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REPORT FROM THE COMMISSION

2010 progress review of the EU Drugs Action Plan (2009-2012)

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1. INTRODUCTION

The latest estimates for the EU as a whole indicate that 25 to 30 million adults — aged 15 to 64 — have taken some type of illicit drug in the last year¹. Between 1.2 and 1.5 million adults are problem opioid users. Every year, **6500 to 7000 people die in the EU from a drug overdose**. Recent data suggest that, after remaining stable for several years, the number of drug-induced deaths in the EU is now going up, mainly because of an increase in the number of deaths from cocaine overdoses.

Although there is increasing evidence that consumption of cannabis, the most popular drug in Europe, has declined in recent years, use of cocaine and heroin, which are at the root of Europe's drug problem, has not.

Over the last decade, **drug use patterns have changed in most EU Member States**. Earlier, relatively confined marginalised groups of problem drug users were consuming mostly opiates and cocaine, whereas today socially integrated individuals are increasingly using illicit drugs recreationally, combining substances without necessarily slipping into dependence.

While **poly-drug use has become the norm**, the distinction between consumption of licit and illicit psychoactive substances is gradually fading. In addition to combined use of traditional licit and illicit psychoactive substances, such as alcohol and cocaine, drug users have access to a broad range of new substances ('legal highs') that are sold over the internet, in 'head shops' or by street-dealers.

Illicit drugs are a complex social problem, which require a long-term, integrated and multidisciplinary approach. A report written for the Commission on developments in the global illicit drugs market between 1998 and 2007² found no evidence of any improvement over this period. In some countries the problem diminished but in others it worsened, in some cases sharply. The drugs problem generally lessened in rich countries, including EU Member States, but worsened in a few large developing or transition countries. The study concluded that while measures against production can affect where drugs are produced, there is no evidence that they can reduce total global production. And although law enforcement can produce changes in trafficking routes, it does not appear to reduce substantially and sustainably the quantity of drugs on the market.

The EU Drugs Strategy for 2005-2012³ and the two Drugs Action Plans to implement it have consolidated the **EU's coherent approach to the problem**. Drugs policy is, to a large extent,

¹ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2009 Annual Report on the State of the Drugs Problem in Europe. Combined estimates include 22.5 million cannabis users and 4 million cocaine users.

² JLS/2007/C4/005 — Detailed analysis of the operation of the world market in illicit drugs and of policy measures to curtail it.

³ 15074/04 CORDROGUE 77, 22.11.2004.

the **responsibility of the Member States**. The Commission makes a major contribution to EU drugs policy-making by ensuring overall coherence, helping coordinate EU positions in international fora, playing a central role in the mechanism to control new drugs and providing funding and expertise. The Commission is responsible for formulating, monitoring and evaluating the EU Drugs Action Plans. For the first time, the Stockholm Programme⁴ has entrusted it with the task of drafting the new post-2012 EU Drugs Strategy.

This Report sums up the main findings of the 2010 progress review of the EU Drugs Action Plan (2009-2012)⁵, which is presented in detail in the annex.

2. METHOD

The EU Drugs Action Plan (2009-2012) identifies the main parties responsible and sets deadlines for each specific action. This review, which covers 2009 and the first half of 2010⁶, benefited from valuable contributions from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. For some individual measures, the Commission conducted a written survey among the Member States. No information is given on actions not yet due in 2010. Implementation is measured against the indicators⁷ specified in the Action Plan.

3. HIGHLIGHTS

Achievements:

- (1) Injecting drug use, one of the main causes of the spread of blood-borne infections, is declining in the EU. The **prevalence of new HIV cases among drug users is falling**, possibly as a result of substantial investment by Member States in harm-reduction measures over the last decade, as requested by the Drugs Action Plans.
- (2) Law enforcement agencies have stepped up their cooperation beyond the EU's borders to combat drug trafficking. Member States have set up two '**cooperation platforms**' to share intelligence and coordinate capacity-building in West Africa, a strategic hub on the cocaine trafficking route, one in Ghana (led by the UK) the other in Senegal (led by France). In June 2010 the Justice and Home Affairs (JHA) Council adopted the *European Pact to combat international drug trafficking — disrupting cocaine and heroin routes*, in order to improve coordination between various anti-trafficking schemes. This provides a major opportunity to interconnect all structures tackling drug trafficking along the major smuggling routes.
- (3) In 2009, the Commission presented a **strategy⁸ to strengthen EU cooperation on drug-related research**. This will help underpin evidence-based drug policies and develop the necessary policy responses to reduce the adverse health and social impacts

⁴ Communication from the Commission 'An area of freedom, security and justice serving the citizen', COM(2009) 262, 3.9.2009.

