SUMMARY OF EVALUATION OF EU DRUGS ACTION PLAN 2005-2008

1. GENERAL INCONSISTENCIES OF THE ACTION PLAN

In preparing the methodology for the final evaluation, the following general inconsistencies were identified:

• The Action Plan is a coordination instrument with non-binding recommendations

• The horizontal nature and broad scope of the Drugs Action Plan. As the drugs phenomenon is a broad and complex social problem, the Action Plan tries to influence various fields of public policy simultaneously in a coherent and coordinated way.

• Lack of relevant comparable and reliable data on the drug phenomenon, drug demand and drug supply reduction. The information available on the drug situation and the responses to it is still insufficient to support a detailed analysis of developments in the illicit drug market and the impact of drug policies on this market.

2. IMPLEMENTATION OF THE ACTION PLAN AT EU AND NATIONAL LEVEL

As an overall coordinating plan, the Action Plan does not have instruments to directly influence the policy decisions of Member States.

Responsibility for implementing the EU Drugs Action Plan (2005-2008) is shared between the Member States, the Council, the Presidencies, the Commission, Europol and EU agencies such as the EMCDDA, Eurojust and EMEA. Within the European Commission, responsibility for the implementation of the EU Drugs Action Plan (2005-2008) is shared between over thirteen Directorate Generals. The drug policy coordination unit of DG JLS is responsible for the horizontal coordination of drug policy within the DGs involved: DG Justice, Freedom & Security; DG Health & Consumers, DG Enterprise & Industry, DG Taxation & Customs Union, DG External Relations, EuropeAid, DG Enlargement, DG Development, DG Research, Eurostat, DG Employment, Social Affairs & Equal Opportunities, DG Energy and Transport and DG Education & Culture.

Involvement of civil society

The European Commission established a Civil Society Forum on Drugs in 2007, bringing together representatives from 29 NGOs and professionals in the field of prevention, treatment, harm reduction, fundamental rights, etc. The Forum gives input to the Commission on EU drug policy as set out in the Strategy and Action Plan. Furthermore, it is a meeting place for civil society representatives and mirrors the broad range of interests, views and approaches that exist in EU society regarding drugs.

One issue addressed during this evaluation concerned the position of civil society at national level. Member States were asked to reflect on the level of involvement of civil society in the formulation or implementation of national drug policy. In reply to the question whether opinion surveys or public consultations had been conducted recently to sound out public opinion on national drug policy, twelve Member States responded in the affirmative.

Civil society — as represented by relevant NGOs in the drug field — is also involved in official structures dealing with drug issues at national level, such as national drug councils of advisory forums. Such formal involvement exists in Austria, Cyprus, Ireland, Germany, Hungary, Portugal and Spain. In Bulgaria, Hungary, Ireland and the UK, civil society involvement is also ensured through local coordination and cooperation mechanisms.

There is informal consultation and involvement in drug policy development and implementation in France, Lithuania, Luxembourg, Slovakia and Romania. This type of consultation includes meetings, NGO contributions to public debate, advocacy through EU-funded projects and programmes, informal discussions, websites, surveys, etc.

In Member States such as Ireland, Slovakia and Slovenia, civil society also plays an important role in the delivery of specific activities and services, for example in the field of harm reduction.

In Estonia, Finland, Latvia, the Netherlands and Sweden, no specific options are available for civil society to engage in a dialogue with the public authorities responsible for drug policy. Civil society involvement is through the political system (parliament), public discussions in the media, and bilateral contacts between civil society organisations and the public administration.

Despite the examples reported by the Member States, organisations participating in the Commission's Civil Society Forum on Drugs have indicated that civil society involvement could be more substantial and also support the collection of qualitative information on the delivery of services.

Drug demand reduction
Accurate and comparable information on the coverage and accessibility of drug demand reduction facilities and measures is lacking at EU level, and the terms themselves are defined differently in each Member State.

Selective prevention targets vulnerable groups prone to risk factors that may contribute to future problem substance use. The situation is similar for the most relevant vulnerable groups, such as, for example, young offenders, the homeless, truants, and disadvantaged or minority young people.

There is no information available on the overall number and coverage of indicated prevention projects in recreational settings, as this indicator was found to be difficult to implement in practice and therefore was eliminated.

