

# Understanding the EU's response to illicit drugs

## SUMMARY

The EU is an important market for illicit drugs, both in terms of consumption and production. An estimated 28.9 % of European adults aged 15-65 have used illicit drugs at least once in their lifetime, a majority of them being men. Cannabis remains by far the most used drug, followed by cocaine, MDMA (ecstasy or molly) and amphetamines. Illicit drugs have been claiming an increasing number of lives in the EU since 2012, but their impact goes far beyond the harm caused by their use.

The illicit drugs market is the largest criminal market in the EU, with an estimated minimum retail value of €30 billion per year in the EU alone. Over a third of the organised crime groups active in the EU are involved in the trade in illicit drugs, which, besides generating massive criminal profits and inflicting substantial harm, incites associated violence. Drug markets furthermore have links with wider criminal activity, including terrorism; they have a negative impact on the legal economy and communities, cause environmental damage and can fuel corruption and undermine governance.

Illicit drugs have been trafficked into and through the EU for decades, but they are also produced in the EU, for both local and global markets, as is the case of cannabis and synthetic drugs such as amphetamines. In fact, the trade in synthetic drugs in the EU is unique compared to other substances as the production of these drugs and new psychoactive substances in most cases takes place in the EU. In 2019, around 1.1 million seizures of illicit drugs were reported in the EU-27 plus Norway, Turkey and the UK. The European drug market has been remarkably resilient to disruption caused by the coronavirus pandemic.

Although the EU Member States carry the primary responsibility for developing their drug policy and legislation, cross-border cooperation is paramount in the fight against illicit drugs. With the problem constantly expanding in scale and complexity, the EU has been increasingly active since the early 1990s, in particular with respect to law enforcement, health-related issues and the detection and risk assessment of new psychoactive substances.



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# The EU illicit drugs market

## Complex and constantly evolving

The problem posed by illicit drugs is becoming more complex over time. The EU is an important market for drugs – both trafficked from abroad and produced locally – but drugs also transit the EU on their way to other continents. Availability within the EU of both natural and synthetic drugs remains high. The pace at which new psychoactive substances (NPS) are being introduced into the EU market has become a persistent problem. Innovations in chemistry lead to increased potency of drugs and related health risks, as well as causing environmental damage. Poly-drug use (combined use of psychoactive substances) is becoming more common, thereby complicating treatment and rehabilitation. Ageing drug users, together with specific groups of drug users, such as women and prisoners, are also in need of specialised care.

The internet has been increasingly used to market drugs, in particular since the start of the coronavirus pandemic. Organised crime groups (OCGs) have infiltrated logistical supply chains, shipping routes and large ports to transfer drugs into Europe. Moreover, they exploit commercial delivery services and automated pick-up points for deliveries and often use digital currencies for payments. The drugs phenomenon has become increasingly global and constitutes a serious cross-border security threat, not only because of drug-related violence but also because of the links with wider criminal activities. These cause considerable economic, social and societal damage, as does drug use itself.

## Drug demand

According to the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) [European Drug Report 2021](#), around 83 million or 28.9 % of adults (aged 15-65) are estimated to have used illicit drugs at least once in their lifetime. Men account for around 60 % of those adults and women for 40 %. Also in terms of lifetime use, cannabis was the drug tried by 78.5 million of adults – thus making it by far the most commonly used illicit drug in the EU – followed by cocaine (13.8 million), MDMA (10.4 million) and amphetamines (8.7 million). Variations in lifetime use exist between countries, but estimates for last-year illicit drug use confirm this pattern: 7.7 % of all adults in the EU used cannabis; 1.2 % used cocaine; 0.9 % used MDMA and 0.7 % used amphetamines.

Among those who use drugs, poly-drug consumption is common. Moreover, drug use is largely concentrated among young adults (aged 15-34); an estimated 17.4 million (16.9 % of all young adults) used drugs in 2019, with nearly twice as many males (21.6 %) as females (12.1 %) reporting using drugs. The EMCDDA remarks that the use of heroin and other opioids remains relatively rare – with some 1 million high-risk users in 2019 – but these are associated with more harmful forms of use, including injecting. Of particular concern are the use and availability of uncontrolled substances, such as new or 'designer' [benzodiazepines](#), sold as legal replacements for controlled benzodiazepines. There are also signs that interest in less commonly used substances, such as the hypnotic and sedative GHB and the hallucinogens ketamine and LSD, may be increasing. These products are poorly monitored but [higher seizures](#) suggest they are a growing problem.

