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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN
PARLIAMENT AND THE COUNCIL**

**Evaluation of the implementation of the EU Drugs Strategy 2013-2020 and of the EU
Action Plan on Drugs 2013-2016: a continuous need for an EU Action Plan on Drugs
2017-2020**

{SWD(2017) 95 final}

I. The evaluation and the need for an EU Action Plan on drugs for 2017-2020

The EU's Drugs Strategy 2013-2020¹ and its first Action Plan on Drugs 2013-2016² set out a political framework and priorities for the EU's drugs policy. The Strategy provides a single, evidence-based framework for tackling drugs inside and outside the EU, and is based on a five pillar structure consisting of:

- two main policy areas
 - the reduction of the drug demand and
 - the reduction of drug supply;
- and three cross-cutting themes:
 - coordination,
 - international cooperation and
 - research, information, monitoring and evaluation.

The Strategy requires the Commission to *"initiate an external midterm assessment of the Strategy by 2016, in view of preparing a second Action Plan for the period 2017-2020"*. The European Agenda on Security³ provides for the Commission to assess progress in implementing the 2013-2016 Action Plan and decide on that basis whether to propose a new Action Plan for 2017-2020.

With the support of an external contractor⁴, the Commission conducted the mid-term assessment of the Strategy and the final evaluation of the Action Plan between April and November 2016⁵. Due to their complementarity and interconnection, these are presented in the form of a single, comprehensive evaluation.

This Communication sets out the results of the evaluation⁶ and proposes the steps to be taken next. In view of the overall findings of the evaluation, the Commission has decided to propose a new Action Plan for the period 2017-2020. Building on the results of the evaluation, and given that the strategic framework will not change before 2020, the new proposed Action Plan is an updated version of the EU Action Plan on Drugs 2013-2016 with a number of modifications. It reflects the findings and the recommendations of the assessment that the Commission found pertinent as well as a number of additional actions to address new and emerging priorities which have not been sufficiently covered by the previous Action Plan, but are relevant in light of challenges EU Member States are currently facing. The Commission's proposed draft Action Plan on drugs for 2017-2020 is set out in the annex below⁷.

¹ OJ C 402, 29.12.2012, p. 1.

² OJ C 351, 30.11.2013, p. 1.

³ COM(2015) 185.

⁴ A consortium composed of Ernst & Young and RAND Europe.

⁵ http://ec.europa.eu/dgs/home-affairs/what-is-new/work-in-progress/initiatives/984ws_intro_en.htm

⁶ An overview of the results of the evaluation in the form of a Commission Staff Working Document is annexed to this Communication - SWD (2017)95.

⁷ It is not the objective of this Communication to update the EU Drugs Strategy, which remains valid until 2020. The Commission considers that the changes proposed in the new draft Action Plan are in line with the existing Strategy.

II. Context

The market for illicit drugs is the most dynamic criminal market, as confirmed also in the European Agenda on Security. It is estimated that EU citizens spend over EUR 24 billion every year on illicit drugs⁸. The human and social costs of drugs addiction are very high and it generates costs for public health (drug prevention, healthcare and treatment), public safety, the environment and labour productivity⁹.

As regards drug demand, the use of illicit drugs remains one of the most longstanding threats to our societies and, whether directly or indirectly, affects the lives of millions of people. At least 83.2 million Europeans have reported that they have used cannabis at least once in their lifetime, while 17.1 and 12 million respectively have tried cocaine and amphetamines. In addition, 1.3 million adults are high-risk opioid users. The prevalence of recorded high-risk opioid use has stabilised and in some countries diminished; the prevalence of infectious diseases has been decreasing, overall, since 2013. It is estimated that at least 6 800 people died from overdoses in the EU in 2014¹⁰. Drug use is largely concentrated among young people (15 to 34 years old); an estimated 17.8 million young adults have used drugs in the last year. There appears to have been an increase in drug-related deaths since 2013 and no recorded decrease in the use of drugs.¹¹

As regards drug supply, in the past four years, new psychoactive substances (NPSs) have been increasingly available on the open market and/or online, posing serious health threats. In 2015, a total of 98 NPSs were detected, bringing the number of new substances monitored to more than 560, of which 70 % have been detected in the last five years. Recorded seizures of illicit drugs did not change substantially in 2013 and 2014 compared with the previous year, but a greater total volume of drugs was seized.

As regards coordination, the mechanisms at EU level, most of which pre-date the current Strategy, are effective. Its most prominent coordination body, the EU Council's Horizontal Drugs Group (HDG), is considered effective in monitoring the implementation of the Action Plan and facilitating dialogue on the state of the drugs phenomenon in Europe. There is evidence of consistency over time and continuity across presidencies. In addition, all Member States reported that civil society organisations were involved in the development, monitoring and/or evaluation of their national drugs policy.

As regards international cooperation, drug-related priorities have been incorporated into the EU's external policies, strategies and actions targeting third countries and regions. In addition, the past years have seen an improvement in EU cooperation in order to speak as one voice in international fora.

Finally, regarding information, research, monitoring and evaluation over the last five years the EU has provided support to several research projects under a variety of funding mechanisms¹² spanning various aspects of the drug issue and related disciplines. Sustained efforts are needed to translate the priorities of the Strategy and Action Plan in research. The existence and operation of the Early Warning System for new psychoactive substances within the

⁸ *EU Drug Markets Report 2016*, Europol and EMCDDA.

