very large changes in prevalence, due to large uncertainty ranges;  
• Improvement necessary through (local) incidence estimates and studies among problem drug users.  
| EU-wide overview of ‘problematic drug use’. |
| Primary prevention in schools (EMCDDA core data) | 1. Number of countries where prevention is included in school curricula.  
2. Number of schools covered by prevention programmes.  
3. Number and degree of detail of available programme material.  
4. Number of minimally evaluated programmes with their outcomes. | • EMCDDA annual report.  
1. numeric.  
2. numeric.  
3. numeric and qualitative typology of contents.  
4. numeric and assessment of available outcomes.  
5. cross 1 and 2: indicator of policy implementation.  
6. cross 2 and 4: indicator of evidence-based prevention policy. | 1. Not all member states report on this.  
2. Not all MS report truly.  
3. Not available in all MS.  
4. Little outcome info.  
| EU-wide overview of school prevention responses. |
| Primary prevention in local communities (EMCDDA core data) | 1. Number of minimally evaluated programmes with their outcomes.  
2. Degree of conceptualisation of "community programme". | • EDDRA and Annual report.  
1. numeric and assessment of available outcomes.  
2. qualitative typology of contents and definitions. | 1. Little outcome info  
2. Not all member states report on this  
| EU-wide overview of community prevention responses. |
European Union Strategy Target 2: to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.

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<tbody>
<tr>
<td>1. Drug related infectious diseases (EMCDDA key indicator)</td>
<td>1. Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs) from different sources (e.g. IDUs in drugs treatment, prisons, low-threshold services, street-recruited samples)</td>
<td>1. Collect routine data from MS through standard tables (guidelines)</td>
<td>• Available data mostly limited to local or selected sources. Only some trend data available.</td>
<td>EU-wide overview of health related damages among drug users</td>
</tr>
<tr>
<td></td>
<td>2. AIDS incidence rates related to injecting drug use in the general population</td>
<td>2. Collected centrally by EuroHIV (France)</td>
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<tr>
<td>2. Drug related deaths and mortality (EMCDDA key indicator)</td>
<td>1. Acute Drug-related Deaths (numbers, rates, proportional change relative to index year) in - General Mortality Registries - Special Registries In some MS by substance and age In general with 1-3 years delay in reporting</td>
<td>• Reanalysis of Reitox Standard tables on D-r Deaths • Analysis of D-r Deaths standard database (in development) • Analysis of mortality cohort database (highly complex method) Combination of DRD and Mortality with - Prevalence estimates of problem drug users. - Overall mortality (all deaths related to drug use, such as AIDS, accidents…)</td>
<td>• Complex and changing international standards (ICD-9 and ICD-10) • Delay in data reporting, especially General Mortality Registers • Only some MS or cities have mortality estimates • Lack of overall estimates of mortality rates • Assumes substantial development of DRD standard database</td>
<td>EU-wide overview of drug related death.</td>
</tr>
<tr>
<td></td>
<td>2. Mortality rate (all causes, and by cause of death) among groups of drug users. In some cities or countries</td>
<td>• not available in all MS, not very exhaustive • info from few MS</td>
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<tr>
<td>3. Outreach Work (EMCDDA core data)</td>
<td>1. concepts and approaches existing in MS 2. typology of on-site pill testing interventions</td>
<td>1. qualitative typology of contents and definitions 2. qualitative typology, numeric</td>
<td></td>
<td>EU-wide overview of outreach responses.</td>
</tr>
<tr>
<td></td>
<td>1. qualitative typology of contents and definitions 2. qualitative typology, numeric</td>
<td>2. info from few MS</td>
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</tbody>
</table>
| 4. Needle exchange (EMCDDA core data) | 1. estimations of syringes distributed  
2. mode of distribution | 1. numeric  
2. numeric and qualitative typology of services | Not all member states report on this. | EU-wide overview of needles exchange responses. |
|--------------------------------------|-------------------------------------------------|---------------------------------|---------------------------------|-------------------------------------------------|
| 5. Early health responses  
(EMCDDA core data) | 1. Availability and typology of secondary prevention interventions. | Comparative analysis (qualitative and quantitative). | Not available in all MS. The target, not (yet) problematic drug users, is hardly accessible by established EMCDDA information sources (treatment and law enforcement agencies). | EU-wide overview of early responses. |
European Union Strategy Target 3: to increase substantially the number of successfully treated addicts.