## Drug supply

The EU is an important market for illicit drugs that is constantly evolving. Both natural and synthetic drugs are increasingly available, according to the [EU Drug Markets Report 2019](#), co-authored by the EMCDDA and the EU law enforcement agency Europol. Combined with a higher potency and [purity](#), the higher availability has led to products that, in real terms, are usually equivalent in price or cheaper than they have been over the past decade. Moreover, production levels globally and within the EU of substances, such as cocaine (South America), heroin (Afghanistan) or cannabis and synthetic drugs (the EU) are estimated to be at historically high levels.

The European market for cocaine is believed to be one of the largest in the world, with the drug arriving mainly by boat from Latin America, mainly to western and northern European ports. The interception of large quantities in intermodal containers in fact raises [concerns](#) about the infiltration of logistical supply chains, shipping routes and large ports by organised criminal groups (OCGs).

Some drugs only transit Europe on their way to other continents, such as Asia and Australia, or regions, such as the Middle East. The Balkans are an important transit route not only for smuggling drugs into the EU but also beyond the EU, for example, to countries such as Turkey or to countries in the Middle East. Heroin is often trafficked through the Balkans and the Caucasus. The European Border and Coast Guard Agency (Frontex), in its [Risk Analysis for 2021](#), specifies that in 2020 criminal networks continued to rely mostly on maritime routes for high-volume drug smuggling (72 % of all detections of drug smuggling and 98 % of quantities). Detections at land border crossing points remained relatively high (17 %) but the quantity of illicit drugs was low (1 %). In spite of the coronavirus restrictions, there continued to be high detections at air borders (11 %). Air cargo is now a crucial enabler for online trade and new digital business models.

## Drug seizures

In 2019, around 1.1 million seizures were reported in Europe, down from 1.3 million in 2018, according to the [European Drug Report 2021](#). Frontex specifies in its [Risk Analysis for 2021](#) that most seizures were reported in the [western Mediterranean region](#) (79 %). When it comes to smuggling across land borders, [the Balkans](#) mainly saw single seizures of various drugs and volumes, usually concealed in passenger cars or trucks and trailers, whereas the [eastern land borders](#) saw a relatively high number of drug detections, but mostly for personal use. A majority involved small quantities of drugs confiscated from users. Cannabis products (resin and herb) were most often seized in the EU (791 tonnes, down from 862 tonnes in 2018). Cocaine seizures reached the highest levels ever recorded (213 tonnes compared to 181 tonnes one year earlier), whereas heroin was to 7.9 tonnes in 2019, down from 9.7 tonnes in 2018. The largest increase in quantities seized was for methamphetamine (+931 %), MDMA (+456 %) and cocaine (+279 %). In terms of the number of seizures, MDMA and methamphetamines witnessed the highest increase, of respectively 290 % (24 654 seizures) and 182 % (44 406 seizures). The number of drug law offences increased by 24 % between 2009 and 2019, to an estimated 1.5 million. In 2019, 85 % of the offences were related to use or possession for personal use; around 75 % of the offences for which the drug was known involved cannabis. The number of drug supply offences have increased by 13 % since 2009, to some 209 000 cases in 2019, with cannabis accounting for 57 % of these offences.

## Drug production

In a 2021 report entitled [Serious and organised crime threat assessment \(SOCTA\)](#), Europol says that it expects the cannabis market to remain the largest drug market in the EU. It also states that 'Cannabis cultivation is believed to take place in all EU Member States, albeit with different levels of sophistication and scale'. The report goes on to say that most of the processing and production of heroin takes place in Afghanistan, Pakistan and Iran, and that in recent years, some laboratories processing morphine into heroin have also been discovered in the EU. Synthetic drugs and new psychoactive substances are mostly produced in the EU and are then either channelled to markets outside the EU or kept for sale on European markets. European producers cooperate with international partners in the sourcing of precursor substances – chemical substances that primarily have licit uses, but also illicit ones when diverted – and the distribution of the finished products. The EU also is a major source for amphetamine-style stimulants. Production within Europe of established and new drugs, both for local and global markets, is growing and is getting increasingly professional and diversified.

