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Preface

On 8 June 2004, the Council decided that a new integrated and balanced Drugs Strategy for the post-2004 period should be put into place.[1] The framework and priorities established by the new Strategy are to serve as the basis for two consecutive three-year EU Action Plans on Drugs (each followed by a one-year evaluation period).

This new Drugs Strategy is based first and foremost on the fundamental principles of EU law and, in every regard, upholds the founding values of the Union: respect for human dignity, liberty, democracy, equality, the rule of law and human rights. It aims to protect and improve the well-being of society and of the individual, to offer a high level of security for the general public and to take a balanced, integrated approach to the drugs problem.

[1] CORDROGUE 36: Paper from the Irish Presidency to the HDG on the Dublin conference – "EU Strategy on Drugs – The Way Forward", 10/11 May 2004

The Strategy bears in mind the relevant international conventions. The UN Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971) and the Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988) are major legal instruments for controlling the availability of narcotic drugs. Furthermore, the UN General Assembly Special Session on Drugs of 1998 confirmed the importance of the integrated and balanced approach, in which supply reduction and demand reduction are mutually reinforcing elements in drugs policy.

To achieve an EU approach to the drugs problem, the Strategy builds on the legal foundations provided by the current EU and EC Treaties (article 152 TEC, articles 31, para. 1 (e) and 34, para. 2 (b) TEU and Title V TEU), but also takes into consideration the future Constitution of the EU (articles I-15, I-39, III-172, III-179 and III-206 et seq).

In accordance with the relevant provisions of the EU Treaty, this Strategy stresses the importance of paying due regard to the principles of subsidiarity and proportionality in relation to all activities undertaken. The Strategy is also intended to allow scope for local, regional, national and transnational dynamics and potentialities. Account is also taken of the organisational and financial constraints of Member States and EU institutions.

Finally, this Strategy takes into consideration the EU Drugs Strategy 2000-2004, the EU Action Plan on Drugs (2000-2004), the Mid-Term Evaluation of the Action Plan, the Council's response to this Mid-Term Evaluation and the results of the Final Evaluation.

§1. Introduction

The drugs problem can be viewed from various perspectives, including those of politics, research and everyday practice in the field. Legislation and policies through which the approach will ultimately take shape have to take account of all these angles.

Considering the Treaties, other relevant European policy documents and the experience of the last decade, the Council identifies two general aims with regard to drugs. They can be summed up as follows:

- the EU aims at a contribution to the attainment of a high level of health protection, well-being and social cohesion by complementing the Member States' action in reducing drug-related health damage, including information and prevention;
- the EU and its Member States aim to ensure a high level of security for the general public by taking action against large-scale 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.

The present integrated, multidisciplinary and balanced approach of combining demand and supply reduction will remain the basis of the Union's approach to the drugs problem in the future. This approach requires cooperation and coordination. Given the horizontal nature of the problem, this cooperation and coordination will need to be achieved not only in numerous sectors, including welfare, health, education and justice and home affairs, but also in relations with non-Member States and the relevant international fora. A balanced approach to the drugs problem also requires adequate consultation with a broad group representative of the relevant NGOs and civil society. Especially in the process of drawing up action plans, their advice should be taken into account.

This new Drugs Strategy proposes to make use of existing instruments instead of introducing new ones. Furthermore, it explicitly calls for a 'thematic' or 'regional' approach to drugs-related problems. This means that Member States facing a common problem may explore the option of intensified (operational) cooperation, especially on operational issues, in order to address it in an efficient and effective way. Other Member States, which may not be confronted with the same problems, are free to decide whether or not to participate in any initiative of this kind.

The Strategy concentrates on two policy fields, demand reduction and supply reduction, and on two cross-cutting themes, international cooperation and information and evaluation. To facilitate practical implementation, it is advisable to develop two consecutive Drugs Action Plans, based on this Strategy, describing specific interventions and actions.

The Commission is requested to draw up draft Action Plans for consideration by the Council (for the 2005-2007 and 2009-2011 periods, the years 2008 and 2012 being reserved for the evaluation of the respective Action Plans) in concert with the European Parliament, the EMCDDA and Europol and in consultation with the relevant civil society organisations. This Drugs Strategy 2005-2012 will form the basis for drafting these Action Plans.

