

SUMMARY OF THE DRAFT EU DRUGS ACTION PLAN FOR 2009-2012

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Introduction

Drugs are a major concern for the citizens of Europe and a major threat to the security and health of European society.

This action plan is the second in the framework of the EU Drugs Strategy for 2005-2012, which aims to achieve a high level of protection, well-being and social cohesion by preventing and reducing drug use.

All Member States subscribe to the same set of basic principles: that there should be a balanced approach to reducing the supply and demand for drugs, that this should be based on reliable data regarding the nature and extent of the problem, on respect for fundamental rights and human dignity, and — increasingly — on coordinated and crossborder law enforcement aimed at drug traffickers and organised crime.

The first Action Plan (2005-2008) set out over 80 actions to help coordinate major areas of government intervention in the field of illegal drugs, covering public health, law enforcement, customs, criminal justice and external relations. While implementation is often the responsibility of the Member States, the Commission plays an active part in facilitating and evaluating the work in progress, in addition to monitoring anti-drug legislation. Moreover, guided by the lessons learnt over the past four years, the Commission is now proposing a second Action Plan (2009-2012) to be endorsed by the Council.

What has the present Action Plan on Drugs achieved so far?

The current Plan states as its ultimate aim 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*’.

The attached evaluation shows that the objectives of the present Plan have been partly achieved:

- Drug use in the EU remains at high levels. Available data suggest that the use of heroin, cannabis and synthetic drugs has stabilised or is declining but that cocaine use is rising in a number of Member States. The total number of people in the EU who use drugs — or have at some time taken them (‘lifetime prevalence’) — is estimated at 70 million for cannabis, at least 12 million for cocaine, 9.5 million for ecstasy, and 11 million for amphetamines, while at least half a million people are known to be receiving substitution treatment for drugs

like heroin.

- Data available for comparable countries show that the consumption of cannabis, cocaine, and amphetamines in the EU is significantly lower than, for instance, in the US. The same is true for the number of reported HIV infections related to drug injections.
- The evaluation also shows that Member States' drug policies are converging and that there is a shift towards underpinning national policies with action plans.
- Evidence so far shows that the EU is succeeding in at least containing the complex social phenomenon of widespread substance use and abuse in the population, and that it is increasingly focusing on measures to address the harm caused by drugs to individuals and society.
- In terms of international cooperation, there is now better coordination of EU positions in international fora on drugs, as in the UN's Committee on Narcotic Drugs (CND) for instance.

The current Action Plan (2005-2008) is an ambitious exercise. While progress has been made in many areas, weaknesses have also been identified. Even if the quality of information on the EU situation regarding drug use, prevention and treatment has consistently improved, considerable knowledge gaps remain: there is a persistent lack of reliable data on drug supply but also on the scope and outcomes of drug-related assistance to third countries.

How to increase commitment across society to reduce drug use

There is evidence to suggest that one of the more (cost-) effective approaches to deal with drug use is for public services engaged in prevention, treatment, harm reduction and law enforcement, to work together in partnership with voluntary organisations and service providers. In other words, an alliance between citizens and the institutions created by them and for them.

It is time to put the people of Europe at the centre of policy in this field and to get Europe's citizens more involved. As a first step, the Commission helped set up the European Civil Society Forum on Drugs, in 2006. To support the implementation of the EU Action Plan on Drugs, the Commission will, during the life of the next Action Plan, examine ways to mobilise all those who wish to take part for a formal commitment to do what is necessary at their level and with the means at their disposal to reduce the harm that drugs do to people.

An idea to develop in this respect is the formulation of a 'European Alliance on Drugs'. This would be a public commitment that could be made by any citizen or group of citizens to raise awareness on the risks of taking drugs and support best practices in this field.

Towards a new Action Plan on Drugs 2009-2012

The EU Drugs Strategy deals with a complex phenomenon that requires a long-term approach to bring about change. It is centred on the two key dimensions of drug policy, ***drug demand reduction*** and ***drug supply reduction***, complemented by three cross-cutting themes: ***coordination, international cooperation*** and ***information, research and evaluation***.

The new Action Plan on Drugs (2009-2012) identifies the following priorities:

1. Reducing the demand for drugs and raising public awareness

We need to further improve the effectiveness of measures to reduce drug use and its consequences.

2. Mobilising European citizens to play an active part.

The Commission proposes to launch a process of consultation with the Member States and European civil society to work towards the acceptance of a European Citizens' Alliance on Drugs. Such a Alliance would contain a commitment and a set of principles to guide citizens to deal with drug-related issues as they may arise in their immediate environment.

3. Reducing the supply of drugs

4. Improving international cooperation

The effectiveness of EU, the world's major donor in the global fight against drugs and in the struggle for more sustainable solutions to drug cultivation, would benefit greatly from better coordination of national and Community policies.