<table>
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<tbody>
<tr>
<td>1. Demand for treatment (EMCDDA key indicator)</td>
<td>Key Indicator does not provide a straightforward performance indicator for this target. Conceptual work on definition of successful treatment is at starting point with REITOX partners. Some useful sub indicators (not readily available) could be: - Proportion of problem drug users admitted to treatment. - Retention of clients in treatment - Compliance of clients with some treatment outcomes (decreased illicit drug use, reduced criminal behaviour, improved labour status, etc.) Sub indicators based on the Key indicator: • Annual number of admissions to drug treatment • Annual number of new admissions (&quot;first treatments&quot;) to drug treatment • Profile of clients starting treatment (age, gender, drug, injection) Annual numbers are based on variable coverage of treatment centres. Careful monitoring of changes is needed.</td>
<td>• In-depth analysis of Treatment Demand standard database (in development) in terms of: - Number of clients treated (overall and first treatments) - Profile of treated clients Combination of number of treatment admissions and profiles with: - Availability and types of treatment facilities - Prevalence estimates of problem drug users - Population prevalence estimates</td>
<td>• Variable coverage of treatment centres (lack of reliable estimates of number of admissions) • Lack of estimates of ALL people IN treatment • Lack of reliable outcome indicators • Assumes substantial development of Treatment Demand standard database</td>
<td>EU-wide overview of treatment responses.</td>
</tr>
</tbody>
</table>
| 2. Availability of treatment facilities (EMCDDA core data) | 1. Services offered and their characteristics,  
2. Objectives,  
3. Admission criteria,  
4. Co-ordination between services.  
5. Evaluation of treatment services  
6. EDDRA and QED entries | 1. Numeric and qualitative data. Combining this with prevalence figures gives a picture on coverage of treatment services.  
2. Description.  
3. Listing of criteria’s.  
4. Qualitative overview of co-ordination mode.  
5. Numeric and qualitative data. Combining this with point 1 one gets an overview of to what an extent treatment policies are evidence-based.  
6. Analysis of EDDRA and QED entries | This information is not available from all Member States, and when available, the information is often not very exhaustive. |
**European Union Strategy Target 4: to reduce substantially over five years the availability of illicit drugs**

<table>
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<tr>
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<th>Expected outcomes</th>
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</thead>
<tbody>
<tr>
<td>1. Statistical information</td>
<td>Per type of illicit drug:</td>
<td>National statistics</td>
<td>No harmonised database on seizures (C2)</td>
<td>EU-wide overviews on various aspects of illicit drugs, including seizures and prices of drugs.</td>
</tr>
<tr>
<td></td>
<td>▪ Volume of drug production (C1)</td>
<td>▪ Reports by international organisations e.g. INCB, UNDCP</td>
<td>No collection in all Member States of data on the number of disrupted groups (C2); purity of drugs (C2) and contents of tablets: (C3)</td>
<td>Primary indication on availability when combined with other parameters.</td>
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<tr>
<td></td>
<td>▪ Estimated volume of general importation-exportation (C1)</td>
<td>▪ EU Situation Report on Drug Production and Drug Trafficking</td>
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<td></td>
<td>▪ Seized quantity (C1)</td>
<td>▪ REITOX national reports</td>
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<td>▪ Number of seizures (C1)</td>
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<td>▪ Wholesale prices (C1)</td>
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</tbody>
</table>
| 2. Strategic information | • Level of international co-operation (C1)  
|                         | • National Strategies (C1)  
|                         | • Number of OC groups involved in  
|                         | drugs in the EU (C1)  
|                         | • Member States’ reports  
|                         | • EU Situation Report on Drug  
|                         | Production and Drug Trafficking  
|                         | • EU Situation Report on  
|                         | Organised Crime  
|                         | • No harmonised criteria (e.g. hard facts  
|                         | versus intelligence) (C3)  
|                         | • Not all Member States collect data (C3)  
|                         | • Not all Member States have national  
|                         | drug strategies (C3)  
|                         | • EU-wide overview on drug policies,  
|                         | their implementation, the level of  
|                         | international co-operation and of  
|                         | drug-related organised crime  
| 3. Market information | • Consumption levels (C1)  
|                         | • Attractiveness of drugs  
|                         | • Street prices (C1)  
|                         | • Medical indicators: drug-related  
|                         | deaths, first-time consumers; treatment  
|                         | • Surveys in Member States  
|                         | • REITOX National overviews  
|                         | • EMCDDA reports  
|                         | • No uniform standards or collection  
|                         | models (C2)  
|                         | • An EU-wide survey on alcohol and  
|                         | drugs is in a planning phase C2)  
|                         | • Data on degree of difficulty to obtain  
|                         | drugs are only available in a few  
|                         | Member States. The EMCDDA is to  
|                         | develop an indicator on availability of  
|                         | drugs at street level. (C2)  
|                         | • Questions on accessibility to drugs to  
|                         | be included in population survey  
|                         | questionnaires (C3)  
|                         | • There should be a mapping of existing  
|                         | information and production of regular  
|                         | data on availability (C3)  
|                         | • A monitoring system based on regular  
|                         | reports by a network of key-informants  
|                         | (law enforcement officers, drug users,  
|                         | outreach workers, etc.) should be  
|                         | developed (C3)  
|                         | • EU-wide overviews on drug  
|                         | use, including drug deaths and  
|                         | street drug prices.  
|                         | • Primary indication on drug  
|                         | availability when combined  
|                         | with other parameters.  
|
## European Union Strategy Target 5: to reduce substantially over five years the number of drug-related crimes