⁵ OJ C 326, 20.12.2008.

⁶ Statistical data cover full calendar years only.

⁷ An indicator is a tool by which the progress or achievement of an action or objective can be measured.

⁸ SEC(2009) 1631 final of 23 November 2009.

of drug use in our societies. The EU Drugs Strategy and Action Plan state that drugs policy should be based on objective facts and scientific evidence.

Challenges to address:

- (4) After remaining stable for several years at around 6 500 to 7 000 per year, the **number of drug-induced deaths** in the EU seems to be increasing, possibly by as much as 5 % in 2008.
- (5) The frequent emergence of new psychoactive substances (**'legal highs'**) has become a major challenge for drugs policy. Member States are struggling to contain the spread of new drugs, posing health and social risks which are largely unknown. Borderless sales channels such as the internet and the speed with which newly controlled substances are replaced by new ones on the market further complicate their task.
- (6) The Maritime Analysis and Operations Centre Narcotics (MAOC-N)⁹, set up in 2007 to target trafficking across the Atlantic Ocean, coordinated operations that led to the seizure of 43 tonnes of cocaine and 21 tonnes of hashish in its first two years in operation. But **drug-trafficking networks** have swiftly changed their smuggling routes and methods to circumvent the barriers set up by EU Member States to disrupt their trade. Recent data suggest that seizures following operations coordinated by both MAOC-N and CeCLAD-M¹⁰, set up in 2008 to tackle trafficking across the Mediterranean Sea, have decreased considerably.
- (7) At UN level, negotiations were concluded in 2009 on a new Political Declaration and Plan of Action to counter the global drugs problem. The EU advocated drugs policies that are balanced and evidence-based and that respect human rights and human dignity, but its negotiating position was weakened by **divergences between its Member States**.
- (8) Over the last two years the **external policy on drugs** has sometimes focused too much on security. Bilateral agreements concluded by EU Member States with non-EU countries concentrated mostly on cooperation on supply reduction.
- (9) The **economic downturn** has eroded the budgets allocated to drugs policy at national level. The Commission is concerned about the reduction of co-funding for national focal points (NFP) in the Member States. In 2009, almost one fifth of NFPs found it difficult to make full use of the grant provided by the REITOX network of NFPs, which is coordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), since they could not obtain a matching national grant. This could have a negative impact on the quality and sustainability of drugs monitoring in the EU.

⁹ MAOC-N was set up by France, the UK, Spain, Portugal, Ireland, Italy and the Netherlands. Germany, the US, Canada, Cape Verde, Morocco and Greece are observers, as are the European Commission and Europol. MAOC-N is co-financed by the Commission and is based on an international treaty which came into force in 2009.

¹⁰ CeCLAD-M (Centre de Coordination pour la Lutte Anti-drogue en Méditerranée) was set up by France, Spain, Portugal, Italy, Malta, Algeria, Tunisia, Morocco, Mauritania and Libya.

4. SUMMARY OF RESULTS

The information provided in this Report and the annex reflects mainly outputs (activities undertaken). This review comes too early for outcome analysis (is the action effective for achieving the objective?) and impact analysis (is the drug situation improving as a result of the action?). The final evaluation of the EU Drugs Strategy 2005-2012 and of the EU Drugs Action Plan 2009-2012, which will be launched next year, will provide such outcome and impact analyses. The main outputs reflect the five key objectives of the EU Drugs Action Plan: improving coordination and cooperation, reducing the demand for drugs and the supply of drugs and improving international cooperation and our understanding of the problem.

4.1. Improving coordination and cooperation

Given the cross-sector nature of the drugs problem, coordination between different policy areas at EU level is crucial for an effective response. The Horizontal Drugs Group (HDG), a Council working party, is the main body for coordinating drugs policy at EU level. The EU Presidencies have been pursuing an agenda in the HDG that has closely followed the EU Drugs Action Plan. But the involvement of other Council working parties in drugs policy-making — mostly law enforcement related — has at times caused uncertainty about the role of the HDG.

