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COMMUNICATION FROM THE COMMISSION

**on the 2007 Progress Review of the implementation of the EU Action Plan on Drugs
(2005-2008)**

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I. INTRODUCTION

The UN estimates that some 200 million people take or have taken drugs over the last year¹. The estimate for the European Union is that some 25 to 30 million adults – aged 15-64 – have taken some type of illicit drugs in the last year². This is a historically high level for Europe, even if it has been stabilising in recent years. Illicit drugs are believed to represent the third biggest industry in the world, after oil and arms.

Trends in and patterns of drug use change over time. Heroin still accounts for the largest share of drug dependence and drug-related health damage. Cannabis continues to be the most popular illicit substance, while recent trends show an increased use of cocaine in several Member States. The use of ecstasy and amphetamines seems to have reached its peak and is now stabilising or gradual declining. Poly drug use – the combined use of substances, licit and illicit – poses a growing challenge to prevention and treatment.

The global nature of the problem requires concerted action at European and international level if the steady rise in consumption and production worldwide is to be halted.

There are no simple solutions to this problem. Drug use and trafficking disrupts societies through crime and corruption, but is also a major health determinant for EU citizens, and drug-related infectious diseases (HIV/AIDS, hepatitis) pose major threats to public health in the EU. Faced with the reality of these distressing facts it has for some time been accepted in Europe that an effective response has to look beyond the entirely justified public concern caused by drug consumption. The European Union is therefore committed to an evidence-based approach which focuses on a continuous analysis of the problem and an objective assessment of the public policy response to it. The objective is to come to a better understanding of which policies work best.

This overall approach is reflected in the European Strategy on Drugs 2005-2012³ – endorsed by the European Council in December 2004 as part of The Hague Programme for strengthening Freedom, Security and Justice in the EU⁴ – and the EU Drugs Action Plan 2005-2008⁵ – endorsed by the Council on 8 July 2005.

¹ United Nations Office for Drugs and Crime, 2007

² European Monitoring Centre for Drugs and Drug Addiction, 2007

³ CORDROGUE 77, 22.11.2004

⁴ COM (2005) 184 final, 10.5.2005

⁵ OJ C168, 8.7.2005

The EU Drug Strategy 2005-2012 sets out two overall objectives:

- (1) The EU aims at a contribution to the attainment of a high level of health protection, well-being and social cohesion by complementing Member States' action in preventing and reducing drug use, dependence and drug-related harms to health and society.
- (2) The EU and its Member States aim to ensure a high level of security for the general public by taking action against drug production, cross-border trafficking in drugs and diversion of precursors, and by intensifying preventive action against drug-related crime, through effective cooperation embedded in a joint approach.

The Strategy states that *"By the end of 2012, progress should have been made by all priorities in the fields defined in the Strategy"*.

The Drug Action Plans represent the practical implementation of the Strategy coupled with monitoring and evaluation as essential elements of this process. The Strategy states that *"the Commission will be responsible for the continuous and overall evaluation of the Strategy and Action plan with the support of the Member States, the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and Europol"*.

The EU Action Plan on Drugs (2005-2008)

This is the first of two Action Plans designed to translate the global objectives and priorities of the Strategy into specific actions with identifiable indicators to measure progress.

The ultimate aim of the Plan is *"to significantly reduce the prevalence of drug use among the population and to reduce the social and health damage caused by the use of and trade in illicit drugs"*. It aims to do this by providing a framework for an integrated, balanced approach designed to reduce both supply and demand through a number of specific actions. These have been chosen on the basis of the following principles:

- Actions at EU level must offer *clear added value* and results must be *realistic and measurable*
- Actions must be *cost-effective* and *contribute* directly to the *achievement* of at least one of the goals or priorities as set out in the Strategy
- The *number of actions* in each field should be *targeted and realistic*.

The Commission is requested to present progress reviews to the Council and the European Parliament on the implementation of the Action Plan and proposals to deal with identified gaps and possible new challenges.

