

COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 14.02.2005
COM(2005) 45 final

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

on a EU Drugs Action Plan (2005-2008)

{SEC(2005)216}

Introduction

The drugs phenomenon is one of the major concerns of the citizens of Europe and a major threat to the security and health of European society. The EU has up to 2 million problem drug users. The use of drugs, particularly among young people is at historically high levels. The incidence of HIV/AIDS among drug users is causing increasing concern. Since the drugs problem is a global one, the EU takes action through a number of political issues like the dialogue on drugs with various regions of the world. Finding a realistic and effective response to this problem therefore must remain a political priority for the European Union.

In December 2004, the European Council endorsed the **EU Drug Strategy (2005-2012)** which sets the framework, objectives and priorities for two consecutive four-year Action Plans to be brought forward by the Commission. This Strategy is an integral part of the multi-annual programme "The Hague Programme" for strengthening freedom, security and justice in the EU which states that "an optimal level of protection of the area of freedom, security and justice requires multi-disciplinary and concerted action both at EU level and national level...".

The Strategy has a number of major objectives:

– to achieve a high level of health protection, well-being and social cohesion by complementing the Member States' action in preventing and reducing drug use, dependence and drug-related harms to health and society.

– with due regard for the EU's achievements and values in terms of fundamental rights and freedoms, to ensure a high level of security for the general public by taking action against drugs production, cross-border trafficking in drugs and diversion of precursors and by intensifying preventive action against drug-related crime through effective cooperation embedded in a joint approach.

– to strengthen the EU's coordination mechanisms to ensure that action taken at national, regional and international levels is complementary and contributes to the effectiveness of drug policies within the EU and in its relations with other international partners. The latter calls for a more clearly identifiable European position in international fora such as the UN and its specialised agencies, reflecting the EU's dominant position as a donor in this area.

The Strategy concentrates on the two major dimensions of drugs policy, demand reduction and supply reduction. It also covers a number of cross-cutting themes: international cooperation, research, information and evaluation.

The Action Plan proposed by the Commission takes account of its Final Evaluation of the EU Drug Strategy and EU Action Plan on Drugs (2000–2004)[1]. It targets in particular those areas that the evaluation highlighted as needing further progress. It reiterates a number of essential objectives that were not reached under the previous Action Plan. The Commission has also carried out an initial consultation of civil society on future policy through a dedicated web site. Such consultation will be significantly expanded by the Commission during the course of the Action Plan to include a wide range of representatives of civil society across the EU in a dialogue on how best to deal with drugs issues.

In terms of the ultimate goal it should be clearly understood that the Strategy and Action Plan are not an end in themselves; even if all the objectives they contain are reached we must conclude that they have failed if the result is not a measurable reduction of the drugs problem in our societies. The citizens of Europe expect this. The ultimate aim of the Action Plan is to

[1] COM (2004) 707 final.

significantly reduce the prevalence of drug use among the population and to reduce the social harm and health damage caused by the use of and trade in illicit drugs. It aims to provide a framework for a balanced approach to reducing both supply and demand through a number of specific actions.

These should meet the following criteria:

– Actions at EU level must offer clear added value and results must be realistic and measurable.

– Actions must be cost-effective and contribute directly to the achievement of at least one of the goals or priorities set out in the Strategy.

– The number of actions in each field should be realistic.

In terms of methodology, the Commission has designed this Action Plan not as a static list of political objectives, but as a dynamic policy instrument. It follows the structure and the objectives of the Strategy and focuses on concrete results in specific priority areas. Assessment tools and indicators have been introduced for each action. These have been drawn up with the help of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol, who will help the Commission to keep track of implementation of the Action Plan. On this basis the Commission will publish an annual report and, if necessary, propose adjustments.

Responsibility for implementation of actions and deadlines are clearly indicated in the Plan. To keep implementation on track, targets whose deadlines have passed or are unlikely to be met will be subject to recommendations for their implementation or identification of failure to implement. The Commission will carry out an impact assessment in 2008 in view of proposing a second Action Plan for 2009-2012. A final evaluation of the Strategy and the Action Plans will be carried out by the Commission in 2012. These evaluations will go beyond the strict confines of the Action Plan and will include, on the basis of the work of the EMCDDA and Europol, a general view of the evolution of the drugs situation in Europe.