Treatment and social rehabilitation
All EU Member States provide substitution treatment for opioid dependence. More than half a million opioid users receive drug substitution treatment in the EU countries, with the vast majority reported by the 'old' EU Member States. This represents more than one third of the total estimated number of problem opiate users in the EU.

The latest available data show that, with the exception of Spain, Member States assessed the availability and accessibility of cocaine-specific treatment programmes as low in 2006. The recent introduction of a cocaine-specific national action plan in Spain is likely to further increase the availability of cocaine treatment options in this country.

A survey commissioned by the EMCDDA on cannabis treatment provision in a sample of drug treatment services in 19 Member States showed that half of the services surveyed did not have programmes dedicated to cannabis problems. This finding suggests that numerous cannabis users in Europe are treated within the same settings as other drug users with more severe drug problems, which entails a number of difficulties for users (e.g. stigmatisation, reluctance to seek help), but also for staff (e.g. lack of experience in adolescent drug and social behaviour).

Harm reduction
The main interventions in this field are opioid substitution treatment and needle and syringe exchange programmes (NSPs), which aim to prevent overdose deaths and the spread of infectious diseases. These measures are reported to be available in all countries and, while considerable differences exist in the range and levels of service provision, the general European trend is one of growth and consolidation in harm reduction measures. However, some countries have recently reported that the implementation of such measures has been delayed due to the lack of political support.

Drug-related crime
In 2007, the EMCDDA presented a publication setting out a broad definition of the term 'drug-related crime', with four crime categories: psychopharmacological crimes, economic-compulsive crimes, systemic crimes and drug law offences.

Role of the EMCDDA
Between 2005 and 2008, the EMCDDA received over EUR 50.5 million in Commission funding for the collection and analysis of (national) data and information.

In 2004 the ceiling for the EMCDDA contribution was approx. EUR 115 000 per year; following EU enlargement, this ceiling was reduced to approx. EUR 97 000 per year in 2007.

The five EMCDDA key epidemiological indicators are: drug use in the general population, problem drug use, drug-related infectious diseases, drug-related deaths & mortality, and demand for treatment.

Information on price and purity is collected by the EMCDDA, but from a limited number of Member States and using non-standardised collection methods.

In the field of drug demand reduction, information is also available from the EMCDDA (prevention, treatment, drug-related harm, social reintegration, new and emerging trends, etc.)

Eurobarometer
In May 2008, a new Flash Eurobarometer on 'Young People and Drugs' was conducted at the request of the European Commission. Among all respondents, heroin was seen to be the most difficult illicit drug to obtain, followed by cocaine, ecstasy and cannabis. Cocaine was considered to be easily or very easily available by 35% of respondents aged 15-24. Cannabis was considered fairly easy or very easy to obtain by almost 63% of respondents aged 15-24. Where licit substances are concerned, 72% of 15-18 year-olds thought it would be easy or very easy for them to get hold of tobacco as against 87% of those aged 22-24. Over 90% of respondents in all Member States but one indicated that it would be fairly easy or very easy for them to obtain alcohol.

Promoting drug-related research
The EU Research Programmes increasingly provide opportunities for EU research organisations and networks in the field of drugs to collaborate at European level. The Seventh Framework Programme (2007-2013) provides researchers and their networks in the EU with opportunities to submit proposals on a variety of research topics under the programmes on health, socio-economic sciences and humanities, and security research.

Continuous evaluation
At national level, an increasing number of Member States have conducted evaluations of their national drug policies in recent years. The quality and the comprehensiveness of evaluations at national level differ considerably, and most Member States end up with a process evaluation rather than an outcome evaluation.

3. IMPACT OF THE EU DRUGS ACTION PLAN ON MEMBER STATES' DRUG POLICY

Member States were sent a survey containing questions on the consistency and relevance of the EU Drugs Action Plan (2005-2008) with their national policy. Member States were also asked to provide details on how the Action Plan has played a role in activities at national level. Of the 27 Member States, 25 responded to the survey.

Most Member States report that the objectives and actions in the EU Drug Action Plan (2005-2008) are covered by their national drug strategy and/ or action plans.

Strengths and weaknesses of the Action Plan
Several Member States report that the current Action Plan is too long in their view, that it has too many actions and that it is difficult to read or translate into policy discussions at national level. At the same time, other member States indicate that they think that important issues have been omitted: greater attention to illicit crop production and alternative development and the inclusion of cooperation with South East Asia, more coverage of licit drugs such as tobacco and alcohol, closer links with other policy fields, such as employment (rehabilitation of drug users) and mental health.