An increasing number of laboratories and production sites have been discovered by law enforcement. This is due to producers' access to cheaper and novel chemicals and processing equipment, on the one hand, and to a shift in OCGs' production tactics, on the other. Less common

substances are often poorly monitored and are difficult to respond to under European and international law. More than 50 NPS are on average detected for the first time annually by the EU Early Warning System (EWS), through which the EU and the Member States exchange information on new narcotic and psychoactive substances that appear on the market. Higher seizures of new and less common drugs, such as ketamine, GHB and benzodiazepines, indicate that they pose a growing threat.

## A lucrative business

The drug market is clearly a major source of income for OCGs in the EU, with a minimum estimated retail value of €30 billion per year, according to [calculations](#) by the EMCDDA. Cannabis accounts for 39 % of this total, cocaine for 31 %, heroin for 25 %, and amphetamines and MDMA for 5 %. More than one third (38 %) of the OCGs identified in Europol's abovementioned 2021 report, were directly involved in the drug trade and a large majority of those engaged in the drug trade were also involved in other criminal activities. In some Member States, competition between drug suppliers has increased, leading to more violence. Criminal groups furthermore have an increasingly global reach, representing a major cross-border security threat. According to the same Europol report, their impact goes beyond violence. Criminal networks have infiltrated transport infrastructures across the EU. By corrupting officials and employees, they pass border crossing points or gain access to (air)ports. Drug markets fuel a vast underground economy, causing economic dependency, undermining local communities and perpetuating the presence of criminal structures. Furthermore, synthetic drug manufacturing leaves behind significant amounts of hazardous waste, and outdoor cannabis cultivation damages the flora and fauna.

The drug market is becoming more technologically and digitally enabled. OCGs are quick to innovate and to take advantage of new opportunities. Innovations in drug production and trafficking methods, coupled with the growth of online markets, create additional challenges for law enforcement. Drugs can now be purchased online, both on the surface web and the [darknet](#), transported across Europe and delivered to consumers by post and parcel services. OCGs make use of encryption and anonymised services for secure communications for their trafficking and sales activities.

## Drug-related harm

According to estimates made in the EMCDDA's [European Drug Report 2021](#), at least 5 141 overdose deaths involving illicit drugs occurred in the EU in 2019, up 3 % from 2018. Although overdose deaths increased in nearly all age categories, the highest increase (74 %) was among the 50-plus age group. Moreover, 77 % of those dying from overdose were male. Opioids, mainly heroin or its metabolites, often in combination with other substances, were found in 76 % of all fatal overdoses; furthermore, of all those entering drug treatment in Europe in 2019, 26 % did so with opioids as their primary drug. Some 17 497 people (13.6 % of all first-time entrants) underwent their first-time treatment with opioids as the primary drug.

According to the 2021 EMCDDA report, in 2019 cannabis accounted for the highest number of people entering specialised drug treatment in the EU: 107 093 people (36 %). Of these people, 60 110 were entering treatment for the first time (46.8 % of all first-time entrants). Of these, 51 % reported daily use of cannabis in the last month. The report draws attention to the increasing

### Impact of the European drug market

- > harm caused to users, their families and communities;
- > violence associated with drug trade and wider criminal activities;
- > cross-border security threat;
- > negative impact on the legal economy;
- > corruption can impact governance and rule of law;
- > health and safety risks;
- > environmental damage.

Source: [EU Drug Markets Report 2019](#).

potency of cannabis resin, whose THC (tetrahydrocannabinol, the main psychoactive constituent) content is on average between 20 % and 28 %, almost twice that of herbal cannabis. The higher potency of cannabis combined with the low perception of risks associated with cannabis use among adolescents is a worrisome trend that is also highlighted by the UNODC in its [World Drug Report 2021](#).

The third illicit drug with most first-time entrants is cocaine, where the number has risen constantly in the past five years, to 27 000 in 2019 (20.6 % of all first-time entrants). Although injecting drug use has been declining in Europe for the past decade, it remains a major cause of drug-related harm. While primarily connected to heroin use, other drugs, including amphetamines, cocaine, synthetic cathinones, opioid substitution medications and other medicines, are also injected. There are differences between the Member States in terms of the levels of injecting drugs and in injecting practices and substances used. Injecting leads to a higher risk of contracting infections, such as HIV (human immunodeficiency virus) and Hepatitis C, because of drug material-sharing. In 2019, around 5.5 % of the new HIV diagnoses were attributed to injecting drug use.