⁹ *European Drug Report 2016*, EMCDDA.

¹⁰ This represents an increase on the 2013 figure.

¹¹ The source for all data in the paragraph is the *European Drug Report 2016*, EMCDDA.

¹² Including FP7, Horizon 2020 and Health Programme 2014-2020

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a reflection of improved sharing of forensic and toxicological data at EU level over the past years. This early warning activity allows the EU to make informed and swift decisions on harmful substances.

III. Findings of the mid-term assessment of the Strategy and the final evaluation of the 2013-2016 Action Plan

The evaluation covered the period 2013-2016 and all 28 Member States. It addressed both the internal and the external dimensions of the Strategy and the Action Plan. It was based on an extensive review of relevant EU and Member State data and documents relating to drug markets, trends and drugs strategies¹³. The findings of the evaluation addressed both the mid-term assessment of the EU Drugs Strategy 2013-2020 and the final evaluation of the EU Action Plan on Drugs 2013-2016.

Some of the main challenges of the evaluation were the fact that the data collected from all Member States to feed into it were not always comparable, as well as a lack of baseline measures and up to date statistics for certain areas¹⁴. This makes the attribution and assessment of possible trends and developments to the Strategy and the Action Plan difficult, which has had an impact on the analysis of the effectiveness of the Strategy and Action Plan in terms of quantifying the effects and crediting changes corresponding to the objectives solely to the Strategy and Action Plan. However, several research methods¹⁵ have been used for the evaluation and the findings from each data source have been combined, which contributed to the weight of evidence.

The evaluation concluded that the Strategy and Action Plan are still fit for purpose in terms of meeting the requirements of drugs policy at EU, national and international levels. All areas they tackle remain relevant for addressing all aspects of the drugs phenomenon.

The evaluation applied the five standard criteria: effectiveness, efficiency, coherence, relevance and EU added value.

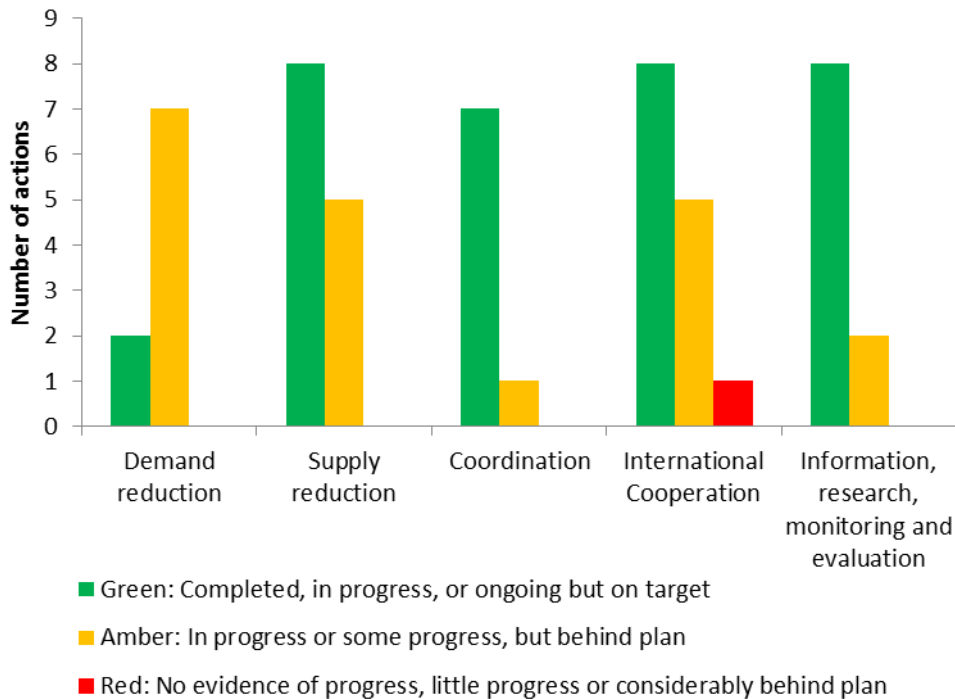
A. Effectiveness

As a first step to assess effectiveness, the evaluation assessed the degree of implementation of all the 54 actions of the Action Plan, as well as their impact. The graph below shows the progress made in the Action Plan for each of the five pillars:

¹³ This involved over 90 interviews with representatives from all EU Member States, European institutions, agencies, third countries, and other stakeholders; an online survey of European External Action Service (EEAS), representatives in non-EU countries; an online public consultation and roundtable discussion with representatives from the Civil Society Forum on Drugs.

¹⁴ This is due to the fact that not all Member States provide data on all measures, to the fact that different indicators cover different time periods, that some indicators are based on registers or surveys and are quantifiable while others rely on expert opinions or qualitative assessments.

¹⁵ Interviews, surveys, desk research, public consultation, roundtable discussions.



The evaluation found that implementation of the EU Drugs Strategy and Action Plan has been effective, to different degrees, in all five pillars.

The majority of the actions have been implemented - 53% of actions are completed or on track, whilst for 47% of actions some progress has been made but implementation is behind plan - and considerable progress has been made on the 15 specific objectives of the Action Plan.