The Action Plan ought to have placed more emphasis on cooperation between the drug demand and drug supply sector, and thus concentrate more on an integrated approach to drug policy.

Some Member States also point out that the Action Plan has a limited impact in the Member States because it is non-binding and that a large number of objectives and actions have to be implemented by Member States. A number of Member States also mention the lack of financial resources for the implementation of the Action Plan

4. TRENDS IN THE DRUG SITUATION IN THE EUROPEAN UNION

Drug use in the European Union
In many respects, the European drug situation appears to have moved into a more stable period after the sometimes dramatic increases that were witnessed in the 1990s and early part of the current decade. Levels of

drug use remain high by historical standards and, although there are considerable differences between Member States, to some extent these are less pronounced than in the past.

Heroin use and drug injecting appear to be generally stable. Cannabis remains the most commonly consumed illicit drug, and prevalence estimates are high by historical standards. Cocaine use has increased dramatically in some Member States - although not in all - while ecstasy use seems to have moderately decreased overall and amphetamine use remains an important aspect of the drug problem.

Drug use among school students
After tobacco and alcohol, cannabis continues to be the psychoactive substance most commonly used by school pupils. According to the 2003 ESPAD survey, between 1% and 13 % (on average 4 %) of pupils reported having tried cannabis for the first time when they were 13 years old or younger. Among 15–16 year olds, lifetime cannabis use ranges from more than 40 % in some European countries to below 10 % in others,

Drug use among young adults
Most drug use occurs among 15–34 year olds, and lifetime prevalence usually grows dramatically in the early part of this age range (15–24 year olds). On average, it is estimated that about one in eight (or 13%) young European adults aged 15-34 have used cannabis during the past year (range at national level: 1.9–20.3%). Cannabis use in Europe seems to have recently stabilised at a historically high level. Information from the most recent national surveys currently shows a stabilisation of cannabis use in most EU countries.

Drug use among older adults
General population surveys show that recent drug use is declining among all successive age groups, and particularly rapidly after 35 years. Last-year prevalence of cannabis use, which is 13 % on average among young adults aged 15–34, is below 3 % among 35–44 year-olds in most EU countries and exceeds 7 % in only two countries. In the next age group (45–54), all countries report last-year cannabis use prevalence rates of under 3 %. Cocaine use is also mainly concentrated among young adults aged 15–34, with about seven out of eight last-year users being young adults.

Problem drug use
Problem drug use is defined by the EMCDDA as 'injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines.

Problem opioid use
Recent estimates of the prevalence of problem opioid use at national level range roughly between one and six cases per 1,000 inhabitants aged 15–64.

Problem cocaine use
National estimates of problem cocaine use (injection or long duration/regular use) are available only for Spain and Italy. According to the most recent data for Spain, there were between 4.5 and 6 problem cocaine users per 1,000 adult inhabitants (aged 15–64 years) in 2002.

Problem amphetamine/methamphetamine use
Only one Member State (Finland) provided a recent national estimate of problem amphetamine use, which in 2005 was estimated to amount to between 12,000 and 22,000 problem amphetamine users (4.3 to 7.9 cases per 1,000, aged 15–64 years).

Health and social consequences of drug use

Drug-related infectious diseases
Data on newly-diagnosed cases of HIV related to injecting drug use for 2006 suggest that infection rates are still falling overall in the EU. Between 2001 and 2006, no strong increases were observed in the rate per million inhabitants in any country.

From the available data and estimates of the number of IDUs and problem drug users, it is estimated that there might be between 100 000 and 200 000 people living with HIV in the EU, who have ever in their lives been drug injectors.

From the available data and estimates of the number of IDUs and problem drug users, it is estimated that there are around one million people living with an HCV infection in the EU who have ever in their lives been drug injectors.

Drug-related deaths
During the period 1990–2005, between 6,500 and over 8,500 drug-induced deaths were reported each year by EU Member States, totalling around 130,000 deaths during this period. These figures should be considered as a minimum estimate, given data limitations and under-reporting in Member States.

Average population mortality due to drug-induced death in the EU is 21 deaths aged 15 to 64 per million inhabitants (range 3-5 to over 70) deaths. This rate is more than doubled (44 deaths per million) among males aged 15-39 years. In 2005-2006, drug-induced deaths accounted for 3.5% of all deaths among Europeans aged 13 to 39.

