

## IDPC ADVOCACY NOTE

# THE EUROPEAN UNION DRUG STRATEGY 2005-2012: THE MID-TERM EVALUATION

**The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drugs. 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 and take a development-oriented and rights-based approach. It produces occasional briefing papers, disseminates the reports of its member organizations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.**

### A BRIEF HISTORY

The policies and strategies employed by the governments of EU member states to respond to the problems associated with the use of controlled drugs have changed significantly in the last 20 years, in response to the a growing understanding of the nature of the problem, and of the effectiveness of the various responses. It is therefore welcome that relatively strong mechanisms have emerged within the EU for governments to discuss and agree on core principles for their strategies and actions in this policy area, and a shared approach to information gathering, policy review, and external relations. While the task of co-ordinating the perspectives and actions of 27 sovereign governments, and the European Commission itself, remains challenging, the EU remains the only region in which a defined structure exists for comprehensive drug policy development and review.

The member states of the European Union have agreed to some form of EU-wide strategy on the control of illegal drugs since 1990, with the publication of a 'European Plan to Combat Drugs'. However, the first formal EU Drug Strategy was not created until 1995. This document emphasised the need for co-operation between member states and between EU directorates and agencies, but contained little in the way of clear objectives, activities or resource allocations. The successor strategy, covering the period 2000-2004, went some way to address this absence - for the first time, all EU member states agreed to a framework strategy that articulated a set of objectives, a range of actions to be implemented in pursuit of these objectives, and a process for review of progress. However, despite the collective intention to openly review progress and options in 2004 (that would inform the development of the new strategy from 2005 onwards), the actual process was rushed, with the result that some of the issues that had emerged in the previous years – such as an unclear framework of aims, objectives, and activities; and a lack of progress in reducing drug supply - were insufficiently addressed in the creation of the current strategy.

From 2005, a new approach was taken, with the agreement of a long-term strategy covering an 8-year period, with two 4-year action plans, that set out specific actions and responsibilities. The first of these action plans was approved by the European Council in July 2005, and it is the evaluation of this plan, and the drafting of its successor, that is the subject of this briefing.

### THE EVALUATION OF THE 2005-2008 ACTION PLAN

There have been two primary sources of information for the evaluation of progress against the set of objectives and actions listed in the action plan – the latest Annual Report of the European Monitoring Centre on Drugs and Drug Addiction [www.emcdda.europa.eu/publications/online/ar2007/en](http://www.emcdda.europa.eu/publications/online/ar2007/en), and a comprehensive evaluation produced by the Drug Co-ordination section of the European Commission [http://idpc.info/php-bin/documents/EC\\_EAP\\_05\\_08\\_EN.pdf](http://idpc.info/php-bin/documents/EC_EAP_05_08_EN.pdf).

The EMCDDA Annual Reports collate the latest available data from the 27 member states of the EU on the level of drug supply, availability, use and problems, to give a picture on trends in individual countries, and across the EU. While the quality and breadth of this information remains imperfect, the reports are a reasonable guide to what is happening on the ground. In 2007, the EMCDDA report broadly concluded that, overall, levels of drug supply and use in the EU had remained generally stable since 2004, with reductions in some countries and with some drugs, but worrying increases in other areas, particularly with the use of cocaine. In terms of drug related problems, they reported some encouraging trends in the reduction of HIV infections amongst drug users in some countries, and in the overall level of overdose deaths, while continuing concerns were noted regarding Hepatitis, and the links between drug use and mental health. There is currently insufficient data available on which to track trends in drug related crime.

The European Commission evaluation looked at the extent to which the creation of the EU strategy had influenced national policies and strategies, the extent to which the actions listed in the action plan had been implemented, and any evidence of the impact of these actions on the drugs situation. Their conclusions can be summarised as follows:

- The EU strategy and action plan were generally considered by member states as a useful framework for the development and refinement of national policies and strategies.

- There has been clear evidence of convergence of strategies and actions between member states in the last 5 years, consistent with the principles agreed in the EU strategy.
- The EU has therefore been increasingly able to speak and act in a co-ordinated way in its internal debates, and in relations with other countries.
- Most of the actions listed in the action plan had been completed or partially completed, but in some areas the lack of clarity regarding objectives and responsibilities had inhibited progress.
- The range of actions carried out at EU and national level seemed to have contributed to the positive trends observed in the level of drug use and related problems.
- However, the significant increase in drug seizures and arrests in the EU in recent years has not resulted in an overall reduction in drug supply and use.
- While co-ordination has improved, the priorities of the EU drug strategy are still not reflected adequately in external funding programmes.

A set of recommendations have therefore been submitted from the Commission to member states, that include the following:

- The process of refining shared principles, and creating a clear framework for setting and reviewing drug strategy objectives and actions at EU and national levels, should be continued with the next action plan.
- More effort should be made by member states and EU institutions to expand effective prevention, treatment and harm reduction interventions, and to share experience and best practices.
- The evidence base regarding supply reduction interventions needs to be strengthened, and law enforcement actions that aim to reduce the negative consequences of the drug trade, as opposed to its scale, need to be given more emphasis.
- All engagement with other countries (through multilateral forums and funding programmes) should emphasise the EU commitment to a balanced approach to drug policy, based on adherence to fundamental human rights standards.
- More effort should be made to address the current gaps in information and policy analysis, to ensure that future policies are based on sound evidence.

#### **THE NEW DRAFT ACTION PLAN FOR 2009-2012**

The European Commission has circulated a draft of the next action plan to member states for their comments [http://idpc.info/php-bin/documents/EC\\_DAP\\_09\\_12\\_EN.pdf](http://idpc.info/php-bin/documents/EC_DAP_09_12_EN.pdf). This document is due to be debated by member states' representatives at two meetings of the Horizontal Working Group on Drugs (HDG) held, respectively, on 29 September, and 13/14 October 2008. It is the hope of the presidency that, following these meetings, a final draft can be agreed and presented to the European Council for adoption. Unfortunately, this leaves very little time and opportunity for civil society views and suggestions to be incorporated into the final draft. The most constructive process by which this can happen is for NGOs to contact their country delegates to the HDG meetings to promote their views and concerns.

The current draft of the 2009-2012 action plan, like its predecessor, largely consists of a matrix of objectives and planned actions, with lead responsibilities, and indicators of achievement. In the limited time available for advocacy on this document, the IDPC recommends that NGOs promote the following issues and proposals for inclusion in the document:

1. That the objectives of the action plan should be more clearly articulated, and in a form that facilitates a clear review of outcomes (ie the reduction in supply, demand and harmful consequences) in 2012.
2. That the actions in the action plan flow directly from these objectives, and are measured on the basis of what they contribute to the objectives.
3. That a clear framework is created for analysing the effectiveness of law enforcement activities in reducing the supply and availability of drugs across the EU.
4. That a clear framework is created for measuring the level of drug related crime, and assessing the effectiveness of activities designed to respond to it.
5. That a mechanism is created that enables member states and the European Commission to strengthen co-ordination of EU funding programmes, and positions in international policy debates – these programmes and positions to be founded on the EU balanced approach, and promote fundamental public health and human rights principles.
6. That the mechanisms for ensuring an effective Civil Society contribution to the EU drug policy debates continue to be refined and improved.

This is not proposed as a comprehensive list of the issues that may be advocated for by IDPC members and partners, but we do encourage you to read the draft action plan, and include the above issues in any discussion with your country delegates to the HDG. As described above, you will need to make any representations to these individuals in good time for them to consider your views, and incorporate them in their positions for the HDG meeting on 13<sup>th</sup>/14<sup>th</sup> October.