This Action Plan is ambitious in its objectives but it matches the serious nature of the issues confronting EU citizens. It respects the principles of subsidiarity and proportionality and leaves full scope for local, regional, national and transnational actions, while at the same time encouraging all actors to examine how these actions can be mutually supportive and contribute towards achieving the objectives of the EU Drug Strategy.

COORDINATION

Strategy aim 17[2]

Coordination is key to the establishment and conduct of a successful strategy against drugs

Aim	Action proposed	Timetable	Responsible Party[3]	Assessment tool /Indicator[2]
1. Effective coordination at EU and national level	1. Member States and the Commission to have a fully operational drugs coordination mechanism and to designate a person, department or body to act as drugs coordinator	2007	MS COM	Annual report on national structures by the COM, in cooperation with the EMCDDA
	2. Member States, with due regard to their national legislation and administrative structures, to adopt an overall national strategy and/or action plan on drugs	2007	MS	Idem
2. Ensure a balanced, multidisciplinary approach	Member States to transpose EU common priorities into national strategies/action plans	2007	MS	Idem

[2] This numbering corresponds to that of the Strategy aims in the EU Drugs Strategy 2005-2012

[3] Presidency = PRES, Member States = MS, Commission = COM.

3. Involve civil society	1. The Commission to issue a Green Paper on ways to effectively cooperate with civil society	2006	COM	COM's Green Paper
	2. Member States to take into account the expertise of all groups and bodies concerned	2007	MS	MS report to the HDG on the consultation outcome by 2008
	3. The Commission to provide for a Eurobarometer survey on youth attitude regarding drugs	2008	COM	Report delivered
Strategy aims 18 - 19 *EU-level coordination of drugs policy should take place through the Horizontal Working Party on Drugs (HDG)*				
4. Effective coordination in the Council	1. The HDG to focus its activities on the implementation of the EU Action Plan	Ongoing	Council	COM's Annual Progress Review
	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	Ongoing	Council	Mandate of the HDG reviewed by 2005 Results of the HDG discussions on external relations drug issues reported to the relevant geographic working groups and vice-versa

Strategy aim 20 *One of the areas in which coordination is of great importance is that of international cooperation*				
5. Systematic mainstreaming of drugs policy into relations and agreements with relevant third countries	1. The Council to ensure that EU action plans for various regions are only adopted if adequate resources for their implementation are allocated	Ongoing	Council	COM Report by 2008
	2. Include a specific clause on cooperation on drugs in new agreements with third countries/regions	Annual	Council COM	Number of new agreements with a specific clause on drugs
Strategy aim 21 *The national authorities responsible for coordinating drug issues and policies will contribute to the practical implementation of the EU Action Plans within the context of the implementation of national programmes*				
6. Maintain regular forum for EU coordination	The Presidency and the Commission 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	Twice a year	PRES COM MS	Outcome of meetings

DEMAND REDUCTION				
Strategy aim 22 *Measurable reduction of the use of drugs, of dependence and of drug related health and social risks*				
Aim	**Action proposed**	**Timetable**	**Responsible Party**	**Assessment tool /Indicator**
7. Improve coverage of access to and effectiveness of drug demand reduction measures	Ensure evaluation of drug demand reduction programmes and 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	2007	MS EMCDDA	Number of evaluated drug demand reduction programmes in EDDRA; number of users of EDDRA Drug use and risk perception on drugs among pupils (EMCDDA)
Strategy aim 25.1 *Improving access to and effectiveness of prevention programmes, including targeted prevention and family/community-based prevention*				
8. Improve access to and effectiveness of school-based prevention programmes	Ensure that comprehensive prevention programmes covering both licit and illicit drugs as well as poly-drug use are included in school curricula or are implemented as widely as possible	2007	MS	Number of MS having included comprehensive programme-based drug prevention in schools; percentage of pupils reached
9. Set up targeted prevention. Develop new ways of reaching target groups, e.g. by	Develop and improve prevention programmes for specific target groups (e.g. families at risk, school drop outs) and specific settings (e.g. drugs and driving, drugs at the work place, drugs in	2007	MS COM	Rate of availability of prevention programmes for specific target groups (EMCDDA)