Social consequences of drug use
The availability of standardised data on the social consequences of drug use is still very limited, but adverse social consequences are reported to be generally linked with problem drug use. For instance, homelessness, together with living in unstable accommodation, was affecting about 10 % of drug users entering treatment in 2006, while one in every two clients entering treatment was unemployed.

Drug supply to the European Union

Measuring trends in the drug market
The annual monetary value of the global illicit drug market is estimated at between EUR 160-200 billion, making it one of the largest informal economic markets in the world, operating beyond the control and supervision of governments and feeding into illegal organised crime activities, including money-laundering.

Trends in national drug laws
Over the past 10 years, most European countries have adopted an approach in their legal system that distinguishes between the drug trafficker, who is considered as an operator in the drug market, and drug (dependent) users, who are considered as consumers and/or victims possibly in need of treatment. However, individual Member States draw different distinctions between trafficker and user, and 'threshold quantities' for personal possession has been one of the key issues in this area. Maximum or probable penalties for use or possession for personal use, in the absence of aggravating circumstances, have been reduced in various European countries since 2001.

A general trend can be observed in Europe in the development of alternatives to criminal conviction for cases of use and possession of small quantities of cannabis for personal use without aggravating circumstances. Cannabis is now frequently distinguished from other illicit substances either in the law, by prosecutorial directive, or by judiciary practice.

5. IMPACT AND ADDED VALUE OF THE EU DRUGS ACTION PLAN (2005-2008)

The limitations that accompany this evaluation in particular, and evaluation of public policy in general, makes it very difficult to identify direct causal relationships between the impact of the implementation of the Action Plan and the drugs situation in the EU.

In relation to the drugs-crime nexus, the social harm caused by the use of and trade in illicit drugs has not diminished.

6. CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE DRUG POLICY

Coordination
The evaluation shows that the Horizontal Drugs Group is the main forum of drug coordination at EU level.

Drug demand reduction
Member States have invested in universal, selective and indicated prevention programmes across the board, but the evidence base underpinning these programmes is still weak and they are seldom evaluated, and therefore often not evidence-based. Only a handful of Member States have introduced general quality guidelines for prevention.

(1) The coverage, content and effectiveness of these prevention programmes is unclear.
(2) A majority of Member States report that they offer a variety of treatment programmes to dependent drug users, including drug-free treatment, psychosocial treatment and substitution treatment. An increasing number of Member States have also developed quality guidelines for treatment programmes, but the level of application is still unclear. Further improvements are also needed in accessibility, availability and coverage of treatment services.
(3) New treatment options and/or settings are required for new or emerging types of drug problems, including polydrug use, intensive cannabis use or crack cocaine addiction.
(4) In the field of harm reduction, major progress has been achieved in recent years. In all EU Member States the prevention and reduction of drug-related harm is a defined public health objective at national level.
(5) The availability of standardised information and data on the social consequences of drug use is very limited
(6) Many countries have acknowledged the major importance of equivalence of care between prison and community and the continuity of services for released prisoners with drug-use related problems.
(7) Treatment and harm reduction programmes are often not tailored to address the specific needs and problems of different groups of problem or dependent drug users, e.g. women, under-aged young people, migrants, specific ethnic groups and vulnerable groups.

International cooperation
Increasingly, the Action Plan is regarded as the "showcase" of the EU drugs policy outside the EU. The EU is a major player where assistance to third countries in the field of drugs is concerned. Based on the total stock of drug-related projects in 2005, Afghanistan and the Andean countries are the main beneficiaries of the EUR 760 million spent by the EU in 2005, two-thirds of which was allocated to alternative development.

Information, research and evaluation
The quality of information that is available on the drug situation in Europe has improved in recent years, with the support for the activities of Europol and the EMCDDA, assisted and enabled through enhanced Member State provision.

What have been the overall changes in the drug situation in recent years?

Although there has not been a significant reduction in the prevalence of drug use, the use of the most prevalent drugs seems to have stabilised and/or fallen slightly. The use of cocaine is showing an upward trend in some Member States.

To what extent can these changes be associated with the implementation of the EU Action Plan on Drugs?