In the area of drug demand reduction, delays relate to the objectives on preventing drug use and delaying the onset of drug use and on enhancing the effectiveness of drug treatment and rehabilitation. The objective of embed coordinated, best practice and quality approaches in drug demand reduction is on track.

In the area of drug supply reduction, the objectives to enhance effective law enforcement coordination and cooperation and enhancing effective judicial cooperation and legislation are behind schedule, whilst that related to responding effectively to current and emerging trends in illicit drug activity was assessed as on target.

In the area of coordination, the objectives relating to ensuring effective coordination at EU and national-level of drug-related policies and ensuring the participation of civil society in the formulation of drugs policy were assessed as on target.

In the field of international relations, the objective of integrating the Strategy into the EU's overall foreign policy framework was assessed as lagging behind, whilst objectives are on track relating to improving the cohesiveness of the EU's approach and visibility in the United Nations (UN) and of supporting the process for acceding, candidate and potential candidates countries' to adapt to and align with the EU acquis on drugs.

In the field of information, research, monitoring and evaluation, further progress is needed to ensure adequate investment in research, data collection, monitoring, evaluation and information exchange and to enhance the dissemination of monitoring, research and evaluation results at EU and national level. Progress on maintaining networking and cooperation and developing capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly on illicit drugs was good.

B. Efficiency

In the absence of a comprehensive, up-to-date overview of drug-related expenditure, the evaluation provided indications of the extent to which sufficient financial resources had been allocated at EU and Member State level.

The evaluation could not conclude on the efficiency of the intervention as harmonised quantitative data are not available as regards expenditure and related benefits of relevant actions across EU Member States. However, the Drugs Strategy and Action Plan managed to establish a common EU-wide framework as explained in the "EU added value" section below. In the absence of a comprehensive and up-to-date overview of drug-related expenditure, the evaluation focussed instead on the extent to which the allocation of financial resources at EU and Member State level was perceived as sufficient. Overall, resources were considered by stakeholders to be sufficient for the EU Strategy and Action Plan, in particular with regard to drug demand and supply.

C. Coherence

The priorities and actions in the Strategy and Action Plan were found to be coherent with most other relevant EU policies and strategies, such as the European Agenda on Security and the European Development Consensus¹⁶, while more synergies with the EU Health Strategy¹⁷ are called for. For example, the evaluation points to the fact that the challenges posed by the ageing of the population in Europe or the potential impact of new technologies in the prevention area as identified in the EU Health Strategy are not reflected.

D. Relevance

According to the evaluation, stakeholders considered the Strategy and Action Plan to be as relevant as at the time of their adoption. The five pillar structure continues to address most current drugs policy requirements at EU and national level. All areas tackled in the Strategy and Action Plan 2013-2016 remain relevant for addressing all aspects of the drugs phenomenon.

¹⁶ Joint statement by the Council and the representatives of the governments of the Member States meeting within the Council, the European Parliament and the Commission on European Union Development Policy: 'The European Consensus' OJ C/46/1 of 24.02.2006

¹⁷ COM (2007) 630 final and objectives identified in 2007 will remain valid for the next decade in the context of Europe 2020. In addition the Third Health Programme 2014-2020 points to similar challenges

E. EU added value

The Strategy and the Action Plan provided added value to individual Member States' (and non-state actors) strategies by establishing a common EU-wide framework and institutionalising a process of consensus-building on drugs policy.

None of them imposes legal obligations on EU Member States, but the evaluation found that they have been successful in broadly directing collective action in the field of drugs, both within the EU and at international level, and promoting a shared model with a culture of defining priorities, objectives, actions and indicators for measuring performance.

The evaluation also found that the EU added value appears more pronounced in terms of demand reduction activities and emerging challenges. In international development cooperation Member States recognised the added value of collectively setting a common strategic framework for actions at the EU level.

The EU now has more of a 'voice' in international fora and international relations. This provides an important source of guidance for candidate countries, and a framework for bilateral cooperation with non-EU countries.

F. Conclusion

Overall, the evaluation confirmed that all stakeholders would broadly welcome a new Action Plan for 2017-2020. They considered it necessary to continue setting out precise priorities and actions relating to each objective, to assign responsibility and to formulate specific, measurable indicators. The comprehensive nature of the Strategy enables stakeholders to refine the focus of the priorities over its lifespan while maintaining a reasonable degree of coherence. In addition, stakeholders favoured updating the 2013-2016 Action Plan in response to new developments and emerging issues.

The evaluation found that some actions needed to be strengthened or added in order to keep up with developing issues and create more synergies with other EU policy areas such as the EU Health Strategy. It also points to the need for a greater level of focus on the use of new communication technologies in illicit drug production and trafficking and the role of internet in drug prevention. The evaluation shows that the omission of a discussion on recent trends in cannabis policy was noted by a wide range of stakeholders and represented one of the most frequent items raised when exploring whether there are any issues not covered by the Strategy.

The evaluation also indicates that there is room for improvement in implementation and access to risk and harm reduction measures across various Member States and that stakeholders from civil society expressed concerns about the extent and quality of these measures.

