

IDPC Advocacy Note

Proposals for the development of the European Drugs Strategy 2013-2020

The European Union (EU) Drug Strategy covering the period 2005-2012,¹ is currently undergoing its final review. Two official evaluation reports have been produced to inform discussions on how much has been achieved in the last eight years, and what adjustments need to be made in the new strategy.² An early draft of the new EU Drug Strategy for 2013-2020 has been produced by the Cypriot government, which holds the EU Presidency during the crucial period for finalising the new Strategy – July to December 2012.

IDPC welcomes the balanced, progressive tone of the initial draft, and of the Council Conclusions³ that have informed it, but considers that significant redrafting is necessary to produce a credible and coherent EU Drug Strategy for the next eight years. In this advocacy note, IDPC makes recommendations to produce a strategy that is coherent, evidence-based, and supports member states in dealing with increasingly complex drug policy challenges.⁴

A coherent structure

The existing strategy, adopting a structure inherited from previous documents, divides activities into two substantive areas, “Demand reduction” and “Supply reduction”, supplemented by three “cross-cutting” themes, “Co-ordination”, “International co-operation” and “Information, research and evaluation”. In light of lessons learned from previous strategies and mounting evidence on the value of addressing the harmful impacts of drug markets, IDPC recommends an adjustment to this structure to improve the internal logical consistency of the strategy:

- Reducing demand and supply have traditionally been the two mechanisms by which policy makers seek to reduce the scale of the drug market. While this objective remains valid, increasing attention has recently turned to activities that seek to address specific harms associated with drug markets and use (e.g. HIV/AIDS, organised crime, violence, and drug related deaths), while not necessarily seeking to reduce supply or demand. In 2004, although this logical inconsistency was acknowledged, it was decided for simplicity to categorise some infection and overdose prevention activities under the wider heading of demand reduction, and crime reduction activities under supply reduction. Given the importance of drug strategy activities targeted at improving public health, reducing crime and promoting social inclusion, it is no longer possible to overlook the inconsistency of this categorisation. This is not just a case of semantics – the reviews of the existing strategy show that activities targeted at addressing harms have had more visible impact than those aimed at reducing supply or demand, so they are receiving more prominence in national strategies. To conceptualise these activities as a subset of demand or supply reduction immediately skews the relative priority assigned to them.

¹ <http://www.emcdda.europa.eu/html.cfm/index6790EN.html>

² European Monitoring Centre for Drugs and Drug Addiction (2012), *EMCDDA trend report for the evaluation of the 2005–12: EU drugs strategy*, <http://dl.dropbox.com/u/64663568/library/EMCDDA-trend-report-evaluation-2005-12-EU-drug-strategy.pdf>; Culley, D.M., Taylor, J., Rubin, J., Hoorens, S., Disley, E. & Rabinovich, L. (2012), *Assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans* (Rand Europe), <http://dl.dropbox.com/u/64663568/library/RAND-assessment-of-implementation-of-eu-drugs-strategy-2005-12.pdf>

³ <http://idpc.net/alerts/2012/06/council-conclusions-on-the-new-eu-drugs-strategy>

⁴ IDPC will organise an event in Brussels at the end of 2012 to bring together national policy makers, Members of European Parliament, European officials and civil society, and review the content and quality of the final strategy, and discuss the potential content of the first action plan.

Recommendation 1: create a new substantive section on “Harm reduction” within the new strategy, in addition to “Demand reduction” and “Supply reduction”.

- Certain crime reduction activities mentioned in the draft, such as rehabilitation, crime prevention and alternative sentencing, are included under the “Supply reduction” heading. This is structurally incorrect – activities that seek to reduce crime or rehabilitate offenders are crucial, but do not aim at reducing drug supply. Activities aimed at reducing crime are concerned with reducing the harmful impacts of drug markets, and would be more appropriately addressed in a section on “Harm reduction”, while the supply reduction section should deal exclusively with activities that aim to reduce the availability of drugs.