Taking due account both of the current state of play on drugs in each of the 25 Member States and of differences in the drugs situation between regions, Member States and groups of Member States, actions will be selected for inclusion in the Action Plans on the basis of five criteria:

1. Actions at EU level must offer clear added value and their results must be measurable and realistic. The intended results should be stated in advance.
2. The Action Plans must expressly state the timeframe in which the actions should be implemented (preferably the action plan period), as well as those responsible for executing them and for reporting on their progress.
3. Activities must contribute directly to the achievement of at least one of the goals or priorities set out by the Strategy.
4. Interventions must be reasonably cost-effective.
5. There must be a limited number of interventions or activities in each field.

The Commission is asked to take particular care to create links between initiatives in the fields of demand and supply reduction. With regard to this issue, the Commission and the Council will constantly draw on the knowledge and expertise available in specialist organisations, both within the EU (the EMCDDA and Europol) and outside it (the Council of Europe and UNODC). The Commission, the Council and the European Parliament will also be encouraged to ensure clear coordination between their own activities on drugs. Within the Council, the Horizontal Drugs Group (HDG) will play a key role in this effort.

By the end of 2012, progress should have been made on all the priorities in the fields defined in the Strategy. This will be achieved through interventions and actions at the level of individual Member States, groups of Member States or the EU as a whole and in cooperation with third countries and international organisations like the Council of Europe and the United Nations. The evaluation of the Action Plans on Drugs will be conducted by the Commission, in cooperation with the EMCDDA, Europol and the Member States.

§ 2. Coordination

To achieve an integrated, multidisciplinary and balanced approach to the problem, a coordination mechanism should be further developed at European level. The Action Plans should include actions that will contribute to the further development of European coordination mechanisms.

The accession of ten new countries to the European Union makes the issue of coordination even more pressing. At the end of 2003, the European Commission issued a communication on the subject.[2] This Strategy aims to take into account the established views of Member States and the Commission on coordination in the field of drugs policy.

EU-level coordination of drugs policy should take place through the Horizontal Drugs Group (HDG). The role and mandate of the HDG is to pursue the policies that the Council develops. The leading role of the horizontal group ought to ensure consistent management throughout the life of the Strategy and Action Plans and throughout each individual project within them – irrespective of which Presidency is chairing the group.

The other relevant Council Working Groups, such as the Police and Customs Cooperation Working Parties, the Multidisciplinary Group on Organised Crime and the Health Working Group, should not only be kept informed on the content of this Drugs Strategy, but also be involved in implementation through the Action Plans.

One of the areas in which coordination is of great importance is that of international cooperation (i.e. external to the EU). The Horizontal Working Party should regularly devote attention to external aspects of drugs policy. It should provide for the exchange of information and lay the foundations for a visible and effective external policy.

The capacity available at European level is not fully exploited due to poor coordination between organisations, which in turn partly stems from the different policy frameworks within which these organisations operate.

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[2] CORDROGUE 98 / COM (2003) 681 Final

What is needed is a coordinating structure linking the EU with other international partners at European level, such as the Pompidou group, WHO and UNODC. Solutions should not be sought, however, in creating new institutions but in redefining tasks, improving cooperation and reconsidering budget allocations.

Within individual Member States, national drugs coordinators are responsible for coordination within their country and for drawing up and implementing national policies. They are the *de facto* end users of the Drugs Strategy and the Action Plans based on it. Therefore, it is important for national drugs coordinators to be kept informed about developments within the Horizontal Drugs Group and vice versa. The twice-annual meetings of drugs coordinators should place more emphasis on reflecting on progress with the EU Drugs Strategy and Action Plans and should report to the HDG and Council.

§3. Policy field: demand reduction

Building on previous experience – acquired, for example, through implementing and evaluating the Community action programme on the prevention of drugs dependence – the European Union will intensify its activity in the field of demand reduction.

In the field of demand reduction the EU Drugs Strategy 2005-2012 will aim for the following concrete, identifiable result:

> *Measurable development and improvement of an effective and integrated comprehensive knowledge-based prevention, treatment and harm reduction system within the EU Member States in order to contribute significantly to the reduction of the demand for drugs and of drug-related harm.*

It should be noted that:

(a) to reduce drug-related harm, prevention is to be preferred to treatment, treatment is to be preferred to harm reduction and harm reduction is to be preferred to abstaining from efforts ti minimize the health risks for drug users and society as a whole and;

(b) preventive measures, treatment options and harm reduction measures should be offered in an integrated manner.