Finally, the evaluation found that a future Action Plan should continue to include actions to monitor NPS, to reduce demand for and supply of them, and to reduce harms associated with their use.

IV. The draft new Action Plan 2017-2020 - what is new and what has been updated?

Building on the evaluation findings and recommendations, the Commission is proposing a draft EU Action Plan on Drugs 2017-2020, thus covering the remaining years of the existing EU Drugs Strategy, in force until 2020. Building on the results of the evaluation, the draft Action Plan maintains and strengthens existing actions to address challenges that continue to pose a threat to health and security. It also includes new actions to reflect developments since 2013 and address emerging challenges not covered previously. Some of the newly introduced actions, such as those addressing the use of new technologies for prevention or the comprehensive analysis of developments relating to cannabis policy models, are based on the evaluation's findings. Others result from reflections emerging from sources such as the EU Drugs Market Report, policy developments at EU level notably in the context of the European Agenda on Security and contributions from the civil society. Such actions include:

- gathering evidence of potential connections between drug trafficking and
 - the financing of terrorist groups and activities;
 - migrant smuggling; and
 - trafficking in human beings
- the explicit inclusion of vulnerable groups in the drug demand actions

The new actions and updates as they relate to the five pillars of the Strategy are summarised below.

A. Drug demand reduction

- Stronger synergies will be created between the new Action Plan and the EU Health Strategy, particularly as regards the **use of information and communications technologies (ICT) for prevention purposes**. The use of ICT is key to raising awareness, especially among children and young people, of the risks and consequences of illicit drugs use.¹⁸
- Account is taken of the recent work of the Horizontal Drugs Group (HDG) **on the misuse of prescribed opioids and other psychoactive medicines**¹⁹.
- In the light of population ageing in the EU there is a need to address the emerging challenge of **ageing drug users**, as also outlined in the EU Health Strategy²⁰.
- **Drug use in vulnerable communities** will be addressed by refining the targeted measures in the Action Plan 2013-2016²¹.
- **Stronger focus on risk and harm reduction** measures, aimed at minimising the adverse health and social consequences of drug abuse, play a central role in effective drugs policy, including in prison settings²².

¹⁸ A new action 3 was introduced and action 4 has been updated.

¹⁹ Action 5 has been updated: it now refers to the 'misuse of psychoactive medicines'; this includes any type of psychoactive/addictive substances used for treatment, all drugs acting on the central nervous system and opioids and medicines used in opioid substitution treatment.

²⁰ Actions 6 and 7 have been updated

²¹ Objective 2, several actions under the drug demand reduction pillar and action 48 have been amended to reflect this development. In this context, it is suggested that synergies be explored with the European Solidarity Corps.

²² Actions 8 and 9 have been strengthened to reflect the central objective of the EU's positions for UNGASS.

- Implementation and monitoring of the 2015 Council conclusions²³ on **minimum quality standards in drug demand reduction** in the EU²⁴.

B. Drug supply reduction

- Stronger focus on judicial cooperation in drugs related cases at EU level is required. To get a fuller picture of the impact of supply reduction efforts, Europol, Eurojust and the EMCDDA should maintain their work to collect **indicators and complement data collection**, where possible, with qualitative and contextual information²⁵.
- There should be a focus on the continued implementation of the key indicators adopted by the 2013 Council conclusions on improving the **monitoring of drug supply in the EU**²⁶. Seven indicators have been developed along with a roadmap for their implementation. Full data collection for most of them is ongoing or will start in 2017²⁷.
- The **New Psychoactive Substances (NPS)** legislative package should be rapidly adopted and swiftly implemented; monitoring the effects of the new legislative measures will also be required in the next years²⁸.
- Implementation²⁹ of the EU legislation on **drug precursors** which was strengthened in 2013 with the adoption of significant amendments to the two Regulations³⁰.
- More attention should be given to **alternatives sanctions for drug-using offenders**. All Member States have at least one available and most have more than one³¹. The most commonly available sanctions are drug treatment and suspended sentences with a treatment option³².
- Greater focus on **the use of ICT in illicit drug production and trafficking**³³ as established at the June 2016 expert meeting organised by the Commission³⁴ in the context of the EU Internet Forum.

C. Coordination

- **Greater coherence and coordination** with the other Council working groups would help the HDG fulfil its role of monitoring the implementation of the Strategy and ensure coherence between demand and supply reduction activities and detect relevant synergies³⁵.

²³ Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union 11985/15

²⁴ Action 10 has been updated

²⁵ Action 11 has been updated

²⁶ Council conclusions on improving the monitoring of drug supply in the European Union 15 November 2013

²⁷ Action 17 has been updated

²⁸ Action 19 has been updated

²⁹ Action 20 has been amended accordingly

³⁰ Regulation (EC) No 273/2004 of the European Parliament and of the Council on drug precursors (OJ L 47, 18.2.2004, p. 1–10) and Council Regulation (EC) No 111/2005 laying down rules for the monitoring of trade between the Union and third countries in drug precursors (OJ L 22, 26.01.2005, p. 1–10)

³¹ *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*, May 2016, for the European Commission

³² Action 22 has been updated

³³ Action 23 has been updated. The challenges are driven by factors such as secure encryption, web hosting, the move from surface to deep websites and/or the darknet; the emergence of new forms of payment (such as bitcoins); and the growth in drug advertising and exchanges on social media. Particular attention has been given to the use of the web for the sale of prescription drugs and NPSs.