It is essential to maintain a **coherent, horizontal approach**, in order to avoid EU drugs policy putting greater emphasis on law enforcement to the detriment of action to reduce demand.

Almost all EU Member States report closer **involvement of civil society** organisations in formulation, implementation and sometimes evaluation of drugs policy at national level. As part of the European Action on Drugs, the Commission has involved almost 700 civil society players in campaigns to raise awareness about drugs at national or local level and has continued consultations with the Civil Society Forum on Drugs.

4.2. Reducing the demand for drugs

Member States still need to improve their drug-prevention programmes, in order to make them more effective and evidence-based. EU countries are still running universal prevention programmes, although they have proved ineffective, whereas selective prevention programmes targeting vulnerable groups still offer inadequate coverage in most Member States. Most Member States have a small number of such prevention programmes targeted, for instance, on recreational and nightlife settings. In general, the effectiveness of these programmes is evaluated more often than that of other preventive action.

Harm reduction policies and interventions in the EU Member States have progressed, but major differences exist between countries in the level of implementation of specific measures, reflecting their individual drug situation as well as policy priorities.

Of the estimated 1 million Europeans who received drug-related treatment in 2007, most of them opioid users, almost 670 000 were enrolled in substitution treatment. Opioid substitution treatment (using methadone or buprenorphine), combined with psychosocial assistance, is deemed to be the most effective treatment for opioid users. To date, no substitution treatment is available for cocaine and amphetamine dependence.

Most Member States have evidence-based or good practice guidelines for drug treatment, although few make implementation of such guidelines a pre-condition for public funding of treatment services.

Drug-related health services are provided in at least some prisons in every Member State, but they generally reach few prisoners. Regular drug use is still more prevalent among prisoners than among the general population, by 3% in some countries and as much as 77% in others. The most harmful forms of drug use seem to be more frequent among prisoners, including injection.

HIV infections among drug users in the EU are generally falling. But after an initial decline in drug-induced deaths at the beginning of this decade, which levelled off to 6 500 to 7 000 per year, initial data for 2008 show that the number could be increasing and that ever more deaths are caused by cocaine overdoses.

Very limited information is available on the existence and nature of **social reintegration** programmes for drug users in the Member States.

4.3. Reducing the supply of drugs

Europol's annual organised crime threat assessment is increasingly being used to set priorities in the fight against drug trafficking.

Cooperation between Europol and the Member States on the three COSPOL projects — on cocaine (COLA), heroin (MUSTARD) and synthetic drugs (SYNERGY) — has improved in recent years. The European Drug Profiling System, co-financed by the Commission, was launched in February 2010. This project, which brings together forensic laboratories from across the EU to develop forensic analysis of drugs, could boost capacity to identify and dismantle drug trafficking networks, if the law enforcement community is closely involved.

A 2009 Commission report¹¹ on implementation of Council Framework Decision 2004/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking¹² showed an increase in the number of drug trafficking cases submitted to Eurojust over the previous five years, suggesting that judicial cooperation in this field has improved. However, some countries had not even transposed the Framework Decision and the report concluded that disparities persisted between legal systems in the Member States. Assessments of the Council Framework Decisions on freezing orders and on confiscation orders reached similar findings.

Overall, law enforcement agencies should share more timely information on operations, for instance on asset recovery, and Member States' contributions to some of **Europol's analysis work files on drugs** are still unsatisfactory.

Over the last three years, EU Member States have set up **maritime cooperation centres** to share intelligence and coordinate joint operations against drug trafficking across the Atlantic Ocean (MAOC-N) and the Mediterranean Sea (CeCLAD-M) plus 'cooperation platforms' in West Africa. But after initial successes, seizures of drugs following operations coordinated by

¹¹ SEC(2009) 1661.

¹² OJ L 335, 11.11.2004, pp. 8–11.

these centres have dropped in recent months. The high versatility of trafficking networks, which have swiftly changed their routes and methods, seems to be the main reason for this.

An evaluation of the EU's **drug precursor legislation** was completed in 2009. The Council subsequently recommended proposing legislative amendments after carefully assessing their potential impact on Member States' authorities and economic operators¹³. At international level, the signing and implementation of an agreement between the EU and China on drug precursor control and the launching of negotiations with Russia on a similar accord were the main achievements.