A first Progress Review, covering 2005-2006, was produced by the Commission as a staff working paper⁶ and endorsed by the Council in its conclusions of 4 June 2007⁷.

This Communication contains the conclusions of the 2007 Progress Review, with a detailed report on the implementation of the Action Plan in annex.

The Commission will conduct a final evaluation in 2008 and propose a new Action Plan. The next Action Plan will be guided by lessons learned from the experience of the past three years.

II. METHODOLOGY

⁶ SEC (2006) 1803
⁷ CORDROGUE 32, 4.6.2007

In the preparation of this Progress Review the Commission was assisted by the Member States, the EMCDDA and Europol. The assessment for 2007, covering the period between the second half of 2006 and the first half of 2007, follows the chapter structure of the Action Plan.

Responsibilities for actions and deadlines are clearly indicated in the Plan. To keep implementation on track, the targets whose deadlines have passed or are unlikely to be met will be subject to recommendations for their implementation or flagged for failure to implement. The Action Plan provides a set of *indicators*⁸ and/or *assessment tools*⁹ for each objective and action.

The output for objectives and actions that have reached their implementation deadline has been analysed. Ongoing actions are reported on. A conclusion is provided for each objective in the Action Plan. For eleven objectives and actions the deadline for completion is 2008 and will be assessed in next year's final evaluation.

III. MAIN FINDINGS FROM THE 2007 PROGRESS REVIEW

Although the 2007 Progress Review shows that most objectives are on track, many actions need further work in order to comply with the Action Plan. A summary of the main conclusions of the detailed report is annexed to this Communication.

3.1 Coordination

EU Presidencies increasingly plan their drug policy agendas in line with priorities set out in the Action Plan, and coordination takes place between past, present and future Presidencies. Coordination between the Horizontal Working Party on Drugs (HDG) and other relevant Council Working Parties has improved.

Feedback from Member States on the implementation of the Action Plan needs to be improved. One suggestion might be to appoint a '**Drug Action Plan correspondent**' in each delegation to the HDG responsible for coordinating the flow of information on the implementation of the Action Plan.

The annual Progress Reviews show that **Member States' drug policies and approaches are converging to a certain extent**. This enables the EU, for example, to speak more often with one voice in external relations when it comes to drug-related matters.

Twenty-five Member States have one or more designated coordinators or coordinating bodies in the field of drugs at national level. Even if it is difficult to assess whether or not these drug coordination mechanisms are 'fully operational', the presence of a coordinating entity at national level is in itself **an acknowledgement of the crosscutting nature of drugs as a policy area** and of the need for a balanced approach in this field. All Presidencies of the HDG have called meetings of the National Drug Coordinators and the agendas reflect the EU Action Plan on Drugs 2005-2008.

The need to involve civil society in EU drug policy making was highlighted in the EU Drug Strategy 2005-2012. The **establishment of a Civil Society Forum on Drugs by the end of 2007** is the visible outcome of the consultation process that was started in 2006. The Commission is confident that the Forum will facilitate effective communication with civil society.

As to the mainstreaming of drug policy into external relations, all agreements between the EU and third countries that were under negotiation or concluded in 2006 contain substantive articles on drugs cooperation. Third countries should assume ownership of collaborative **activities by**

⁸ An **indicator** is a tool by which the progress or achievement of an action or objective can be measured.

⁹ An **assessment tool** is a means by which this progress or achievement of the implementation of an action can be verified.

assuming responsibility for their own policies and for the implementation of collaborative projects. This is an important condition for the successful implementation of these agreements.

3.2 Demand reduction

The EU is moving forward in developing a **holistic and pragmatic response to the social and health harms posed by drug use.** It continues to expand evidence-based best practices in drug prevention, early intervention, treatment, rehabilitation, social reintegration and harm reduction. All Member States subscribe to the policy of monitoring and evaluating their drug-related activities, although there is still a need for development in terms of methodologies and the number of evaluations carried out.