## Impact of the coronavirus pandemic

According to an EMCDDA paper [assessing the impact of Covid-19](#), the coronavirus pandemic has had an impact – albeit rather limited – on illicit drug use, markets and related harms and drug services. That said, the EU drug market has been remarkably resilient. Domestic drug production has been affected insignificantly and drug traffickers have mostly managed to change routes and methods swiftly after border closures, for example relying more on smuggling via intermodal containers and commercial supply chains. Cocaine was already mainly transported via maritime routes, but now also the trafficking of cannabis resin and heroin has shifted more towards the sea. The increasingly volatile situation along the European supply chain does appear to have resulted in increased levels of violence among mid-level suppliers and distributors.

Shortages in illicit drug availability were only reported during the initial lockdowns. Initially, there was less demand for some forms of drugs – such as MDMA and cocaine, which are commonly used in social settings – but there was increased interest in drugs more strongly associated with solitary or home use – such as LSD and ketamine – or in relatively newer substances, such as benzodiazepines, due to shortages of more commonly used drugs. Overall, the levels of drug availability and use remained stable in 2020 compared to 2019, with some variations depending on the substance and the Member State. Furthermore, there was a trend toward home cultivation of cannabis, an increase in reports of cannabis adulterated with synthetic cannabinoids, use and/or availability of crack cocaine in some countries, availability of smaller doses or cheaper packages of heroin and crack, as well as the emergence of benzodiazepines on the [new psychoactive substances](#) market.

Retailers quickly shifted to the use of encrypted messaging services, social media applications, online sources and mail and home deliveries. [An increase in online activity levels](#) was in particular visible for cannabis products and during the first three months of 2020. A stronger shift to online selling and buying raises fears of a more generalised switch to encrypted messenger services, as these activities are not visible through current darknet monitoring, the EMCDDA warns.

Many services for those with drug problems were initially suspended or considerably limited, but gradually became operational again as from June 2020 onwards, subject to stricter hygiene and social distancing measures. However, the provision of drug services in European prisons remained challenging throughout 2020. Demand for treatments for drug-related problems decreased in 2020, but this is possibly linked with data collection challenges and an increased use of telemedicine. Indeed, drug services too adapted quickly to the new situation, re-evaluating long-established working methods and moving online wherever possible. Prevention is one such area that had to make the shift to online teaching material and delivery during the pandemic. On-and-off school closures have complicated the implementation of prevention and health-promoting programmes

in schools. The EMCDDA predicts that overall, the medium- to long-term economic and social impact of the pandemic is likely to have wide-ranging implications, including in the drugs area.

## EU legislation and policies on illicit drugs

### National drug policies

Within the EU, primary responsibility for developing drug policy and legislation remains at national level. The 27 Member States have developed [national drug policies](#) rooted in their respective histories and legal traditions. It is precisely this diversity of cultural, historical and legal contexts that has made the task of harmonising the objectives of drug policies so difficult. Whereas Member States have willingly cooperated in combating drug trafficking, that has not been the case as regards regulating drug use, which they address in different ways. Health and social responses to drug problems in the EU are tackled at EU, national and local level and depend amongst others on the organisation of the national health care system and the nature of the drug problems in each country. A 2016 [European Parliament study](#) showed how the different drug policies in the Member States fit along an ideological spectrum from a more restrictive approach, characterised by a primary focus on law enforcement and criminal justice activities, to a more liberal approach, characterised by a primary focus on reducing the health and social harms experienced as a consequence of drug use. Of the seven countries examined in the study, Sweden is reported to be the most restrictive Member State in terms of its approach to drug policy, with a policy focused on achieving a drug-free society based on an ideology of drug addiction as a biochemical dependency. Germany, on the other hand, employs a policy based on the idea of law enforcement as a deterrent to drug use, although approaches vary by *Länder*. On the other side of the spectrum, Czechia, Portugal and the Netherlands employ primarily harm reduction approaches, viewing drug abuse more as a psychosocial challenge. Despite the differences, the drug policies of the seven countries all refer to the two major types of approaches in their drug policy objectives, namely drug demand reduction and drug supply reduction. And they all implement activities in the traditional four 'pillars' of drug policy: prevention, harm reduction, treatment/therapy and law enforcement. Moreover, the majority implement activities aimed at social reintegration and stakeholder cooperation. Moreover, none of these approaches prevail over the rest, with none appearing to be exceptionally successful in achieving their stated objective or significantly reducing drug consumption.