5. Improving understanding of the problem

We need to increase our knowledge of all aspects of drug use through more and better coordinated research and data, including data on drug-related crime and on the way the illicit drug supply market works.

Proposed actions

1. Coordination

Main priority: more efficient policy development and implementation.

1. Ensure that a balanced and integrated approach, with due regard for fundamental rights, is reflected in national policies and in the EU approach towards 3rd countries and in international fora

2. Ensure effective coordination at EU level

The Council to examine the state of the drug problem once a year, on the basis of the Commission's annual progress review, and relevant annual reports from the EMCDDA, Europol

3. Ensure effective coordination at national level

4. Ensure the participation of civil society in drugs policy

The Commission to seek at least once a year feedback on drugs policy from the Civil Society Forum on Drugs. Member States to involve civil society at all appropriate levels of drugs policy, in accordance with national practices, on the basis of a 'European Alliance on Drugs' designed to mobilise civil society and the public sector in an awareness raising campaign of the risks of drug taking

2. Demand reduction

Main priority: improving the quality and effectiveness of measures to reduce drug use and its consequences, particularly for vulnerable groups.

1. Prevent the use of drugs and the risks associated with it

To systematically make available evaluated universal prevention strategies in different settings (e.g. schools, workplace, and prison). To implement targeted programmes to prevent or delay first use of drugs through evaluated and innovative interventions

2. Prevent problem use of drugs through targeted prevention

To further develop early detection and intervention and implement evaluated selective prevention for vulnerable groups at high risk of developing problem drug use through early detection and intervention on problem use.

To further develop and implement evaluated prevention for specific high-risk groups of (poly-)drug users at risk of progressing to problem drug use, by offering low-threshold access to counselling, problem behaviour management and brief intervention

3. Enhance the effectiveness of drug treatment and rehabilitation by improving the availability, accessibility and quality of services

To further develop and implement evidence-based drug treatment options covering a variety of psychosocial and pharmacological approaches, corresponding to the needs of drug users (including relevant treatment adapted to new drugs or types of use)

To develop and implement rehabilitation and socialreintegration policies and services based on best practices that prevent relapse and reduce social exclusion and stigmatisation

4. Enhance the quality and effectiveness of drug demand reduction activities, taking account of specific needs of drug users according to gender, cultural background, age, etc.

To develop, implement and exchange good practice guidelines/quality standards for prevention, treatment, harm reduction and rehabilitation interventions and services

To develop an EU consensus on quality standards and bench-marks for prevention, treatment, harm reduction and rehabilitation interventions and services taking into account needs of specific groups

5. Provide access to health care for drug users in prison to prevent and reduce health-related harms associated with drug abuse

To develop and implement prevention, treatment, harm reduction and reintegration services for people in prison, equivalent to services available outside prison. Particular emphasis to be placed on follow-up care after release from prison.

6. Ensure access to harm reduction services, in order to reduce the spread of HIV/AIDS, hepatitis C and other drug-related blood-borne infectious diseases and to reduce the number of drug-related deaths in the EU

To systematically provide access to, and improve coverage of, harm reduction services as an integral part of drug demand reduction, making full use of interventions of proven effectiveness where available

3. Supply reduction

Main priority: a measurable improvement in the effectiveness of law enforcement in the field of drugs at EU level. Europol, Eurojust and other EU structures to fully exercise the respective roles for which they were created, in the interest of efficiency, EU compatibility of national initiatives, intra-EU coordination, and economies of scale.

4, International Co-operation

Main priority: Improve the effectiveness of EU cooperation with third countries and international organisations in the field of drugs through closer coordination of policies within the EU. Promoting the consistent

projection worldwide of the European balanced approach to the drugs problem.

1. Systematically include EU drug policy concerns in relations with third countries and regions where appropriate and within the broader development and security agenda, To do so on the basis of strategic planning and coordination between all actors concerned
2. To ensure that EU relations with third countries reflect the objectives of the EU Drugs Strategy and Action Plans, based on the principle of shared responsibility and with due regard to human rights
3. To promote alternative livelihoods to drug cultivation, respecting human rights, involving local communities, taking into account their specific circumstances and needs
4. To present an EU position in the high-level segment of the 52nd CND on the evaluation of and follow-up to UNGASS '98/11, reflecting the fundamental principles of EU drugs policy

5. Information, research

Main priority: improving the understanding of all aspects of the phenomenon of drug use in order to expand the knowledge base for public policy and raise awareness among citizens of the social and health implications of drug use, and to carry out research.

1. Expand the knowledge base in the field of drugs by promoting research
2. Ensure the exchange of accurate and policy-relevant information in the field of illicit drugs
3. Further develop instruments to monitor the drug situation and the effectiveness of responses to it
4. To develop indicators for the collection of policy-relevant data on the illicit drug market and law enforcement and to develop a strategy to collect them
5. To develop analytical instruments to better assess the effectiveness and impact of drug policy