4.4. Improving international cooperation

In the period under review, 15 Member States concluded **bilateral agreements with non-EU countries**, which also address cooperation in the field of drugs, mostly on supply reduction. Such agreements were reached with countries in Eastern Europe and Central Asia (Russia, Ukraine, Kazakhstan, Georgia, Belarus and Armenia), the Western Balkans and the Middle-East, Latin America and Asia.

At EU level, projects supported by **EU external assistance programmes** continue to cover reduction of both supply of and demand for drugs in addition to alternative development. Funding for supply-reduction projects and, in particular, for capacity-building to combat trafficking increased during the period under review, on the basis of programmes adopted under the long-term part of the Instrument for Stability.

The Commission is continuing to give priority to support for comprehensive **alternative development programmes**, which aim at giving farmers an economically viable, legal alternative to growing drug crops, in particular in the Andean countries. The Commission is mainstreaming the EU's approach in its broader development agenda. But alternative development does not seem to be a specifically targeted priority for many Member States, as only a few report that alternative development is a structural part of their international development policy. During the period under review, the EU developed a new cooperation programme with Latin America on drugs policies, focusing on consolidating the EU–Latin American–Caribbean Mechanism on Drugs, strengthening national drugs observatories in Latin American countries and building capacity for reducing demand and supply.

The EU is developing its **cooperation with West African countries**, in particular through support to the Economic Community of West African States (ECOWAS)'s Praia Action Plan on Drugs. Appropriation by the countries concerned by the fight against drug trafficking and cooperation with regional organisations, in particular ECOWAS, are crucial in order to tackle the "partnerships of convenience" developed between different kinds of criminal groups. Coherence between internal and external action against drug trafficking, ensured by the Commission and the Council, is of paramount importance.

Coordination of EU Member States' positions within the **United Nations Commission on Narcotic Drugs (CND)** showed a mixed picture over the last two years. During the 2009 negotiations on a new UN Political Declaration and Plan of Action on drugs, the united EU front cracked at the final stage, as two EU Member States withdrew support for including the term 'harm reduction' in the declaration.

¹³ 3016th COMPETITIVENESS Council meeting Brussels, 25 May 2010

Although measures have been taken to reinforce EU synchronisation in UN institutions, coordination between delegations to the UN fora in Vienna and the Horizontal Drugs Group in Brussels need to be further improved.

Finally, cooperation in the field of drugs with **European neighbourhood and candidate countries** focused mainly on the fight against trafficking, institution-building, drug monitoring and demand reduction. The EMCDDA continued to cooperate with Croatia, Turkey and the Western Balkan countries on setting up drug information and monitoring mechanisms. Under the European Neighbourhood and Partnership Instrument, this cooperation is set to be expanded to the countries covered by the European Neighbourhood Policy.

4.5. Improving our understanding of the problem

During the period under review, the Commission launched several moves to highlight the strategic importance of **drug-related research**. These aimed at identifying research gaps, improving coordination between the policy and research communities, promoting joint research activities between Member States and increasing the funds available for drug-related research. In 2009, under the Socio-Economic Sciences and Humanities programme of the Seventh Framework Programme for Research (FP7), the Commission launched a call for research proposals targeting addictions, with a minimum EU contribution of €6.5 million. In order to support joint research activities between Member States, the Commission has made €2 million available for the establishment of a European Research Area Network (ERA-NET) in the field of drugs. The 2010 Security Programme under the FP7 includes a call for proposals on the **unintended consequences of drugs policies** and their impact on EU security. A call for proposals for large collaborative projects (€6 to €12 million) in the field of 'addictive disorders' was also published in 2010 under the FP7 Health Theme.

Furthermore, in recent years the Commission has allocated more than €1.1 million to studies supporting implementation of the EU Drugs Action Plan for 2009-2012. The EMCDDA and the REITOX network contributed to improving understanding of the drugs problem with the aid of a broad range of publications.

The EMCDDA's early warning system (EWS) performed well on early notification and assessment of **new drugs**. Twenty-four new psychoactive substances were reported to the EWS in 2009, almost double the number notified in 2008. In 2010, the EMCDDA's extended scientific committee carried out a risk assessment of mephedrone, a stimulant similar to ecstasy. Based on this, the Commission has to decide whether to propose to the Council to make the substance subject to control measures. The speed with which substances that are brought under control at national or EU level are replaced by new ones, posing health and social risks which have to be ascertained, makes a compelling case for boosting research capacity in the field of drugs in the EU.