³⁴ Report from "Internet and drugs" expert meeting June 2016

- More attention and time should be devoted to discussing the **implementation of the Action Plan** during HDG meetings³⁶.
- As advocated by the EU in global fora, **further opportunities should be sought to increase civil society's participation** in the formulation, implementation, monitoring and evaluation of drugs policies at EU and national level³⁷.

D. International cooperation

- The evaluation found that there is scope for improving the **capacity of EU delegations** to engage in drugs issues and network with each other on regional basis.³⁸
- Greater focus should be placed on combating **illegal drug crop cultivation and on enhancing alternative development**³⁹.
- In order to address adequately concerns as regards drug-related extrajudicial killings and the use of the death penalty, the EU should explore ways of **engaging with other countries whenever serious drug-related issues arise**⁴⁰.
- Account is also taken of recent developments in the **Dublin Group**⁴¹, which is looking at ways of modernising its working methods⁴².
- The relevant actors have not deemed it essential to holding an annual dialogue on EU and Member States' drug-related assistance to other countries so that action has been dropped from the draft Action Plan⁴³.
- There is wide consensus that one key area in which the Strategy and Action Plan add value is enabling the EU to **'speak with one voice'** in international fora, as demonstrated in the run-up to UNGASS 2016. Focus is needed now on the implementation of the UNGASS outcome and on the preparation of the 2019 review process of the 2009 Political Declaration and Action Plan on International Cooperation towards an integrated and balanced strategy to counter the world drug problem⁴⁴.

³⁵ Action 24 has been amended in line with the evaluation's recommendation that the current coordination mechanisms between the HDG and the Standing Committee on Operational Cooperation on Internal Security (COSI) be reviewed. In addition, actions 24 and 28 (as amended) also address the need to improve coordination between the HDG and thematic Council Working Groups of the Council, e.g. those on the UN Working Party and Human Rights. This would improve synergies and cooperation on international relations, especially in the framework of the 2019 review process of the 2009 UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

³⁶ Action 26 has been updated

³⁷ Action 31 has been updated

³⁸ Action 34 has been amended to give full support to EU Delegations' role in monitoring drugs policy developments in non-EU countries and reporting back to the Commission and the European External Action Service (EEAS).

³⁹ Former actions 34 and 35 have been merged in action 35 since they addressed similar issues: illegal drug crop cultivation and alternative development continue to be of interest.

⁴⁰ Action 38 has been updated; in the light of renewed diplomatic relations, Iran has been added to the list of countries with which the EU will seek closer cooperation and conduct dialogues on drugs.

⁴¹ The Dublin Group is a flexible, informal consultation and coordination mechanism for global, regional and country-specific problems of illicit drugs production, trafficking and demand. It is based on consensus and mutual assistance. Its participants are the EU Member States, Australia, Canada, Japan, Norway, the United States, the European Commission and the UNODC.

⁴² Action 39 has been updated

⁴³ Former action 40 has been deleted.

⁴⁴ Action 41 has been updated.

E. Research, information, monitoring and evaluation

- There should be clear **indicators to measure the impact** of EU funded projects⁴⁵.
- Account is taken of work to **promote the scientific evaluation** of policies and interventions at national, EU and international level.⁴⁶
- To address a lack of solid evidence⁴⁷, a new action⁴⁸ focuses on documenting **potential connections between drug trafficking and:**
 - **the financing of terrorist groups and activities**, including any overlap between the established routes for drug production and trafficking areas and conflict zones and financing sources of terrorist cells in the EU;
 - **migrant smuggling**, creating synergies with the EU's Action Plan to counter migrant smuggling⁴⁹; **and**
 - **trafficking in human beings**, creating synergies with the 2012–2016 EU Strategy towards the Eradication of Trafficking in Human Beings⁵⁰.
- In the light of the current debate in some Member States and internationally, current **cannabis policy models** around the world and their impact will be analysed in more depth⁵¹.
- Account is taken of the work to improve the cooperation between the customs laboratories and the forensic laboratories networks, and between Commission services in the fight against **New Psychoactive Substances (NPS)**⁵².

V. Conclusions

The mid-term assessment of the EU Drugs Strategy 2013-2020 and the final evaluation of the EU Action Plan on Drugs 2013-2016 have confirmed the continued relevance of the existing Strategy while also indicating a consensus among many stakeholders in favour of an updated Action Plan for the remaining years of the Strategy's duration.

Therefore, the Commission is proposing an Action Plan for 2017-2020 that maintains and strengthens existing actions to address challenges that continue to pose a threat to health and security. It also includes new actions to reflect developments since 2013 and addresses emerging challenges not covered previously.

The final evaluation of the Strategy and the 2017-2020 Action Plan, as required by the Strategy itself, will be presented in 2020. In 2019 an evaluation of the EMCDDA, including the Reitox system⁵³, will also be carried out, as required by the EMCDDA founding

⁴⁵ Action 45 has been updated.

⁴⁶ Action 46 has been updated.

⁴⁷ Idem 8.

⁴⁸ New action 47.

⁴⁹ COM (2015) 285 final.

⁵⁰ COM (2012) 286 final.