using Internet	recreational settings)			COM study on the influence of alcohol, drugs and medicines on driving by 2008 MS Report to the HDG on coverage of drug programmes at work place by 2008 Number, coverage and evaluated effectiveness of prevention projects in recreational settings (EMCDDA)
Strategy aim 25.2 *Improving access to early intervention programmes especially for young people with experimental use of psychoactive substances*				
10. Improve methods for early detection of risk factors and early intervention	Detection of drug use included in the training of professionals who come into contact with potential drug users	Ongoing	MS	MS Report on estimated percentage of professionals who receive such training by 2008 Age of first drug use/ first treatment demand (EMCDDA)

Strategy aim 25.3 *Improving access to targeted and diversified treatment programmes, including integrated psychosocial and pharmacological care*				
11. Ensure the availability of and access to targeted and diversified treatment and rehabilitation programmes	1. Treatment options covering a variety of psychosocial and pharmacological approaches to be available and correspond to demand for treatment	Ongoing	MS	Treatment demand and availability indicators (EMCDDA)
	2. Establish strategies and guidelines for increasing availability of services for drug users not reached by existing services	Ongoing	MS	Idem
	3. Improve access to and coverage of rehabilitation and social reintegration programmes	Ongoing	MS	Idem
12. Improve the quality of treatment services	Agree on EU wide minimum standards on drug treatment	2008	Council COM	COM proposal by 2007
13. Further develop alternatives to imprisonment for drug addicts and drug services for people in prisons	1. Make effective use and develop further alternatives to prison for drug addicts who commit drug related offences	Ongoing	MS	MS Report to the HDG by 2008
	2. 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	Ongoing	MS COM	COM proposal for a recommendation by 2007

Strategy aim 25.4 *Improving access to services for the prevention and treatment of HIV/AIDS, hepatitis, other infections, diseases and drug related health and social damage*				
14. Prevention of health risks related to drug use	Implementation of the Council Recommendation on the prevention and reduction of health related harm associated with drug dependence	Ongoing	MS	COM report by 2006
15. Availability and access to harm reduction services	Ensure access to services for addicts, including substitution and maintenance treatment, needle exchange and similar services assigned to reduce risks	Ongoing	MS	Estimated number of syringes distributed and drug users reached (EMCDDA) Treatment demand and availability indicators (EMCDDA)
16. Prevention of the spread of HIV/AIDS, hepatitis C, other blood born infections and diseases	Ensure the implementation of comprehensive programmes on HIV/AIDS, hepatitis C, other blood born diseases incorporating coordination and collaboration between all services providers directed at vulnerable groups	Ongoing	MS COM	Prevalence indicators on HIV, hepatitis C and other infections (EMCDDA)
17. Reduction of drug related deaths	Reduction of drug related deaths to be included as a specific target at all levels with interventions specifically designed for this purpose	Ongoing	MS	Drug related deaths indicator (EMCDDA)

SUPPLY REDUCTION				
Strategy aim 27.1 *Strengthening EU law enforcement co-operation on both strategic levels and crime prevention levels, in order to enhance operational activities in the field of drugs and the diversion of precursors*				
18. Reduce the production and supply of synthetic drugs	Develop a long-term solution for the use of forensic profiling of synthetic drugs for law enforcement purposes building on previous experiences	2008	MS COM Europol	COM Report
19. Target money laundering in relation to drug crime	Implement joint operational projects	Ongoing	MS Europol Eurojust	Number of projects initiated or completed Drug related criminal cash flows detected and disrupted
20. Utilise confiscated assets to finance drug projects	Explore the possibility of developing a fund to be used for joint operational projects to be financed from the confiscation of assets earned through drug production and trafficking	2007	COM	Study on best practice in the establishment of such a fund
21. Explore possible links between drug trafficking and financing of terrorism	Conduct research into possible links between drug trafficking and financing of terrorism	2007	COM MS	Research completed