### First steps towards EU cooperation

In the founding Treaties of the EU, no reference is made to illicit drugs. It was [the 1985 Schengen Agreement and the 1990 Schengen Convention](#) that placed illicit drug issues on the public agenda as a result of the debate on the implications of free movement of persons for public security, on the one hand, and the reaction to the heroin epidemic in many European countries in the 1980s and early 1990s and the associated concerns about HIV infection, on the other hand. Sizeable markets for cannabis, heroin and amphetamines have existed in many European countries since the 1970s and the 1980s, whereas cocaine and MDMA carved their niche on the markets in the 1990s. The first common EU instruments date back to the early 1990s. Since then, the EU has been increasingly active, in particular with respect to law enforcement, health-related issues and the detection and risk assessment of new psychoactive substances.

## EU action

### Legal framework

#### Pre-Lisbon

Before the Lisbon Treaty, it was mainly the Council of the EU that dealt with drug issues – under the [second and third pillar](#) created by the Maastricht Treaty. Within the Council, the Horizontal Drugs Group (HDG) has been the major coordinating body since 1997, as all drugs-related dossiers are

analysed by this group before reaching Coreper, the Committee of Permanent Representatives of the Governments of the Member States to the EU. The European Commission's and the European Parliament's powers were limited. [Parliament](#) nonetheless was the first EU institution to address the problem of illicit drug control across the entire EU. In 1986, it launched a committee of inquiry, with Sir Jack Stewart-Clark (UK, ED) as rapporteur, to consider the most appropriate response to the drug problem. In 1991, another committee was set up, followed by a controversial [own-initiative report](#) in 2004. This report proposed a radical policy change, advocating 'harm reduction' and a scientific and balanced approach instead of prohibition. The debates in Parliament revealed strong divisions in views, reflecting the diversity of national approaches when it comes to regulating drug use. Several drug-related acts were adopted under the former pillars system, such as the 2001 Council Decision ([2001/419/JHA](#)) on the transmission of samples of controlled substances; the 2004 Council Framework Decision ([2004/757/JHA](#)) laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking; two regulations on the monitoring of trade in precursors: [Regulation \(EC\) No 273/2004](#) on the trade of drug precursors between EU countries and [Regulation \(EC\) No 111/2005](#) on the trade between the EU and non-EU countries; and [Regulation \(EC\) No 1920/2006](#) on the EMCDDA.

## After Lisbon

While the European Council sets the [wider strategic framework](#) when it comes to the EU's internal security, the operational and legislative details are left to the other relevant EU institutions. Under the Lisbon Treaty, the Parliament acquired [equal legislative powers](#) with the Council in an area that was previously intergovernmental and where Parliament was merely consulted. Within the Parliament, the Committee on Civil Liberties, Justice and Home Affairs (LIBE) is involved in the adoption of legislative proposals in the field of drugs. In 2012, Parliament set up a Special Committee on Organised Crime, Corruption and Money Laundering ([CRIM committee](#)), whose work included investigating the [link between drug cartels and European organised crime](#).

The Lisbon Treaty provides a narrow legal basis for EU action in the fight against drugs, covered by the following provisions of the [Treaty on the Functioning of the EU \(TFEU\)](#):

- Articles 82-86 TFEU on **judicial cooperation** in criminal matters, where the EU has a shared competence and the focus is on drug supply reduction, in particular:
- [Article 83 TFEU](#) on adopting **minimum rules** concerning the definition of criminal offences and sanctions on serious crime with a cross-border dimension, including drug trafficking. Moreover, the Council can – after obtaining Parliament's consent – identify other areas of crime that meet the criteria mentioned in Article 83(1);
- [Article 84 TFEU](#) on establishing measures to promote and support the action of Member States in the field of crime prevention, including the prevention of drug trafficking but excluding any harmonisation of the laws and regulations of the Member States;
- [Article 114 TFEU](#) on the **internal market**, including the trade in [drug precursors](#) within the EU;
- [Article 207 TFEU](#) on **common commercial policy**, including external trade in drug precursors;
- and [Article 168 TFEU](#) on **public health**, where the EU has a complementary competence and the focus is on drug demand reduction, including prevention and harm reduction.