Recommendation 2: Categorise crime reduction activities under the new substantive section on “Harm reduction” (see Box 1).

Box 1. Tackling harms

We recommend the division of the substantive sections of the strategy into “Demand reduction”, “Supply reduction”, and “Harm reduction”. There are many important areas of activity that do not neatly fit into the existing categories – rather than attempting to reduce demand or supply, they address specific harms arising from drug markets or use. We propose that the harm reduction section covers the following four areas of activity, although member states may identify other priorities:

- Reducing market-related violence: Activities conducted by law enforcement and local authorities to influence national and local drug markets to minimise violence, intimidation, and inconvenience to the law-abiding majority.
- Reducing drug related petty crime: Activities conducted by criminal justice agencies and social and health services to tackle crime committed by drug dependent offenders to raise money to buy drugs.
- Reducing drug related deaths: Activities conducted by health and social agencies to minimise overdoses and other acute fatal reactions, as well as drug-related traffic or other accidents.
- Reducing drug-related HIV and hepatitis infections: Activities conducted by health authorities to reduce the risk of transmission of blood borne infections through injecting drug use.

Most of these activities are not directly targeted at reducing supply or demand, but are crucial components of broad and evidence-based drug strategy.

Little mention is made in the current draft regarding the allocation of EU financial resources behind the objectives of the strategy. This is a damaging omission, as financial resources are critical to the EU’s ability to implement its strategy. Given that past internal and external spending programmes have not always been aligned with the objectives of the drug strategy, it is important that the new Strategy ensures a greater degree of transparency and accountability in the financial resources used for its implementation.

Recommendation 3: Insert an additional cross-cutting theme to the new strategy on “Resource allocation” (see Box 2).

Box 2. Resource allocation

Previous EU drug strategies, and this first draft, have scarcely tackled the issue of how the resources of EU institutions should be aligned behind the objectives of the strategy. This omission can be rectified by the inclusion of a short section setting out the principles for the alignment of the relevant budgets behind the strategy – this document does not need to provide detailed figures on budgets or priorities, but could:

- Confirm the need for a dedicated budget line for the strategy. Suggestions have been made for the current dedicated budget (managed by DG Justice) to be discontinued, and for some drug-related budgets to be included in wider programmes in DG SANCO and Home Affairs. We disagree with these proposals - the ability to fund activities that cut across different aspects of the drug strategy should be retained, and DG Justice should co-ordinate the competing priorities according to the criteria set in the drug strategy and

action plans.

- Set down principles and procedures to take into account the drug strategy aspects of other EU funding programmes. Money spent on regional programmes through EuropeAid and the EEAS, by DG SANCO on public health, by DG enlargement on neighbourhood programmes, and by DG Home Affairs on law enforcement and criminal justice programmes, has a significant effect on the implementation of the EU drug strategy. Mechanisms need to be strengthened so that the priorities and specific expenditures in these programmes are assessed against drug strategy objectives.

A new strategy based on evidence and evaluation

Successive EU drug strategies have correctly emphasized the importance of developing “evidence-based” drug policy. To a large degree, the draft strategy complies with this principle, but there are a few areas where emerging evidence from the previous strategy is insufficiently incorporated:

- The official evaluations of the previous strategy⁵ point out that efforts to reduce drug supply through law enforcement (i.e. crop eradication, interdiction, or disruption of trafficking organisations) have not led to any significant or sustainable reductions in drug availability, or increases in price, in European markets. Indeed, the mechanisms for assessing and evaluating the impact of law enforcement strategies on the scale and nature of the market are underdeveloped, resulting in governments taking decisions on investments or policies that lack a solid evidence base. Similar observations were made in the mid-term evaluation of the previous strategy (published in 2008), but little action has been taken so far to address the paucity of evidence. Disappointingly, the draft of the new strategy once again fails to include a clear acknowledgment of this reality and, like its predecessors, simply calls for better coordination and targeting of law enforcement operations. Despite the political and institutional difficulties of responding to this policy dilemma, the strategy should acknowledge the evidence that the scale of the European drug market cannot be significantly reduced through supply reduction measures.⁶ Supply side strategies need to focus instead on minimising the harms of the market, such the power of organised crime to intimidate and corrupt, and the violence associated with some drug markets.
- Since the last strategy was drafted, there has been a sizeable increase in global evidence on effective measures for prevention, treatment and harm reduction. Several international academic and policy guidance materials (many of which have been funded and supported by the EU) are now available to direct policies and investments in these areas. The new strategy should explicitly refer to these guides, thereby underlining the EU’s commitment to evidence-based policymaking:
 - The EMCDDA “Standards and guidelines for practices for prevention”⁷
 - The EMCDDA report on “Drug demand reduction: global evidence for local actions”⁸
 - The UNODC/WHO “Discussion paper on principles of drug dependence treatment”⁹
 - The WHO “Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence”¹⁰
 - The ECDC/EMCDDA report on “Prevention and control of infectious diseases among people who inject drugs”¹¹

⁵ European Monitoring Centre for Drugs and Drug Addiction (2012), *EMCDDA trend report for the evaluation of the 2005–12: EU drugs strategy*, <http://dl.dropbox.com/u/64663568/library/EMCDDA-trend-report-evaluation-2005-12-EU-drug-strategy.pdf>; Culley, D.M., Taylor, J., Rubin, J., Hoorens, S., Disley, E. & Rabinovich, L. (2012), *Assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans* (Rand Europe), <http://dl.dropbox.com/u/64663568/library/RAND-assessment-of-implementation-of-eu-drugs-strategy-2005-12.pdf>

⁶ P. Reuter and F. Trautmann (2009), *A Report on Global Illicit Drug Markets 1998-2007* (The Netherlands: European Communities), http://dl.dropbox.com/u/64663568/library/EU_Markets_Study_EN0409.pdf

⁷ <http://www.emcdda.europa.eu/themes/best-practice/standards/prevention>

⁸ <http://idpc.net/publications/2012/07/emcdda-drug-demand-reduction-global-evidence-for-local-actions>

⁹ <http://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>

¹⁰ http://whqlibdoc.who.int/publications/2009/9789241547543_eng.pdf

¹¹ http://ecdc.europa.eu/en/publications/Publications/111012_Guidance_ECDC-EMCDDA.pdf

- The UNODC/WHO/UNAIDS “Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users”¹²
- To be truly evidence based, the strategy should show clear support for proven HIV prevention strategies among people who use drugs. Although political consensus has been difficult to achieve among member states on this issue, the global evidence is clear. The new strategy should therefore explicitly promote the unequivocal evidence base in this area, and call on member states to implement the comprehensive package of HIV prevention measures as outlined in the WHO/UNODC/UNAIDS Technical guide¹³ and articulated in the UNAIDS 2011-2015 Strategy “Getting to zero”.¹⁴

Recommendation 4: Give a clear statement of support for the UNAIDS package of measures for the prevention of HIV transmission amongst people who use drugs, and call on all member states to promote these measures domestically and internationally.

Box 3. New psychoactive substances

The European Commission plans to bring forward proposals in early 2013 on how the European Union can respond to the growing problem of new psychoactive substances. These proposals may include drafting EU legislation that will aim to increase the controls on substances that have the potential to cause significant harm.

These proposals should be carefully crafted, as the diversity of the substances involved, the rate at which they appear on the market, and the speed with which users change their patterns of use, all make it clear that traditional forms of control will not be successful. There are risks, in this fast moving market, that enforcement action against one substance will lead users to move to more risky substances and patterns of use. EU policy makers should therefore avoid relying exclusively or primarily on the prohibition of particular substances through criminal laws. They should put more emphasis on using consumer protection and medicines control mechanisms, while encouraging research-based health education programmes to warn potential users of the risks associated with these substances.