The stabilisation in prevalence levels of most illicit drugs except for cocaine cannot be linked to specific interventions implemented through the Action Plan. At the same time, the ongoing reduction in drug-related infectious diseases and drug-related deaths, on the one hand, and the EU wide implementation of harm reduction measures, on the other, suggests a correlation, even though such a link cannot be proven. However, some Member States have achieved dramatic reductions in drug-related health harms after the introduction of harm reduction measures.

The ongoing and apparently stable supply of illicit drugs into Europe does not seem to be affected by existing interventions, including those implemented through the Action Plan.

What is the overall EU added value of the EU Drugs Action Plan 2005-2008?

Member States consider that the Action Plan has added value at both EU level as for national policy, where the Action Plan functions as a guiding document.

Recommendations for the EU Drugs Action Plan (2009-2012)

The implementation of the EU Action Plan will continue to face significant difficulties due to the non-binding nature of the plan. The Action Plan can only have an indirect effect on the implementation of drug policies in Member States.

The next EU Drugs Action Plan (2009-2012) may benefit from a reduced number of objectives and actions and the formulation of a limited number of priorities. It is also important to identify responsibilities for implementing the specific activities more closely and following up on them.

Recommendations in the field of information, research and evaluation
Evaluation of drug policies at national and EU level, and the exchange of related best practices, should be further encouraged as a way of providing a solid foundation for an evidence-based EU drug policy. By the end of the implementation of the EU Drugs Action Plan (2009-2012) and the EU Drugs Strategy (2005-2012), the outcomes of EU drug policy should be evaluated. On the basis of the evaluation, a reflection period of at least one year should take place to allow for a proper analysis of achievements and follow-up.

PROGRESS REVIEW OF ACTIONS IMPLEMENTED IN THE AP

Strengthen the involvement of civil society

1 The Commission to issue a Green Paper on ways of cooperating effectively with civil society.
This objective has been achieved
In 2006 the Commission published a Green Paper on the role of Civil Society in Drugs Policy in the European Union. After a wide—ranging consultation on how to organise a structured and continuous dialogue between the Commission and Civil Society, 26 organisations were selected as Members of the Forum out of 75 on the basis of the conditions set out in a report published in June 2007. The first meeting of the Civil Society Forum was held in December 2007, with informal exchanges and views between the Commission and the Civil Society on the 2007 Progress Review of the EU Action Plan. Moreover, as part of the work of the Final Evaluation and the new action plan, the Commission consulted civil society in the 2nd Forum in May 2008, generating constructive suggestions and recommendations on the part of the civil society.

2 Member States to give the opportunity to civil society to present their opinion.
The achievement of this objective cannot be assessed. Thus far, no debate has been organised in Council on the involvement of Civil Society in the Horizontal Drugs Group. Nevertheless, with a view to this present evaluation, the Commission asked the Member States to report on the existence of public consultation mechanisms and the involvement of civil society in national (or regional/ local) drug policy. Responses varied as to whether civil society is consulted by authorities and institutions at national level. Civil society was consulted at national level by 13 Member States during the process of formulation and adoption of (re-) newed national drug policy. The majority of countries reported frequent consultation between national institutions and NGOs through informal discussions, websites and surveys. Six countries reported that a representative from civil society takes part in meetings of the central authorities and/ or national drug coordinating mechanism on drugs related matters.

In Estonia, Finland, Latvia, the Netherlands and Sweden, no specific options are available for civil society to have a dialogue with public authorities on drug policy. Involvement takes place through the political system, public debate and contacts between NGOs and government.

A majority of Member States have developed consultation mechanisms for the involvement of civil society in drug policy. Some Member States have also introduced such mechanisms at local level. However, organisations that participate in the Commission's Civil Society Forum on Drugs have indicated that civil society involvement could be more substantial and also support the collection of qualitative information on the delivery of services.

Effective coordination in the Council

1 The HDG to focus its activities on monitoring implementation of the EU Action Plan. This objective has been achieved

2 The HDG to be the leading forum in the Council for EU coordination on drugs. Effective coordination between it and other Council Working Parties dealing with drug issues, including external relations (e.g. police cooperation WG, customs cooperation WG, Multidisciplinary Group on organised crime, public health WG, etc.). This objective has been achieved

Systematic mainstreaming of drugs policy into relations and agreements with relevant third countries

1 Ensure that EU action plans for various regions are only adopted if adequate resources for their implementation are allocated. This objective has been achieved, but nothing can be said about its outcomes