As a result of the limited legal basis for EU action, relatively few EU legislative acts have been adopted in this area. Besides the [Council implementing decisions](#) to ban new psychoactive substances, there are: [Directive \(EU\) 2017/2103](#) on including new psychoactive substances in the definition of 'drug', amending Council Framework Decision 2004/757/JHA and repealing Council Decision 2005/387/JHA; [Regulation \(EU\) 2017/2101](#) amending Regulation (EC) No 1920/2006 on information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances; and [Commission Delegated Regulation \(EU\) 2020/1737](#) amending

Regulation (EC) No 273/2004 and Regulation (EC) No 111/2005 as regards the inclusion of certain drug precursors in the list of scheduled substances.

Corruption enables drug trafficking, and the large amounts of cash generated by the drug trade have wide-ranging negative impacts on the legal economy. Therefore, in addition to the drug-specific legal instruments, it is worth mentioning here the [anti-corruption provisions](#) and legislation aimed at combating interconnected forms of serious and organised crime, such as the pre-Lisbon [Council Framework Decision 2001/500/JHA](#) on money laundering, the identification, tracing, freezing, seizing and confiscation of instrumentalities and the proceeds of crime and [Council Framework Decision 2008/841/JHA](#) on the fight against organised crime.

## Policy framework

EU drug policy evolved from the first [European plan to combat drugs](#) in 1990, the establishment of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 1993 and the first [EU action plan to combat drugs \(1995-1999\)](#), to the first [EU drugs strategy \(2000-2004\)](#) and the current [strategy \(2021-2025\)](#) and [agenda and action plan \(2021-2025\)](#). Besides specific legislation, EU action includes funding programmes, policy initiatives and coordination with civil society, as well as with national and international actors. For example, the European Commission has created a consultative body on drugs, the [European Society Forum on Drugs](#), made up of EU-wide and national NGOs working on drug prevention, harm reduction and treatment, which gives the institution advice on drug policy.

The [EU drugs strategy 2021-2025](#) provides the overarching political framework and priorities for the EU's drugs policy. The strategy aims to step up efforts in all dimensions of drugs policy, in particular drug-related security and public health challenges, and eyes stronger cooperation to reduce drug supply and demand among all actors and authorities at local, regional, national and EU level, as well as with global partners. Drug supply reduction targets all aspects of the illicit drug market prevention of, dissuasion from and disruption of drug-related crime, in particular organised crime, through judicial and law enforcement cooperation, intelligence, interdiction, confiscation of criminal assets, investigations and border management. Drug demand reduction [services](#) include prevention, early detection and intervention, counselling, treatment, rehabilitation, risk and harm reduction, social reintegration and recovery. The 2021-2025 strategy also has a new chapter on addressing drug-related harms, which includes measures and policies to prevent or reduce the possible health and social risks and harm for users, society at large and prisoners. It covers aspects, such as reducing the prevalence and incidence of drug-related infectious diseases, preventing overdoses and drug-related deaths and providing alternatives to coercive sanctions.

### Drug related security challenges

In April 2021, as part of the efforts to create a genuine [security union](#), the Commission presented a [new EU strategy to tackle organised crime](#). It sets out the tools and measures to be taken over the next five years to disrupt the business model and structures of criminal organisations. Given the cross-border and poly-criminal character of criminal groups active in the EU – of which close to 40 % are involved in the trade in illegal drugs – the strategy highlights the need to boost law enforcement and judicial cooperation; tackle high priority crimes, including drugs trafficking; make sure that crime does not pay; and make law enforcement and the judiciary fit for the digital age.

The strategy builds on input from [the Commission communication on an EU agenda and action plan on drugs 2021-2025](#) – adopted in July 2020 as part of the new [security union strategy 2020-2025](#). The concrete measures foreseen in the action plan – approved on [22 June 2021](#) by the Foreign Affairs Council – not only contribute to achieving the priorities of the strategy but also to the implementation of the security union strategy – which places EU responses to organised crime and drugs problems at the centre of the EU policy agenda – and to the applicable goals of the UN's [2030 Agenda for Sustainable Development](#).