In view of the nature of the problem and the need to achieve added value at European level, the Council and Commission are asked to give priority to the following areas and address these issues in the coming Action Plans by means of joint actions, the transfer of knowledge and experience and intensified cooperation, especially in operational areas, between Member States. In this regard it is also necessary to take into account the different levels of health risks involved with different forms of drug use (such as polydrug use or drug use during pregnancy).

In the area of demand reduction the following priorities have been identified:

1. Improving the effectiveness and sustainability of drugs prevention and raising awareness about drug-related risks through the dissemination of reliable, high-quality information among young people and special target groups.

2. To improve the availability of and access to treatment programmes, including psychosocial care, of proven effectiveness in all EU Member States. Treatment of health problems resulting from the use of legal and illegal drugs should become an integral part of Community health policies.

3. To improve the availability of harm reduction interventions, which should be integrated into national treatment options. In this regard special emphasis should be placed on HIV/AIDS and other bloodborne infections.

§4. Policy field: supply reduction

In the field of supply reduction, the EU Drugs Strategy 2005-2012 and the Action Plans are to yield the following concrete, identifiable result by 2012:

A measurable improvement in the effectiveness, efficiency and knowledge base of law enforcement interventions and actions by the EU targeting large-scale production and trafficking of drugs and the diversion of precursors, to be attained by focusing on drug-related organised crime, using existing instruments and frameworks, opting for regional or thematic cooperation and looking for ways of intensifying preventive action in relation to drug-related crime.

In the field of EU judicial and police drugs policy it makes sense to focus on the following priorities, and to select activities for inclusion in the Action Plans accordingly:

1. *Intensifying effective law enforcement cooperation between Member States using existing instruments and frameworks.*
   Many instruments and frameworks, such as Joint Investigation Teams, the European Arrest Warrant, Europol and Eurojust, and confiscation of assets, have been established in recent years. We should learn more about their effectiveness, impact and full potential before introducing new EU-wide measures and regulations.

2. *Enhancing law enforcement cooperation between EU member states that have common interests and/or face the same drug-related problems.*
   Greater scope could be created for Member States which find themselves facing the same problem (for example, illegal trade in precursors, cocaine smuggling via airports, heroin or cannabis smuggling by sea, or production of drugs) to join together on a project basis in the search for solutions.

   This will presumably make police and judicial action in the field of drugs more effective. Such projects might, for example, take the form of joint investigations, investigation teams or conferences on particular themes. In this field, full use should be made of the capabilities of Europol and Eurojust. The knowledge and experience gained through joint projects should be shared with all EU Member States so that best practices can be applied elsewhere.

3. *Intensifying law enforcement efforts directed at non-EU countries, especially producer countries and regions along trafficking routes.*
   The disappearance of most internal borders has made the EU an ever more attractive market for illegal drugs. Once inside, illegal products can be traded more or less freely without attracting the attention of customs or nationally-oriented law enforcement authorities. International organised crime does not respect national borders or national authority and therefore European cooperation on control of high-risk goods entering the Union should be stepped up. Customs services should work together to carry out this policy. In the case of enforcement efforts outside the EU, it is vital to expand the network of EU liaison officers in third countries. With due regard to the EU's fundamental principles, vigorous action should be taken to encourage and expand cooperation with third-country enforcement agencies.

4. *Focusing EU law enforcement cooperation in the field of drugs on large-scale production, (intra EU)cross-border trafficking of drugs and criminal networks engaged in these activities, while respecting the principle of subsidiarity and diversity of existing drugs policies.*
   The added value of an EU approach is obvious when it focuses on more serious crime with consequences in more than one Member State. Of course, this leaves Member States free to take additional action, for instance directed against street-level crime. While strategic action is needed to curb the flow of drugs from third countries into the EU, it should not be forgotten that drugs are also being produced within the EU and exported out.

§ 5. Cross-cutting theme: international cooperation

In the field of international cooperation the EU Drugs Strategy 2005-2012 will aim for the following concrete, identifiable result:

A measurable improvement in effective and more visible coordination between Member States and in promoting and developing a balanced approach to the drugs problem in dealings with international organisations, in international fora and with third countries, in order to reduce the drugs supply to Europe and drugs demand in priority areas.

The global nature of the drugs problem calls for an international and multilateral approach. Coordination and cooperation need to be intensified, both bilaterally (between the Union and third countries) and within international organisations and fora.