Finally, in 2009 and 2010 the Commission and the EMCDDA took action to improve **collection of data on drug markets, drug-related crime and supply reduction**. In the second half of 2010, the Commission presented its proposals on improving the collection of data on drug markets, drug-related crime and drug-supply reduction measures in the European Union.

5. CONCLUSIONS

The 50th anniversary of the 1961 UN Convention on Narcotic Drugs in 2011 provides an opportunity for a sobering reflection on the state of the drugs problem. Over the last half-century, drugs have become a worldwide concern, affecting almost every country and putting the health and security of millions of people at risk. Countries are unable to come up, on their own, with effective answers to tackle the rapidly changing illicit drug trade.

The combined use of licit and illicit substances and the blurring of boundaries between the two has become a major challenge for drugs policy. Tackling **poly-drug use** requires sophisticated policy responses, based on scientific research, that place drug dependence in a broader addiction framework. Policy-makers must distinguish between various consumption patterns and the different risk potential posed by the multitude of licit and illicit substances on the market in order to provide the best possible policy mix for protecting public health and security.

The **rapid emergence of new drugs** poses a major challenge to policy-makers. New substances are increasingly appealing both to consumers, as they are marketed as legal alternatives to illicit drugs ('legal highs'), and to producers, since most of them are easily manufactured and distributed. A drugs market where traditional and new, licit and illicit, substances coexist requires comprehensive policy answers.

The Commission is currently assessing implementation of Council Decision 2005/387/JHA¹⁴ on information exchange, risk assessment and control of new psychoactive substances and will present legislative proposals to amend it, so that it can tackle the expanding new drugs market better.

The distinct rise in the number of **drug-induced deaths** in the EU calls for Member States to place greater emphasis on preventive measures. Improving drug-related health monitoring and health-care provision in prisons is one of the steps that need to be taken to reduce the number of fatalities.

Mandatory safety instructions for nightlife settings could also help bring down the number of lethal drug incidents in the EU.

Cooperation in regional platforms has boosted the fight against drug trafficking. However, these bodies will not stand a lasting chance to dismantle drug trafficking networks unless they work together, by **fighting networks with networks**. The Commission is committed to playing an active role in improving coordination between law enforcement bodies, targeting the main drug smuggling routes. To ensure more effective law enforcement against drug trafficking, greater emphasis must be put on policy analysis and evaluation of action in this field.

In line with its balanced drugs policy and the principle of shared responsibility of nations in the face of a worldwide problem, the EU must put **renewed emphasis on demand-reduction** policies in relations with non-EU countries. Smuggling of drugs bound for Europe through regions such as West Africa further destabilises these transit countries and stimulates local demand for drugs. This could unleash an epidemic of problem drug use and HIV infections in countries neighbouring the EU. The EU must ensure that its external assistance addresses

¹⁴ OJ L 127, 20.5.2005, pp. 32–37.

these challenges. In addition, international cooperation against the illicit trade of drug precursors must be stepped up.

The current **economic crisis** could have an impact on the drugs situation in the EU, although understanding of this field is still limited and conclusions therefore need to be interpreted with caution. Economic hardship and the feeling of insecurity that it creates amongst vulnerable groups could lead to increased drug consumption, as some individuals might be tempted to seek relief in drugs. Individuals who need to make a living in times of rising unemployment could be targeted by organised crime groups for involvement in small-scale manufacturing or selling of illicit drugs. Dependent drug users might have difficulties finding money to buy drugs, which could result in higher-risk behaviour and a proliferation of drug-related crime. At the same time, budgetary constraints might prompt Member States to scale down prevention or treatment services. The **Commission urges Member States not to reduce financing for drug-related services**, as this would have a negative impact on the health of those in need of therapy and the security of society in general.

The entry into force of the Lisbon Treaty and the dismantling of the pillar structure in EU policy-making provides opportunities for better integration of all policy areas relevant to the drugs problem. The Commission will develop a new EU Drugs Strategy, post-2012, which will join together public health and social policies, law enforcement and external assistance in a coherent policy that places the individual at the heart of the action.