The new strategy was preceded by the European Commission's [mid-term assessment of the 2013-2020 drugs strategy and final evaluation of the 2013-2016 action plan on drugs](#). The Commission recognised that the strategy and action plan did not directly drive changes in Member States' drug policies. Nonetheless, some of their added value lies in monitoring trends in the drug situation; research and evaluation; as well as coordination and international cooperation. Best practice examples resulting from EU action include the role of the Horizontal Drugs Group ([HDG](#))<sup>1</sup> in allowing the EU and its Member States to speak with one voice at international fora, or the timely detection of new and potentially dangerous psychoactive substances through the early warning system ([EWS](#)).

During the 2021-2027 programming period, [resources](#) for projects and research related to drugs will be allocated from cross-sectoral EU funding sources, notably the [Internal Security Fund](#), the [EU4Health programme](#), and the security research part of [Horizon Europe](#).

## An EU crime priority

Operational activities are the responsibility of the Member States, but the EU assists the Member States within the margins of its competences. The Council's Standing Committee on Operational Cooperation on Internal Security ([COSI](#)) is the main forum for discussion of criminal intelligence and operational law enforcement cooperation among the Member States, including on drug trafficking. COSI's focus on illicit drugs is implemented through the [EU policy cycle for organised and serious international crime](#) (more commonly known as EMPACT, the European Multidisciplinary Platform Against Criminal Threats), a four-year cycle set up in 2020 to address the most important criminal threats affecting the EU.<sup>2</sup> The 10 priorities of the 2018-2021 policy cycle include the production, trafficking and distribution of cannabis, cocaine and heroin, as well as the production, trafficking and distribution of new psychoactive substances and synthetic drugs. The EU Member States organise on average more than 200 joint operational actions on a yearly basis, with the support of EU institutions, agencies and bodies. EMPACT already delivers [significant operational results](#) in terms of drugs seized or criminals arrested. In order to maximise EMPACT's potential and turn it into a flagship instrument for operational cooperation against organised crime, the EU will transform the mechanism into [a permanent instrument](#) as from the next policy cycle (2022-2025), and will potentially even enshrine it in EU law.

## Justice and home affairs agencies

Drug issues fall within the remit of several specialised EU justice and home affairs agencies, including [Europol](#) (which first operated as a drugs unit), the EMCDDA and [Eurojust](#). The EMCDDA collates, analyses and disseminates drug-related data from the Member States through the European Information Network on Drugs and Drug Addiction (REITOX) national focal points and other networks; it monitors the state of the drugs problem and emerging trends; and evaluates the Member States' drug policies. The EMCDDA is also responsible for assessing the risks of NPS within the early warning system. Two of its key publications are the annual [European Drug Report](#) and the [EU Drug Markets Report](#), which it publishes jointly with Europol. Europol acts as the EU criminal information exchange hub and provides operational support and expertise to Member States' criminal investigations. In relation to illicit drugs, [Europol](#) analyses the drug trade and its underlying business models and supports drug raids by offering criminal intelligence analysis and operational support to law enforcement. When it comes to bringing serious criminals to justice, Eurojust assists prosecutors and other investigators from the EU Member States. Between 2016 and 2020, Eurojust dealt with [an increasing number of drug trafficking cases](#) (from 279 in 2016 to 562 in 2020), most of them involving the trafficking of cocaine and cannabis. Eurojust encourages investigating the financial aspects of the drug trade to ensure that financiers and money launderers are also indicted and the assets of the members of the criminal organisation are seized.

## International cooperation

The European External Action Service ([EEAS](#)) has a key role in supporting international cooperation efforts, including through the EU delegations and common foreign and security policy (CFSP) instruments such as common security and defence policy (CSDP) missions and operations and the network of counterterrorism/security experts. The EU's external relations in the field of drugs are based on the principles of shared responsibility, multilateralism, the promotion of a development-oriented approach, respect for human rights and human dignity, the rule of law and respect for the international drug control conventions.

EU action in the fight against illicit drugs has its clear limits, not only because of the EU's narrow legal basis in the field but also because it is the national and international (notably, the UN) levels where the most substantial developments happen.

With drugs being a global phenomenon and a serious cross-border security threat, international cooperation on drug-related issues has a long history and has led to creating a highly institutionalised drug control framework based on a range of treaties. Inter-state efforts aimed at tackling drug-related challenges started with the first international conference about drugs, the [Opium Commission](#), meeting in Shanghai in 1909. The world's first international drug-control treaty – [the International Opium Convention of The Hague](#) – resulted from this forum in 1912. The newly created League of Nations became the custodian of the Opium Convention after World War I. Since the founding of the United Nations in 1945, another [three conventions](#) became the cornerstone of international drug policy – regulating the production, export, import, distribution, trade, use and possession of illicit drugs – to which all EU Member States are signatories:

- The 1961 [Single Convention on Narcotic Drugs](#) (amended by the 1972 Protocol);
- the 1971 [Convention on Psychotropic Substances](#);
- and the 1988 [Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances](#), to which also the EU as a whole is a signatory.