22. Step up work on prevention of drug related crime	Assess extent of drug related crime in the EU	2006	MS EMCDDA	Compilation of the existing studies to be presented by the EMCDDA to the COM by 2008 Availability or perceived availability of drugs at street level, price, purity and potency (EMCDDA)
23. Examine drug related crime prevention practices in third countries	Conduct a study on drug related crime prevention practices in third countries	2008	COM	Study completed
24. Increase training for law enforcement agencies	CEPOL to include in its annual work programmes more training courses for law enforcement agencies specifically relating to combating drug production and trafficking	2006	CEPOL	Additional relevant training included in the CEPOL Annual Work Programme from 2007
Strategy aim 27.2 – 27.3 *Intensifying effective law enforcement cooperation between Member States using existing instruments and frameworks* *Prevention and punishment of the illicit import and export of narcotic drugs and psychotropic substances*				
Aim	**Action proposed**	**Timetable**	**Responsible Party**	**Assessment tool /Indicator**
25. Step up and develop law enforcement co-operation between Member States and, where appropriate, with	1. Implement joint operational projects, such as joint investigation teams, joint customs operations and a European transport police cooperation network	Ongoing	MS Europol Eurojust	Number of joint operational projects initiated or completed Quantity of precursors and

third countries, Europol and/or Eurojust against international organised drug production and trafficking				drugs seized Number of criminal groups disrupted Number of illicit laboratories dismantled
	2. Europol to compile and disseminate an assessment of the threat to the EU arising from drug production and supply	Bi-annual	MS Europol	Assessment report
26. Combat serious criminal activity in the field of precursor chemical diversion by stepping up law enforcement cooperation between Member States and, as appropriate, with third countries, Europol and/or Eurojust	Implement joint operational projects such as the European Joint Unit on Precursors	Ongoing	MS Europol Eurojust	Number of joint operational projects initiated or completed Quantity of precursors and drugs seized Number of criminal groups disrupted
27. Prevent the diversion of precursors, in particular synthetic drug precursors imported into the EU	1. Implement the EU precursor legislation, in particular the cooperation between MS in relation to controls of imports of synthetic drug precursors and strengthening customs controls at the external border of the EU	Ongoing	MS COM	Number of risk controls established
	2. Support international operations of the UN INCB (International Narcotics Control Board), in particular Project Prism	Ongoing	MS COM	Number of operations initiated or completed

			Europol	
Strategy aim 27.5 *Intensifying law enforcement efforts directed at non EU countries, especially producer countries and regions along trafficking routes*				
28. Establish and expand networks of Member State liaison officers in producer countries and countries along trafficking routes	1. Each network to meet to improve operational cooperation and coordination of MS action in third countries	Twice a year	MS	Number of meetings held
	2. Implement operations with law enforcement agencies of third countries	Ongoing	MS	Number of operations initiated and completed

INTERNATIONAL COOPERATION

Strategy aim 30.1

Coordinated, effective and more visible action by the Union in international organisations and fora

Aim	Action proposed	Timetable	Responsible Party	Assessment tool /Indicator
29. Adopt EU common positions on drugs in international *fora*	EU positions at international meetings dealing with drugs issues to be prepared in the HDG. EU coordination meetings to take place during Commission on Narcotic Drugs (CND) and other meetings	Annual	PRES MS COM	Number of EU positions for relevant international meetings
30. 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	Annual	PRES MS COM	Number of EU statements
31. Bring forward EU joint resolutions and to 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	Annual	PRES MS COM	Number of EU joint resolutions and co-sponsored resolutions