In external relations, the following priorities have been identified:

1. *Coordinated, effective and more visible action by the Union in international organisations and fora enhancing and promoting a balanced approach to the drugs problem.*
   The EU should aim to expand its political influence in the international arena and to achieve maximum impact with the resources it devotes to combating drugs production and trafficking and reducing the demand for drugs.

The Member States and Commission hold consultations in the Council with a view to establishing a common approach and coordinating their action in international fora relating to the drugs problem. This common approach should – as in the past – be directed both at efforts in international organisations and fora like UNODC and the Dublin Group and at the Union's relations with third countries.[3]

2. *Special efforts in relation to the candidate countries (Bulgaria, Romania, Turkey) and the countries of the stabilisation and association process (Albania, Bosnia-Herzegovina, FYROM, Croatia, and Serbia and Montenegro).*

The Union needs to make a particular effort in the Balkan region as part of its overall Wider Europe strategy, both because of its geographical proximity and because the region is a major route for drugs trafficking. Cooperation with all the above-mentioned candidate and potential candidate countries will be stepped up in many areas, not least in the field of justice and home affairs.

In addition, the Union should strive to encourage candidate and potential candidate countries both to participate more fully in existing structures like the EMCDDA (and possibly Europol and Eurojust) and to adopt and apply the EU acquis.

3. *Assisting third countries to be more effective in both drugs demand and drugs supply reduction, in part through closer EU-internal cooperation, and by mainstreaming efforts to tackle the drugs problem into foreign relations and development cooperation.*

New cooperation agreements between the EU and third countries should continue to include a specific clause on cooperation in drugs control. The clause should be tailored to the region or country and should invariably be based on the principles agreed at the 20th UNGASS (a balanced and integrated approach with shared responsibility). Moreover, the evaluation of EU cooperation programmes should include an evaluation of drugs control projects.

[3] In the Council conclusions on EU-UN relations adopted in December 2003, the Council stated *inter alia* that it is determined to improve the coherence of the EU message at the UN through proper management of its statements and better coordination of support.

It is clear that any policy can only be effective if it establishes clear priorities. The action plans with regard to third countries should remain a cornerstone of the Union's drugs cooperation with third countries. The efforts of the EU should be based both on the relevance of the particular country or region to the drugs problem in the Union and on the impact of the drugs problem on sustainable development in that region. Integrating consideration of the drugs problem into development cooperation can also (inter alia by providing alternative livelihoods) greatly help to enhance the sustainability of EU efforts to reduce the supply of drugs and the consequences of drug use. The EC budget for external relations, including its thematic drugs budget line, should reflect these priorities. The EU can and should make better use of its collective knowledge, know-how and expertise in dealings with third countries in the area of drugs.

§6. Cross-cutting theme: information and evaluation

In the field of information and evaluation, the EU Drugs Strategy 2005-2012 will have the following concrete, identifiable result:

A measurable and sustainable improvement in the knowledge base, knowledge infrastructure and coordination required for demand reduction and supply reduction policies in the field of drugs, while making better use of existing R&D potential, resulting in a better understanding of the drugs problem and an optimal response to it.

Each of the Action Plans should include a list of priority research topics. The EU framework programmes for research should take account of these priorities within EU drugs policy when assessing applications for research funding.

In view of the nature of the problem and the need to achieve added value at European level, the Council and Commission will give priority to the following areas:

1. Making better use of the EU's knowledge infrastructure in the field of drugs by identifying existing potential and capacity, by identifying and addressing shortcomings and by rethinking and streamlining the division of tasks in the drugs policy field, especially by building on the knowledge available within the Pompidou Group, WHO and UNODC.

These efforts will also need to take into account existing frameworks and agencies in the Member States.

2. Developing and maintaining quality standards in all areas of EU drugs policy, including performance indicators and ethical and good-practice guidelines, resulting in a continuing process of certification and recertification of actions and interventions.

3. Improving the quality of EU policies, actions and interventions in the field of drugs by facilitating independent evaluation and research and by facilitating and maintaining monitoring systems of high quality. The actions included in the Action Plans should be evidence-based.

4. Developing and maintaining the large-scale transfer and dissemination of knowledge and experience and of reliable and relevant information about drugs, by means of detailed and sustainable communication strategies at EU level and within Member States aimed at all those in need of such information, either professionally or personally. Special emphasis should be placed on the exchange of information about new trends in drug use and among drug users. In this field, the EMCDDA should develop an even closer relationship with the 25 Member States through the National Focal Points.