<table>
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</table>
| 1. Statistical information | ▪ Type and number of offences  
▪ Number of arrests | ▪ National crime statistics  
▪ National surveys  
▪ REITOX national reports | ▪ Data may reflect priorities of Law Enforcement and not necessary a valid picture of drug related crimes  
▪ No definition of drug related crime (C3)  
▪ Limited availability of relevant data (C3)  
▪ Number of investigations (C3) | (limited) EU-wide overview |
| 2. Strategic information   | ▪ Existence of national strategies  
▪ Priorities in law enforcement  
▪ Introduction of new legislation  
▪ Level of international co-operation  
▪ Threat assessments | ▪ National surveys on the level of drug-related crime  
▪ Member States’ reports  
▪ REITOX national reports | ▪ Limited availability of relevant data (C3)  
▪ Methods to systematically analyse drug law offences by type of drug and type of offence should be developed (C3)  
▪ Methods to estimate the incidence of revenue-raising crimes and implement them should be developed (C3)  
▪ Indicators should be developed with a view to the systematic and standardised collection and analysis of supply-related crime. (C3) | (limited) EU-wide overview |
| 3. Social information      | ▪ Level of drug use amongst criminal populations (arrestees, prisoners)  
▪ Level of provision and characteristics of alternatives to prison | ▪ National surveys and reports on  
- Community feelings  
- Public opinion – public fears  
- The level of provision and characteristics of alternatives to prison  
▪ REITOX national reports | ▪ Data on crimes linked to drug use such as public nuisance and property crime and the link between drugs and acquisitive crime are not always available (C2)  
▪ The influence of the prison population on drug-related crime is hardly measurable (C3)  
▪ Regular on-the-spot study on drug-related public nuisance should take place(C3)  
▪ Information on alternatives to prison and assistance to drug users in prisons should be developed(C3) | (limited) EU-wide overview |
### European Union Strategy Target 6 first part: to reduce substantially over five years money laundering

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</thead>
</table>
| 1. Statistical information | - Number of suspicious transactions  
  - Assets seized  
  - Number of investigations | - National statistic  
  - National assessments | - Often, it is hard to establish a link between money laundering and a drug offence  
  - Some Member States introduced a system of unusual transactions that is not accessible to law enforcement | (limited) EU-wide overview |
| 2. Strategic information   | - Threat assessments  
  - Financial flows  
  - Introduction of financial Legislation  
  - Priorities in law enforcement  
  - The level of international co-operation | - National Statistics  
  - Case studies  
  - Member States' Reports  
  - data arising from community bodies and private sector, (i.e. EUROSTAT and CEFIC) | - Availability of relevant information | (limited) EU-wide overview |
### European Union Strategy Target 6 second part: to reduce substantially over five years illicit trafficking of precursors

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</thead>
</table>
| 1. Statistical information | • Number and volume of seizures  
  • Number and volume of stopped shipments  
  • Prices of chemicals  
  • Number and production volume of discovered illicit laboratories | • National statistics  
  • National Situation reports  
  • EU Situation Report on drug production and drug trafficking | Limited availability of law enforcement activities and other data (C3) | (limited) EU-wide overview |
| 2. Strategic information | • Threat assessments  
  • Legislation on precursors  
  • Level of international co-operation  
  • State of MOUs with the Industry  
  • Level of production and import in the EU | • Member States' reports  
  • Phare Training Programmes | Some Member States are reluctant to give economic data  
  • Legal developments (C3) | (limited) EU-wide overview |
| 3. Information of Regulatory Authorities | • Import flows  
  • Number of licenses  
  • Number of export notifications  
  • Number of export authorisations  
  • Number of voluntary reports by the Industry | • National reports by Customs, other National authorities and Ministries  
  • Reports by OLAF  
  • Data arising from community bodies and private sector, (i.e. EUROSTAT and CEFIC) | Data reflect only the official trade  
  • Data do not include information on pre-precursors | (limited) EU-wide overview |