2 Include a specific provision on drugs cooperation in new agreements with third countries/regions. HDG should be informed of the opening of relevant negotiations. This objective has been achieved, but nothing can be said about its outcomes

Maintain a regular forum for EU coordination

The Presidency to provide the opportunity to those responsible for drug coordination to meet to exchange information on national developments, to review the scope for greater cooperation and to focus on the implementation of the EU Action Plan. This objective has been achieved

Improve coverage of, access to and effectiveness of drug demand reduction measures

1 Improve coverage of, access to, quality and evaluation of drug demand reduction programmes and ensure effective dissemination of evaluated best practices. More effective use and regular updating of the EMCDDA based EDDRA (Exchange on Drug Demand Reduction Action) and other databases. The achievement of this objective cannot be assessed through this evaluation.

2 Improve access to and effectiveness of school-based prevention programmes, in accordance with national legislation. This objective has been partly achieved. Research shows that programmes that delay the age of first use of licit and illicit substances and/ or that reduce the frequency of use may have health benefits as younger adolescents may be more vulnerable to the adverse consequences of drug use and only a limited group of adolescents continue to use at a later age. Where the direct assessment of intervention effects is lacking, as an alternative, effectiveness can be estimated on the basis of the quality of its component.

3 Set up, develop and improve selective prevention and new ways of reaching target groups, e.g. by using different media and new information methodologies. Develop and improve prevention programmes for selected target groups (e.g. street operators, socially disadvantaged groups, socially excluded children and families at risk, young people in the out of school sector) and specific settings (e.g. drugs and driving, drugs in the work place, drugs in recreational settings), taking into account gender differences. The achievement of this objective cannot be assessed

4 Improve methods for early detection of risk factors and early intervention. The achievement of this objective cannot be assessed This objective is difficult to implement and compliance is difficult to assess due to a lack of clear formulation of the actions and a lack of definition of the concepts ‘early detection, early intervention’ and of the specific groups involved.

5 Detection of risk factors related to experimental use by different target groups, especially by young people, and the dissemination thereof for the benefit of early intervention programmes and the training of professionals. The achievement of this objective cannot be assessed

6 Ensure the provision of training for relevant professionals who come into contact with potential drug users, especially young people. The achievement of this objective cannot be assessed. No structured information is provided on ‘training for professionals who come into contact with potential drug users, especially young people’.

7 Implementation of the early intervention programmes, including measures especially related to experimental use of psychoactive substances. The achievement of this objective cannot be assessed

8 Evidence based treatment options covering a variety of psychosocial and pharmacological approaches to be available and correspond to demand for treatment. This action has been partially, but not sufficiently, achieved as quality of services can be improved.

9 Establish strategies and guidelines for increasing availability of and access to services for drug users not reached by existing services. This action is partially but not sufficiently achieved. Four Member States report concrete efforts to develop treatment offers specifically for young cannabis users, collaborating in a study on the effectiveness of a comprehensive family-based treatment focusing on problematic cannabis use (INCANT). Promising results have been observed in a German randomised control study examining a treatment program for

adolescents with cannabis disorder (CANDIS), showing that half of the patients had stopped their cannabis use by the end of the treatment, while another 30% reduced their consumption. The latest available data show that, with the exception of Spain, Member States assessed the availability and accessibility of cocaine specific treatment programmes as low.

10 Improve access to and coverage of rehabilitation and social reintegration programmes, paying special attention to specialised (social, psychological, medical) services for young people who use drugs. This action is partially but not sufficiently achieved

11 Organise and promote dissemination of information on the availability of treatment and rehabilitation programmes. This action is partially but not sufficiently achieved.

12 Improve the quality of treatment services Support development of know-how on drug treatment while continuing to develop and support the exchange of best practices in this field. Objective achieved — report published .

13 Make effective use of and develop further alternatives to prison for drug abusers. The achievement of this objective cannot be assessed. A wide variety of alternatives to prison are available in almost all the EU Member States, for different types of user and for different types of offence. In 14 EU Member States, the concept of alternatives to prison is supported in national drug strategies or action plans, with the primary aim being to prevent future use, reduce crime and prevent infectious diseases, rather than to cut the prison population or public expenditure. In thirteen countries, standards for delivery of treatment as an alternative are available.