A Commission report on the implementation of the Council Recommendation on *'the prevention and reduction of health-related harm associated with drug dependence'*¹⁰ shows that **harm reduction is now a well-established part of drug policy in all EU Member States.** Furthermore, there is a steadily growing evidence base that supports harm reduction interventions. Nonetheless, harm reduction measures are far from being uniformly applied across EU countries.

Opioid substitution treatment is one of the main treatment options in the EU Member States and is supported by **a large and growing body of research evidence** which shows that it can effectively reduce opiate use and risk behaviour. These programmes are also effective in increasing treatment retention and can help to stabilise and improve the health and social conditions of chronic heroin users. As new patterns and trends in drug use in the EU emerge, the range of prevention and harm reduction activities as well as treatment and rehabilitation facilities and services needs to adjust to new types of needs of clients. Regardless of the balance of these elements in the different national policies, there is clear agreement that a co-ordinated and comprehensive public health approach, including harm reduction, is vital to reduce the spread of infectious diseases among drug users.

Drug-related death is clearly the most serious form of drug-related harm to society and calls for continuous monitoring and action to introduce and strengthen, in particular, effective harm reduction and reintegration measures.

There has been clear progress throughout the EU on coverage of, and access to, drug services, and it is important to continue to develop these services and develop indicators on the effectiveness of treatment and harm reduction measures.

There is a need for quality standards for services and measures ranging from prevention to drug treatment and harm reduction; however, information on the availability of quality assurance mechanisms in demand reduction in Member States is limited. Moreover, the concept of what exactly constitutes a *'standard'* or a *'guideline'* varies considerably across Member States. The detailed report in the annex shows that work is still needed on many aspects of demand reduction in the Action Plan, and that some actions and indicators will need to be fine-tuned to make it possible to measure the impact of those actions.

A wide variety of **alternatives to prison for drug-using offenders** already exists, however it not yet possible to assess their use and/ or effectiveness. Almost all EU countries have measures in place to prevent the spread of infectious diseases, but there is a gap between harm reduction services offered in the community and in prison. This will require further development.

The need to enhance harm reduction measures in prisons was confirmed by the Presidency in its Conclusions on the follow-up to the 2003 Council Recommendation on the prevention and

¹⁰ COM (2007) 199 final

reduction of health-related harm associated with drug dependence. The Commission was asked to *"put forward a proposal for a recommendation on drugs in prison as foreseen in Action 13.2 of the EU Action Plan 2005-2008"*¹¹.

To complement Member States' activities in this field, the **Programme for Community Action in the field of Public Health**¹² (2003-2008) continues to support a range of projects in the field of drug demand reduction, including prevention, harm reduction and treatment. Funding for this kind of activities will continue under the second **Community Action Programme for Public Health (2008-2012)** and will be enhanced by the new **Specific Programme "Drug Prevention and Information"**¹³ (2007-2013) and through the **7th Framework Programme for Research, Technological Development and Demonstration Activities**¹⁴ (2007-2013).

3.3 Supply reduction

EU law enforcement agencies continue to be **very active in detecting and preventing the smuggling of both drugs and drug precursors**. In 2006, the number of cases increased. The Commission, together with Member States, has drafted a guidance document for operators trading legally in precursors that might be diverted to illicit drug production. This document sets out recommendations to help legal traders to detect and report suspicious transactions.

Member States contribute to the Analysis Work Files run by Europol for its ongoing projects COLA (cocaine), MUSTARD (heroin) and SYNERGY (synthetic drugs). In turn, Europol contributes by providing information to Member States' investigations and operations. The Commission has been unable to check on the implementation in the Member States of the **Council Recommendation on the alignment of statistics on seizures of drugs and diverted precursors**¹⁵, which was adopted in 2001. No information is available on its implementation at EU level.