⁵¹ Action 48 was updated. Cannabis is the most widely used drug in the EU. Recent years have seen a number of developments in some non-EU countries with regard to cannabis law reform, e.g. as de-penalisation of use, market regulation or legalisation.

⁵² Action 52 has been updated.

⁵³ Reitox is the European information network on drugs and drug addiction. It was created at the same time as the EMCDDA and is made up of 'national focal points' or 'national drug observatories' (designated national institutions or agencies responsible for collecting data and reporting on drugs and drug addiction).

Regulation⁵⁴. As the above evaluations will provide valuable information on the implementation of the 2017-2020 EU Action Plan, a mid-term progress review will not be necessary.

The Commission will now enter into a dialogue on its proposed draft EU Action Plan on Drugs 2017-2020 with the European Parliament and the Council.

⁵⁴ Regulation (EC) No 1920/2006 of the European Parliament and of the Council of 12 December 2006 on the European Monitoring Centre for Drugs and Drug Addiction (recast)

1. DRUG DEMAND REDUCTION

Contribute to a measurable reduction in the use of illicit drugs, in problem drug use, in drug dependence and in drug-related health and social harms as well as contributing to a delay in the onset of drug use

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
1. Prevent drug use and, secondly, delay the onset of drug use	1. Improve the availability and effectiveness of evidence-based ⁵⁶ prevention measures that take account of: <ol style="list-style-type: none"> population risk factors such as age; gender; cultural and social factors; situational risk factors such as homelessness; migration and asylum seeking, drug use in nightlife and recreational settings; the workplace; and driving under the influence of drugs; and individual risk factors such as mental health; problem behaviour and psychosocial development; and other factors known to affect individual vulnerability to drug use such as genetic 	Ongoing	MS	<ul style="list-style-type: none"> Overarching indicators 1, 11, 12 Level of provision at MS level of evidence-based universal and environmental prevention measures Level of provision at MS level of evidence-based targeted prevention measures, including family and community based measures Level of provision at MS level of evidence-based indicated prevention measures 	EMCDDA Reporting Reitox National Reports MS reporting on results of measures

⁵⁵ The draft Action Plan includes in bold newly added parts and in strikethrough the parts that the Commission proposes to remove

⁵⁶ Evidence based should be read in this context as "based on available scientific evidence and experience"

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	influences and family circumstances				
	2. In addition to the prevention of drug use, strengthen and better target prevention and diversionary measures to delay the age of first use of illicit drugs	Ongoing	MS	<ul style="list-style-type: none"> • Overarching indicators 1, 5, 12 • Level of provision at MS level of evidence based prevention and diversionary measures that target young people in family, community, and formal/non-formal education settings 	<p>EMCDDA Reporting</p> <p>MS reporting on results of measures</p>
	<p>3. Exchange of best practices in targeting children and young people in prevention actions, including:</p> <ul style="list-style-type: none"> a. programmes and campaigns in formal and non/formal education settings; b. online programmes and campaigns; c. cooperation with internet companies for prevention purposes; and d. ways of harnessing social media to better understand drug use and improve demand reduction 	Ongoing	<p>MS</p> <p>Civil society</p> <p>EMCDDA</p>	<ul style="list-style-type: none"> • Type of exchanges of best practices between MS • Positive evaluations of behavioural outcomes of best practice interventions (where available) 	<p>EMCDDA best practices portal</p> <p>MS reporting</p> <p>Civil society reporting</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p style="text-align: center;">responses</p> <p>4. Raise awareness of the risks and consequences associated with the use of illicit drugs and other psychoactive substances, including by cooperating with internet companies and prevention experts to target children and young people better</p>	Ongoing	MS COM EMCDDA	<ul style="list-style-type: none"> Overarching indicators 5, 12 Level of awareness in general and youth populations of healthy lifestyles and of the risks and consequences of the use of illicit drugs and other psychoactive substances 	<p>EMCDDA Reporting</p> <p>Eurobarometer surveys</p> <p>ESPAD</p> <p>HBSC</p>
	5. Enable a more informed response to the challenge of the misuse of prescribed and ‘over the counter’ opioids and other psychoactive medicines opioids and other psychoactive medicines	2017-2020	MS Council WP (HDG) EMA EMCDDA	<ul style="list-style-type: none"> Collation of data by MS on levels and patterns of prescribing of psychoactive medicines by end 2014 Number of initiatives that focus on the promotion of appropriate use of prescribed and ‘over the counter’ opioids and other psychoactive medicines Collation of evidence and international examples on how to reduce the risks of diversion and abuse of psychoactive medicines 	<p>MS Reporting</p> <p>EMCDDA</p> <p>Report of Aliee RAP project</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
				<ul style="list-style-type: none"> • Training of medical practitioners and other health professionals in the use of medication to control pain and treat suffering 	