Strengthening civil society involvement

The mechanisms for civil society involvement in EU decision-making processes on drugs have developed gradually over the years, and have culminated with the creation of the Civil Society Forum on Drugs (CSF), supported and funded by the DG Justice Drug Co-ordination Unit. This forum consists of 35 members, representing a wide range of organisations and perspectives on drug problems and responses. While this structure has led to increasingly useful discussions between civil society and the DG Justice Drugs Co-ordination Unit, the mechanisms for engagement with HDG members, and other parts of the Commission, remain underdeveloped.

The CSF should be used as a mechanism for greater exchange of information and perspectives between civil society and government representatives. In the review process for this strategy, CSF members have prepared a consensus document supported by 33 out of 35 members,¹⁵ which was presented at the Horizontal Drugs Group in April 2012, but there has been little opportunity for direct dialogue with member states representatives.

Recommendation 5: Strengthen the communication channels between the CSF and government representatives by:

¹² https://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf

¹³ World Health Organization, United Nations Office on Drugs and Crime & Joint United Nations Programme on HIV/AIDS (2009), *WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (Geneva: WHO), http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf

¹⁴ Joint United Nations Programme on HIV/AIDS (2010), *2011-2015 Strategy – Getting to zero*,

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

¹⁵ <http://idpc.net/publications/2012/04/civil-society-forum-on-drugs-recommendations-on-the-eu-drug-strategy-2013-2020>

- organising an annual meeting between members of the CSF, relevant EC officials, and representatives of member states. This meeting could be scheduled to coincide with one of the twice-yearly meetings of national drug co-ordinators.
- organising twice-yearly meetings between the CSF and EC officials from all relevant directorates and agencies – DG Justice, SANCO, Home Affairs, Enlargement; and the EMCCDA, Europol and EEAS.
- allowing the attendance (as an observer) of a representative of the CSF at meetings of the Horizontal Drugs Group.

“Clearly defined strategic objectives”

The European Council Conclusions, agreed by member states as the basis of the new strategy, state that the strategy should include “Clearly defined strategic objectives”. This is a welcome commitment. The strategy should articulate clear objectives that can be monitored and evaluated in future reviews.

Recommendation 6: To ensure that the new strategy contains a small number of “clearly defined strategic objectives”, the following headline objectives could be adopted for each section of the strategy:

- **Demand reduction** – To support member states in achieving a measurable reduction in the use, and level of dependence on, controlled drugs amongst their citizens.
- **Supply reduction** – To support member states in achieving a measurable reduction in the availability of controlled drugs to citizens, particularly young people.
- **Harm reduction** – To support member states in achieving a measurable reduction in the main harms associated with drug markets and drug use – violence, petty crime, drug related deaths, and HIV and hepatitis infection.
- **Co-ordination** – To ensure that robust mechanisms remain in place for member states, relevant EU agencies, Commission Directorates, and members of the Civil Society Forum on Drugs to communicate and evaluate issues relating to the Strategy’s implementation.
- **International co-operation** – To ensure that a unified and coherent EU position on drug policy is promoted by EU representatives to all internal and external audiences and forums.
- **Information, research and evaluation** – To contribute to increased understanding of drug situations, problems and responses, improve dissemination of findings within and outside the EU, and increase synergies to avoid duplication of efforts through the harmonisation of methodologies, networking and closer cooperation.
- **Resource allocation** – To ensure that resources allocated by the relevant EU institutions (particularly EuropeAid, DG Enlargement, DG Research, DG SANCO, and DG Justice) are explicitly aligned against the objectives and activities outlined in the EU drug strategy.

The European Union and its member states have played a broadly positive role in promoting balanced and evidence-based drug policies and programmes. The existence of a unifying strategy

document has, for the past 15 years, helped to articulate and co-ordinate the European approach to drugs. It is important to strengthen this function in the process of developing the new strategy and action plans. We therefore call on those engaged in the next stage of the drafting process to incorporate the above recommendations, and to provide a response to IDPC on the extent to which they can be incorporated into the final strategy document.

The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert consultancy services to policy makers and officials around the world.

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