The collaboration between Member States and Europol and Eurojust, by making use of existing instruments, **could be further developed**. At the moment, instruments such as Joint Investigation Teams (JITs) and Joint Customs Operations (JCOs) seem to be used to a limited extent. In 2005 and 2006, only two JITs and four JCOs were implemented. Europol and Eurojust are preparing special training and a manual on the setting up and use of Joint Investigation Team projects.

To date, it has not been possible to identify any major projects at Member State or EU level specifically targeting the financial resources of the illicit drug trade. The Commission recommends that Member States make full use of the Financial Intelligence Units' NET Platform. The Commission is currently preparing a Report on the Council Decision of 17 October 2000 concerning arrangements for cooperation between financial intelligence units of the Member States in respect of exchanging information¹⁶. Likewise, Member States are invited to make greater use of EU funding programmes, such as the **Prevention of and Fight against Crime (2007-2013)**¹⁷ Programme, to investigate links between drug production and the financing of terrorism.

¹¹ CORDROGUE 43, 2.7.2007

¹² OJ L 271, 09.10.2002

¹³ OJ L 257, 03.10.2007

¹⁴ OJ L 412/1, 30.12.2006

¹⁵ 13618/01 STUP 29

¹⁶ OJ L 271, 24.10.2000

¹⁷ OJ L 58, 24.02.2007

In operational terms, seven Member States are now involved in MAOC-N, the Lisbon-based **Maritime Analysis and Operational Centre on Narcotics**. The activities involve close cooperation between law enforcement agencies, judiciaries, and the naval and airborne resources of the Member States concerned, in fighting cocaine trafficking via the Atlantic and West Africa. MAOC-N cooperates with similar agencies in the United States, such as the Joint Interagency Task Force South, based in Florida. The cooperation is based on the logic that the global approach and flexibility of the drug traffickers should be matched by global law enforcement.

Supply reduction is an area where measuring improvement at EU level remains difficult. Most of the actions in this field are measured using **quantitative rather than qualitative indicators** and the data that are available at EU level are often fragmented and difficult to compare. This is partly due to the lack of common standards for data registration and collection, but also to overlaps in reporting structures.

The Commission, in cooperation with Europol and the EMCDDA, intends to assess the issue of supply reduction data in its 2008 final evaluation of the current EU Action Plan on Drugs. The objective is to **determine what are the existing policy needs in terms of law enforcement problem definitions and statistics** and to what extent these data are already or can be standardised and made available at EU level.

Finally, the Council Decision on the information exchange, risk assessment and control of new psychoactive substances¹⁸ was implemented in 2007. **For the first time since the adoption of the Decision in 2005, a risk assessment has been conducted** on a new psychoactive substance, the stimulant 1-Benzylpiperazine (BZP). The assessment procedure culminated in a proposal by the Commission to schedule BZP in accordance with the appropriate legislation. The Council will decide on this proposal after consulting the European Parliament.

3.4 International cooperation

The Strategy on the External Dimension of JHA: Global Freedom, Security and Justice, stresses that cooperation with third countries in these areas is a longer-term effort based on institution and capacity building and one which requires sustained commitment on both sides. The first 2006 Progress Report on the Strategy concludes that progress has been positive and steady, also on topics including drugs.¹⁹

The EU is a key actor in the field of international cooperation on illicit drugs. It is engaged in an active dialogue with the most of the key production and trafficking countries affected by the drug problem and plays a major role in supporting them by means of financial and technical assistance. The EU's commitment to promoting the **balanced approach**, whereby drug demand and supply reduction need to be addressed in tandem, **reflects the fundamental values and principles of the Union** and is seen as an example for other countries worldwide. The balanced approach is also increasingly integrated in the drugs-related articles of the cooperation, association and partnership agreements with third countries.