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
<p>2. Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re/integration of problematic and dependent drug users and of vulnerable communities, including by</p>	<p>6. Develop and expand the diversity, availability, coverage and accessibility of evidence-based comprehensive and integrated treatment services. Ensure that these services address polydrug use (combined use of illicit and/or licit substances including alcohol and tobacco) and the emerging needs of the ageing drug-using population and gender-specific issues. Develop early intervention/treatment and therapy programmes for child and adolescent drug users.</p>	Ongoing	MS	<ul style="list-style-type: none"> • Overarching indicators 1, 6, 11 • Extent of the diversity of evidence-based comprehensive and integrated treatment services at MS level including those which address polydrug use and the needs of the ageing drug-using population • MS data on treatment retention and outcomes 	<p>EMCDDA Reporting</p> <p>Reitox</p> <p>National Reports</p> <p>EMCDDA Best Practice Portal</p> <p>EU Drugs Strategy and Action Plan final evaluation</p> <p>MS reporting</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>specific needs; and</p> <p>e. reach out to vulnerable communities, including children and teenagers, ethnic minorities, migrants and asylum seekers, LGBTI, commercial sex workers and prisoners, people living with HIV/AIDS and the homeless.</p>				
	<p>8. (a) Scale up access to harm reduction services e.g. needle and syringe exchange programmes, opioid substitution treatment, take-home naloxone programmes</p> <p>Ensure that treatment and outreach services incorporate greater access to risk and harm reduction options to lessen the negative consequences of drug use and to substantially reduce the number of direct and indirect drug-related deaths and infectious blood borne diseases associated with drug use but not limited to HIV and viral hepatitis, as well as sexually transmittable</p>	Ongoing	<p>MS</p> <p>EMCDDA</p> <p>COM</p> <p>Civil Society Forum on Drugs</p> <p>Civil Society Forum on HIV/AIDS, Viral Hepatitis and Tuberculosis</p>	<ul style="list-style-type: none"> • Overarching indicators 2, 3, 4, 11 • Extent of increased availability of and access to evidence based risk and harm reduction measures in MS • Type of exchanges of best practices on risk and harm reduction measures • Number of MS reaching the WHO recommendation of a minimum threshold of 200 sterile needles and syringes distributed per injecting drug user per year • Coverage of opioid substitution treatment programmes among people with opioid dependence • Extent of increased availability of take home naloxone programmes and nightlife harm reduction 	<p>EMCDDA Reporting</p> <p>Reitox National Reports</p> <p>MS Reporting on services</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>diseases and tuberculosis</p> <p>(b) Identify and overcome barriers in access to treatment for hepatitis C among people who inject drugs, including prisoners and other vulnerable groups</p> <p>(c) Exchange best practices on risk and harm reduction measures e.g. needle and syringe exchange programmes, opioid substitution treatment, drug consumption rooms, take-home naloxone programmes, peer based interventions, outreach treatment programmes, hepatitis C treatment, pill testing, self-testing for HIV/AIDS, etc.</p>			<p>programmes</p> <ul style="list-style-type: none"> • Number of programmes facilitating the access of people who inject drugs into treatment for the hepatitis C virus (HCV) and people covered • Number of harm reduction programmes targeting vulnerable communities e.g. ethnic minorities, migrants and asylum seekers, LGBTI, commercial sex workers and prisoners • Degree of implementation of ECDC/EMCDDA guidance on prevention and control of infectious diseases among people injecting drugs • Degree of implementation of EU minimum quality standard in drug demand reduction III (<i>Treatment services provide voluntary testing for blood-borne infectious diseases, counselling against risky behaviours and assistance to manage illness</i>) 	
	<p>9. Scale up the development, availability and coverage of health care measures for drug users in prison and after release with the aim of achieving a quality of care equivalent to that</p>	<p>Ongoing</p>	<p>MS</p>	<ul style="list-style-type: none"> • Overarching indicator 10 • Availability of services for drug users in prisons (including opioid substitution treatment and needle and syringe exchange programmes) and the extent to which prison health 	<p>EMCDDA Reporting</p> <p>Reitox</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	provided in the community			<p>care policies and practices incorporate care models comprising best practices in needs assessment and continuity of care for prisoners during imprisonment</p> <ul style="list-style-type: none"> • Extent of decrease in drug-related physical and mental health problems amongst prisoners • Extent to which prison based services and community based services provide continuity of care for prisoners upon release with particular emphasis on avoiding drug overdoses 	<p>National Reports</p> <p>MS Reporting on services</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
3. Embed co-ordinated, best practice and quality approaches in drug demand reduction	10. Implement the EU minimum quality standards adopted by the Council in 2015⁵⁷ that help bridge the gap between science and practice, for: <ul style="list-style-type: none"> a. environmental, universal, selective and indicated prevention measures; b. early detection and intervention measures; c. risk and harm reduction measures; and d. treatment, rehabilitation, social integration and recovery measures and monitor their implementation.	2017-2020	Council Council WP (HDG) MS COM EMCDDA	<ul style="list-style-type: none"> • Consensus achieved by MS on minimum quality standards building on previous EU preparatory studies • Evidence review of drug demand reduction programmes implemented in accordance with the standards; • Number of specialist training programmes available for practitioners in drug demand reduction and/or estimated number of practitioners reached by specialist training programmes; • Involvement of civil society in the implementation of the standards, including in planning and introduction • Number and impact of projects and programmes supported at EU level that promote the exchange of best practices in the implementation of these standards • Engagement in inter-ministerial cooperation to support implementation of these standards. 	EMCDDA Best Practice Portal COM Biennial Progress Report MS reporting EU Drugs Strategy and Action Plan final evaluation