14 Develop prevention, treatment and harm reduction services for people in prison, reintegration services on release from prison and methods to monitor/ analyse drug use among prisoners. This action has been (partially) achieved. Member States recommended the introduction of specific harm reduction measures, including substitution treatment, drug free treatment and the creation of drug free units within prisons.

15 Prevention of health risks related to drug use. Recommendation on the prevention and reduction of health related harm associated with drug dependence. This objective has been achieved. Harm reduction facilities and services are available in all EU Member States, although they vary widely between Member States.

16 Availability and access to harm reduction services. Improve access for addicts to all relevant services and treatment options designed to reduce harm, with due regard to national legislation. This objective has been partly achieved, but requires further implementation. Needle and syringe programmes (NSPs) and opioid substitution treatment is available in all EU Member States. While the continuous expansion of low-threshold agencies with syringe exchange can be documented for many of the countries where the spread of problem heroin injecting is more recent, a stagnation or decrease of such services was reported by other countries in this group (Bulgaria, Poland and Romania), partly due to lack of support and funding

17 Prevention of the spread of HIV/AIDS, hepatitis C, other blood-borne infections and diseases. This objective is partly achieved but requires further implementation. Recent data on newly diagnosed cases of HIV related to injecting drug use (IDU) suggest that, in most EU countries, infection rates are low (under 5 cases per million inhabitants in 2006).

18 Reduction of drug related deaths to be included as a specific target at all levels with interventions specifically designed for this purpose, such as promoting outreach work, e.g. the work of street. This objective has been partly achieved, but requires further priority. Drug-related deaths (overdoses) are one of the major causes of death among young people in Europe. Even with a likely underestimation, they account for 3.5% of all deaths among Europeans aged 15-39 years; in eight Member States this rate reaches 7%. Over the past 15 years, there have been yearly between 6 500 to 8 500 overdose deaths, totalling some 130 000 cases over that period.

19 Step up and develop law enforcement cooperation between Member States and, where appropriate, with Europol, Eurojust and third countries and international organisations, against international organised drug production and trafficking. The achievement of this objective cannot be assessed

20 Reduce the manufacture and supply of synthetic drugs (ATS).

21 Combat serious criminal activity in the field of chemical precursor diversion and smuggling by stepping up law enforcement cooperation between member states. This objective has been partly achieved

22 Prevent the diversion of precursors, in particular synthetic drug precursors imported into the EU.

23 Target money laundering and seizure of accumulated assets in relation to drug crime.

24 Explore possible links between drug production and trafficking and financing of terrorism. Identify possible links between drug production and trafficking and financing of terrorism and use this information to support or initiate investigations and/or actions. This objective has not been achieved.

25 Adopting a common definition of the term 'drug-related crime'. This action has not yet been achieved, but will see further work in 2008 and 2009.

25.1 Share experiences and best practices in preventing the distribution of drugs at street level and present the results. This action has been partly achieved

26 Develop new methods and best practice to combat drug-related crimes and to prevent the diversion of precursors committed with the aid of information technology. This objective has not been achieved

27 Increase training for law enforcement agencies. This objective has been partly achieved

28 Adopt EU common positions on drugs in international fora. EU positions at international meetings dealing with drugs issues to be prepared in the HDG and other coordination fora. EU coordination meetings to take place in the Commission on Narcotic Drugs (CND) and other meetings. This objective has been achieved. In particular, common EU positions were defined during HDG meetings for the annual sessions of the Commission on Narcotic Drugs with regard to draft resolutions. However, a harmonised approach among EU actors during the plenary meetings should be agreed to ensure the EU speaks with one voice.

29 Articulate and promote the EU approach on drugs. The Presidency and/or Commission to take the lead role in articulating and promoting the EU's balanced approach. This objective has been achieved.

30 Bring forward EU joint resolutions and co-sponsor other resolutions. At the UN, in particular the CND, the Presidency to endeavour to have resolutions brought forward as EU joint resolutions and/or EU co-sponsoring of other resolutions. This objective has been achieved (to a great extent).

31 Formulate an EU contribution to the final evaluation of the implementation of the results of the 1998 UN General Assembly Special Session on Drugs (UNGASS).

31.1 Take an initiative to propose common EU criteria, in the framework of the Commission on Narcotic Drugs, for the final.This action has been achieved

31.2 Support an EU common position on the results of the final evaluation of the implementation of the Political Declaration, the Declaration on the guiding principles of drug demand reduction and the Measures to enhance international cooperation to counter the world drug problem adopted at UNGASS 1998. This objective has been partly achieved, work is ongoing

32 Support the candidate and stabilisation and association process countries. Provide the necessary technical and other assistance to these countries. This objective has been achieved.