Action to tackle drugs is regularly discussed in the meetings with candidate and potential candidate countries and with the Commission's European Neighbourhood partners. The candidate countries are increasingly participating in the work of EMCDDA, Europol and Eurojust. The different projects and structures in place allow the EU to **support these countries in developing their capacity to implement the acquis and related action**, e.g. developing national drug action plans and strategies.

¹⁸ 2005/387/JHA, 10.5.2005

¹⁹ Council Document 14366/3/05 REV 3; 30.11.2005

In 2007, the main developments in the field of international cooperation included the first meeting of experts in the field of both demand reduction and supply reduction as part of the "Paris Pact" process on heroin trafficking. There was also an agreement on the review of the 1999 Panama Action Plan between the EU and Latin America and the Caribbean. The Port of Spain Declaration of May 2007 identified new priorities for cooperation in the fields of demand and supply reduction and other areas related to drugs, such as money laundering, and customs, police and judicial cooperation.

In addition, a special partnership with Cape Verde is now emerging in which anti-drugs cooperation features prominently. EU-Russia cooperation in the field of drugs is making progress at the operational level. A Memorandum of Understanding to exchange information and best practice on drug abuse was signed in October 2007 between the Russian Federal Drug Control Service and the EMCDDA. Meetings of the EU Drug Troika took place with the Western Balkans, Russia, and Afghanistan, the US and, for the first time, Ukraine.

The Dublin Group of major donor countries remains a valuable instrument for Member States and the Commission to analyse and exchange views on international drug problems. However, the regional chairs of the Dublin Group should report to what extent recommendations are being implemented. In 2007, the Dublin Group met with Iran - the first time the Group has ever invited a guest to its meeting.

The assistance and amount of spending on drug-related activities and action plans is showing an upward trend.

By the end of 2005, EU international cooperation projects in the field of drugs were valued at nearly € 760 million, making **the EU the strongest player in the global effort against drugs**.

So far, less than half of the EU Member States run assistance projects with third countries, and the Commission, the UK and Germany account for more than 80% of ongoing projects in value terms.

EU funding of drug-related assistance is concentrated on Afghanistan, accounting for almost two thirds of all EU external funding (€ 452 million). The EC's assistance in support of counter narcotics strategies is targeting socio-economic development in a number of provinces in the north and the northeast of the country through rural development, including alternative livelihoods and assistance to the health sector. The EC is a key donor to the Law and Order Trust Fund, the Afghan Reconstruction Trust Fund and a new € 200 million Rule of Law project, launched in 2007.

Assistance to the three coca growing countries in the Andean region accounts for nearly one third of the overall EU funding (€ 220 million). The remainder is spread throughout the rest of the world, particularly in the Mediterranean/Balkan region, South-East Asia, South Caucasus and Central Asia, and involves support for **alternative development** (accounting for two thirds of all assistance) followed by **institution building**, **law enforcement** and **demand reduction** projects.

In 2006 the North-South "drugs" budget line, managed by the European Commission, provided over € 7.5 million to support cooperation along the cocaine trafficking routes from LAC via Africa, a city partnerships initiative between the EU and the LAC in the area of drug demand reduction, a project on EU-LAC intelligence-sharing, another demand reduction initiative in the Southern Mediterranean, the Middle East and South West Asia, and a study on harm reduction in developing countries.

There are a number of global initiatives, also financed from the 2006 budget line and all of them implemented through the UNODC, aiming among others to fund the Global Crop Monitoring System, to provide support to the Paris Pact Process, the UN NGO Drug Forum and to fund an

expert group to consolidate the 10-year assessment of the 1998 UNGASS. In addition, assistance is provided to a UNESCO project, which was started in 2005, to strengthen services and capacity-building provided by NGOs in developing countries in the area of harm reduction.

The EU is increasingly adopting a common position within the United Nations Commission on Narcotic Drugs (CND). One example was the draft EU Resolution on identifying sources of precursors in illicit drug production that was adopted at the CND's 50th session. The EU, acting as a single entity, co-sponsored a further ten CND resolutions in the field of drugs.