Strategy aim 30.2 *Special efforts in relation to the candidate countries, and potential candidate countries, such as the countries of the Stabilisation and Association Process*				
32. Support the candidate and stabilisation and association process countries	Provide the necessary technical and other assistance to these countries to familiarise them with the EU acquis and to assist them in carrying out the required actions	2008	MS COM EMCDDA Europol	Number of projects completed; expenditure and percentage of total expenditure on assistance to these countries
33. Enable candidate countries to participate in the work of EMCDDA and Europol	Conclude agreements with candidate countries	2008	Council COM	Number of cooperation agreements concluded
Strategy aim 30.3 *Assisting third countries, including European Neighbourhood countries, and key drug producing and transit countries to be more effective in both drugs demand and drugs supply reduction*				
34. Assist European Neighbourhood countries	1. Implement drugs part of European Neighbourhood Policy Action Plans	2008	MS COM	Number of drugs provisions implemented
	2. Implement drugs part of the EU-Russia Action Plan against organised crime	2006	MS COM	Number of drugs provisions implemented
35. Provide assistance to third countries/regions	Assistance to be linked to the drugs actions plans adopted by the EU with various regions. Particular assistance to be provided to Afghanistan	2008	MS COM	Number of projects completed; expenditure and percentage of total

	in the context of the development of its Drug Control Strategy and to neighbouring countries in order to reinforce a regional approach			expenditure on assistance to these countries/regions
36. Continue and develop an active political engagement by the EU with third countries/regions	1. Use mechanisms, such as the Coordination and Cooperation Mechanism on Drugs between the EU/Latin America and the Caribbean and Drug Troika meetings	Ongoing	Council COM	Annual report on the use of these mechanisms
	2. Review the activities and measures and, where appropriate, establish new priorities in the drugs action plans the EU has adopted with: - Latin America and the Caribbean - Central Asia - Western Balkan countries	2006 2007 2008	Council COM	Review reports
37. Improve the coherence of the assistance to third countries/regions	1. Exchange information on operational activities in third countries and regions	Annual	Council COM	Annual report by COM
	2. Evaluate EC and Member States drug projects included in cooperation programmes	2008	MS COM	MS and COM reports to the Council
	3. Identify duplication and gaps in technical assistance	2008	Council COM	Update of the database on technical assistance projects in candidate and third countries by COM on the basis of information provided by MS. COM report to the Council

INFORMATION, RESEARCH AND EVALUATION				
Strategy aim 31 *A better understanding of the drugs problem and the development of an optimum response to it*				
Aim	**Action proposed**	**Timetable**	**Responsible Party**	**Assessment tool /Indicator**
38. Provide fully reliable and comparable data on key epidemiological indicators	Full implementation of the five key epidemiological indicators and, as appropriate, fine tuning of these indicators	2008	MS EMCDDA	Reports from the MS identifying possible problems in implementation
39. Provide reliable information on drug situation	Establish a consolidated list of indicators and assessment tools for the evaluation of the EU Drug Strategy and Action Plans	Ongoing	COM EMCDDA Europol	COM Annual review with the support of the EMCDDA and Europol
40. Develop clear information on emerging trends and patterns of drug use and drug markets	Achieve an agreement on EU guidelines and mechanisms on detecting, monitoring and responding to emerging trends	2008	Council COM	COM Proposal by 2007 in cooperation with the EMCDDA and Europol
41. Produce estimates on public expenditure on drug issues	Member States and Commission to develop estimates of direct and indirect expenditure on drugs	2006	MS COM	Expenditure estimates on drug related law enforcement, drug related health and social issues and international cooperation, with the support of the EMCDDA

Strategy aim 31.2 *Each of the EU Action Plan should include priority research topics to be fostered at the EU level, taking into account the rapid evolution of the drugs problem*				
42. Better understanding on the factors behind addiction and dependence and on addiction treatment	Promote research on biomedical, psychosocial and other factors behind drug use and addiction in the context of Community Programme for Research and Development and in Member States	Ongoing	MS COM	Identification and inclusion of topics in the Framework Programme and the work programmes as well as national research programmes Amount of successful drug related applications to the Research Programme and number of projects supported at the MS level
43. To 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	2007	COM	COM report on the level of networking and acquired funding for these networks

Strategy aim 32 *To give clear indications about the merits and shortcomings of current actions and activities on EU level*				
44. Continuous and overall evaluation	1. 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	Annual	COM	Progress reviews
	2. Commission to organise an impact assessment with a view of proposing a new Action Plan for 2009 – 2012	2008	COM	Impact assessment with the support of EMCDDA and Europol
45. Follow up of the mutual evaluation of drug law enforcement systems in the Member States	Extent of implementation of recommendations for best practices	2006	Council	Council report and proposal for recommendations