33 Enable candidate countries to participate in the work of EMCDDA, Europol and Eurojust. Conclude agreements with candidate countries. This objective has been largely achieved.

34 Assist European neighbours.

35 Ensure that drugs concerns are taken on board when establishing priorities in the EU's cooperation with third countries/regions. This objective has been partly achieved.

36 Intensify law enforcement efforts directed at non-EU countries, especially producer countries and regions along trafficking routes.

37 Continue and develop an active political engagement by the EU with third countries/regions.

37.1 Use mechanisms, such as the Coordination and Cooperation Mechanism on Drugs between the EU/ Latin America and the Caribbean, EU specialised dialogue on drugs with the Andean community and Drug Troika meetings to pursue an active political dialogue with the countries and regions concerned. This action has been partly achieved, but its outcome cannot be assessed

37.2 Review the activities and measures and, where appropriate, establish new priorities in the drugs action plans the EU has adopted with third countries. This action has been partly achieved, but its outcome cannot be assessed.

37.3 Participate fully in the work of international organisations and fora concerned with the drugs problem, such as the Council of Europe (Pompidou Group), UNODC, WHO . This action has been achieved

37.4 Utilise fully the Dublin Group as a flexible, informal consultation and coordination mechanism for global, regional and country-specific problems of illicit drugs production, trafficking and demand. The achievement of this action cannot be assessed

37.5 Maintain an active dialogue with third countries for the implementation of the Mini Dublin Group's recommendations. The achievement of this action cannot be assessed

38 Improve the coherence, visibility and efficiency of the assistance to candidate countries and third countries/ regions.

38.1 Exchange information on drug related technical assistance projects and operational activities in candidate countries and third countries/regions, in particular to identify duplication and gaps in technical assistance and operational activities. This objective has been partly achieved.

38.2 Evaluate EC and Member States drug projects included in cooperation programmes. This objective has not been achieved.No evaluation has taken place.

39 Provide reliable and comparable data on key epidemiological indicators. Full implementation of the five key epidemiological indicators and, as appropriate, fine tuning of these indicators. This objective has been achieved, but requires ongoing investment and attention

40 Provide reliable information on the drug situation.

40.1 Reitox National Focal Points and Europol. National Drugs Units to pursue their work to ensure their annual and standardised reporting on national drugs situations. This action has been achieved

40.2 EMCDDA and Europol to pursue annual reporting on the drug phenomenon at EU scale. This action has been achieved

41 Develop clear information on emerging trends and patterns of drug use and drug markets.

41.1 Achieve an agreement on EU guidelines and mechanisms on detecting, monitoring and responding to emerging trends. This action has not been achieved, but progress was made

41.2 The Commission to provide for a Eurobarometer survey on youth attitude regarding drugs. This action has been achieved

42 Produce estimates on public expenditures on drug issues. Member States and Commission to consider the development of compatible methodologies on direct and indirect expenditure on drug-related measures, with the support of the EMCDDA. This objective has not been achieved

43 Promote research in the field of drugs.

43.1 Promote research in the context of the Community Programme for Research and Development and of Member States' research programmes on biomedical, psychosocial and other factors contributing to drug use.
The achievement of this action cannot be assessed.

43.2 Promote research on identifying protective factors in countries with low HIV/AIDS prevalence rates in drug users. The achievement of this objective cannot be assessed.

43.3 Make full use of the research capacity of the Council of Europe (Pompidou Group). The achievement of this action cannot be assessed.

44 Create networks of excellence in drug research.

Encourage research networks, universities and professionals to develop/create networks of excellence for the optimal use of resources and effective dissemination of results. This objective has not yet been achieved, but results are expected in 2008 and 2009.

45 Continuous and overall evaluation

45.1 Establish a consolidated list of indicators and assessment tools for the evaluation of the EU Drug Strategy and Action Plans. This action has been achieved, but is ongoing

45.2 Commission 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. This action has been achieved

45.3 Commission to organise an impact assessment with a view of proposing a new Action Plan for 2009-2012. This action has been achieved

46 Follow-up of the mutual evaluation of drug law enforcement systems in the Member States. The achievement of this objective cannot be assessed