The EU intends to continue this positive record on coordination **by maintaining a common position on the UNGASS evaluation in 2008**, and its follow-up in 2009.

The financing provided to UNODC to establish an expert working group on the evaluation of the UNGASS 1998 Declaration is confirmation of the EU's commitment to developing and implementing drug policies at UN level that are increasingly informed by scientific evaluation and based on the best available evidence.

3.5 Information, research and evaluation

The need to base drug policies on sound scientific evidence is greater than ever. This is reflected in the desire of Member States to enhance EU cooperation in the field of drug-related research.

The contributions of Europol and EMCDDA to the EU knowledge base regarding the drug phenomenon continues to be of great value for policy makers and professionals. In 2006 and 2007 both the EMCDDA and Europol delivered a series of reports on drug demand and drug supply in Europe, providing policy makers and implementing agencies with up-to-date information on the drug situation and the responses to it.

However, **the overall picture of drugs-related research in the 27 Member States remains complex and fragmented**, and lacking an overview of the scientific research and cooperation networks and the existing and potential areas of drugs-related research. The Commission will conduct an in-depth comparative analysis of research in the field of illicit drugs which is to be published in 2008.

The Commission's Joint Research Centre (JRC) is placing more emphasis on security-related research in its work programme 2007-2013. In 2007, agreement has been reached at Commission level for the JRC to make itself available to the Member States as a **knowledge base for a potential European network in the field of forensic profiling of illicit drugs**. This would build on current and previous Commission-funded projects in this area.

Other Commission initiatives include the DRUID project to develop reliable roadside drugs-and-driving checks and equipment, and EURITRACK (European Illicit Trafficking Countermeasure Kit), a project to develop a non-intrusive and safe method of detecting illicit materials concealed in shipping containers.

The **Drugs Prevention and Information Programme²⁰ (2007-2013)**, will provide further funding for projects and studies in the field of drug demand reduction and policy analysis.

IV. CONCLUSIONS

There can be no doubt that the EU Drugs Strategy and Action Plans – as a policymaking and implementation process – are creating a dynamic that is bringing the Member States closer together.

²⁰ OJ L 257, 03.10.07

The 2007 Progress Review reveals two important findings.

- (1) Drug policies within the European Union are increasingly converging, while at the same time respecting the individual cultural and political models of the different Member States.
- (2) The evidence-based approach adopted for the Action Plan helps us to identify areas where improvements have to be made.

Although it is too early to anticipate the 2008 evaluation, certain aspects are emerging:

- the collecting or sharing of national data, particular on supply reduction and law enforcement needs to be improved (this was clear from the first annual review in 2006);
- a methodology for positively linking the specific actions in the Action Plan with levels and patterns of drug production, trading and consumption as such is to be developed;
- indicators in the Action Plan should be properly aligned: some indicators do not provide information on the actions to which they refer;
- moreover, **the lack of information and data on the impact the actions have on the drug situation reflects a wider problem of measuring the impact of public policy on specific and complex social problems.** Available data do not always provide a proper insight as to whether the outputs of the Action Plan have had an impact on the problem they are trying to address.

The Commission will further explore these issues during the final evaluation of the EU Action Plan on Drugs 2005-2008. The Commission proposal for the next EU Action Plan on Drugs 2009-2012 will place particular emphasis on a more rigorous matching of specific actions to their indicators and assessment tools.

The annual reviews of the EU Action Plan on Drugs over the period 2006-2007 have strengthened the Commission's firm conviction that drug policies need to be based on objective, best available evidence to achieve effective – and cost-effective – policies; that drug policies should reflect the fundamental values on which the European Union is built; and that they need to combine a proportional but resolute law enforcement effort against illicit trade and production with extensive prevention, harm reduction, treatment and rehabilitation. This is the duty we have to the citizens of Europe.

The Commission recommends the Council to endorse this Progress Review.