The UN fora involved in drug policy are the UN Office on Drugs and Crime ([UNODC](#)), the United Nations General Assembly Special Session ([UNGASS](#)) on drugs, and the Commission on Narcotics and Drugs ([CND](#)), with the International Narcotics Control Board ([INCB](#)) as the independent expert body monitoring member countries' compliance with the UN international drug control treaties. The EU plays an active role at UN level, notably in the CND, to support the work on assessing and developing drug policies. Other international organisations working on drugs issues – often in joint initiatives with the UN – are the World Health Organization ([WHO](#)), [Interpol](#), the Council of Europe (through [the Pompidou Group](#)) and the International Drug Policy Consortium ([IDPC](#)). Besides cooperation at UN level, some states meet and coordinate their views on drugs at regional level, such as within the Inter-American Drug Abuse Control Commission ([CICAD](#)), the Caribbean Community ([CARICOM](#)), the Association of Southeast Asian Nations ([ASEAN](#)), and the Community of Latin American and Caribbean States ([CELAC](#)).

### (De)criminalisation

Throughout history, policy-makers have taken [various approaches to mind-altering substances](#), sometimes refraining from any form of regulation. However, prohibition became the quasi-worldwide rule over the past century. Following the counterculture protests of the 1960s, the concept of the 'war on drugs' has been promoted and strongly supported by the US and codified by the UN.

Nowadays, almost all jurisdictions around the world criminalise at least the production and trade in psychoactive substances for purposes other than medical or scientific. Such policies are justified by the need to tackle OCGs, which are thriving on profits from the drug business. Whereas this approach remains dominant, it has been subject to growing criticism. Opponents argue that it has led to boosting drug-related crime and that there is no evidence that the global drug problem has been or can be reduced by strict control.

A particularly contentious issue is that of [criminalising drug use](#). There seems to be a general consensus that, for a drug policy to be efficient, it also needs to address the demand side of the drug problem. It is argued however that policies based on strict law enforcement lead to escalating drug users' problems. Moreover, it is held that those policies are ineffective in curbing drug use, or at least their effectiveness has not been proven.

Source: [The European Union and illicit drugs](#).

The EU cooperates on drug issues with these international organisations and with particular groups of countries or regions, including through regional dialogues with – in particular – Latin America and the Caribbean, Central Asia, the Eastern Partnership countries and the Western Balkans, and expert dialogues with countries such as the US, China and Russia. The EU also holds bilateral dedicated dialogues with countries such as the US, China and Russia. The EU furthermore funds a wide range of transnational cooperation projects along the cocaine route (in Latin America, the Caribbean and West Africa) and along the heroin route (in Afghanistan and Central Asia), and provides technical assistance to (potential) accession candidate countries in the Western Balkans. The [focus of the EU's international activity](#) is on supply reduction and law enforcement cooperation, but there are also important activities aiming to encourage alternative development, expand treatment provision and temper the most repressive responses to drug use. A [mid-term assessment](#) by the European Commission of the EU drugs strategy 2013-2020 and the final evaluation of the action plan on drugs 2013-2016 concluded that the EU's added value is that it speaks in one voice on drugs matters on the international stage.

## MAIN REFERENCES

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## ENDNOTES

- <sup>1</sup> Within the Council, the Horizontal Drugs Group ([HDG](#)) has been the major coordinating body since 1997. The HDG prepares drug strategies, EU action plans and other relevant documents; deals with information exchange on national drug policies and drug-related issues among the Member States and with countries outside the EU; and coordinates actions taken by the Member States within the EU and abroad.
- <sup>2</sup> The Council defines each cycle's priorities taking into account Europol SOCTA's recommendations and data from other agencies (such as the European Border and Coast Guard ([Frontex](#)), the European Union Agency for Criminal Justice Cooperation ([Eurojust](#)) and the [EMCDDA](#)), from third countries – partners to Europol, from private partners and from open sources.

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