⁵⁷ Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union 11985/15

2. DRUG SUPPLY REDUCTION

Contribute to a measurable reduction of the availability and supply of illicit drugs in the EU

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
4. Enhance effective law enforcement co-ordination and co-operation within the EU to counter illicit drug activity, in coherence, as appropriate, with relevant actions determined through the EU policy cycle	11. Utilise to best effect available intelligence and information sharing law enforcement instruments, channels and communication tools used to collate and analyse drug-related information	Ongoing	MS Europol Eurojust Council WP (COSI)	<ul style="list-style-type: none"> • Overarching indicator 7 • Extent of high impact intelligence led and targeted activities, of joint operations, joint investigation teams and cross border cooperation initiatives focusing on criminal organisations engaged in illicit drug activity • Increased use of Europol’s drug-related information-sharing, analysis and expert systems • Results achieved from EMPACT projects and bilateral and multilateral initiatives • Number of drug-related cases referred to Eurojust and Europol, including qualitative, contextual information about the cases 	<p>EMCDDA Reporting</p> <p>EU Agencies</p> <p>Europol Reporting</p> <p>Eurojust Reporting</p> <p>EMPACT Driver Reports</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	12. Identify and prioritise the most pressing threats associated with drug-related organised crime	2017	Council Council WP (COSI) Europol MS COM	<ul style="list-style-type: none"> EU Policy Cycle and Crime priorities for 2017-2021 in place 	<p>Council Conclusions on EU Policy Cycle</p> <p>EU SOCTA</p> <p>Multi-annual Strategic Plans (MASPs)</p> <p>EMPACT Evaluation</p> <p>EMPACT Driver Reports</p> <p>Europol Directors' Report</p>
	13. Strengthen CEPOL's training for law enforcement officers in relation to illicit drug production, trafficking and financial crime , particularly training methods and	2017-2020	MS CEPOL	<ul style="list-style-type: none"> Training needs assessment carried out regularly Availability and uptake of relevant training courses Number of law enforcement 	<p>COM Biennial Progress Report</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>techniques</p> <p>a. to combat the use of new communication technologies in illicit drug production and trafficking;</p> <p>b. to enhance asset confiscation;</p> <p>c. to combat money laundering;</p> <p>d. to detect and dismantle illicit clandestine laboratories and cannabis cultivation sites.</p>		<p>Europol</p> <p>Council WP (COSI)</p> <p>COM</p>	<p>officers trained and effectively deployed as a result</p>	<p>CEPOL Annual Report</p> <p>CEPOL Curricula</p> <p>EMPACT Evaluation</p> <p>EMPACT Driver Reports</p>
	<p>14. Improve counter narcotic activities through strengthening and monitoring the effectiveness of regional information-sharing platforms and regional security-sharing platforms with the aim of disrupting and suppressing emerging threats from changing drug trafficking routes</p>	<p>Ongoing</p>	<p>COM</p> <p>MS</p> <p>Europol</p> <p>Council WP (COSI)</p> <p>Regional</p>	<ul style="list-style-type: none"> • Overarching indicator 7 • Number of intelligence led activities leading to the disruption and suppression of drug trafficking routes • Level of information sharing through effective activity of the liaison officer network 	<p>EMCDDA Reporting</p> <p>Security/ Information - sharing Platforms and Evaluation Reports</p> <p>EU SOCTA</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
			Information-Sharing Platforms Regional Security-Sharing Platforms		EMPACT Evaluation EMPACT Driver Reports Europol Directors' Report MAOC(N) ⁵⁸
	15. Strengthen actions to prevent the diversion of drug precursors and pre-precursors for use in the illicit manufacture of drugs	Ongoing	MS Europol COM Council WP (CUG COSI)	<ul style="list-style-type: none"> • Number of cases and quantity of stopped or seized shipments of precursors intended for illicit use • Results achieved from EMPACT projects • Use of Pre-Export Notification (PEN) Online System and increased use of the Precursors Incident Communication System (PICS) 	Reports from EU and MS Law Enforcement Agencies EMPACT Evaluation EMPACT

⁵⁸

The Maritime Analysis and Operations Centre – Narcotics (MAOC (N)), based in Lisbon, is an initiative by 7 EU Member Countries: France, Ireland, Italy, Spain, Netherlands, Portugal and the UK and is co-funded by the Internal Security Fund of the European Union. The Centre provides a forum for multi-lateral cooperation to suppress illicit drug trafficking by sea and air.

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
				<ul style="list-style-type: none"> Number of joint follow up meetings and other activities linked to the prevention of the diversion of precursors and pre-precursors 	Driver Reports Europol Directors' Report
	16. Counter cross-border drug trafficking, including through container and parcel shipments , and improve border security notably at EU seaports, airports and land border crossing points through intensified efforts, including information and intelligence sharing, by relevant law enforcement agencies	Ongoing	MS Europol Council WG (CCWP COSI)	<ul style="list-style-type: none"> Increased number of multi-disciplinary/multi-agency joint operations and cross border cooperation initiatives Number of effective Memoranda of Understanding (MOU) agreed between law enforcement agencies and relevant bodies such as airlines, air express couriers, shipping companies, harbour authorities and chemical companies Results achieved from EMPACT projects Improved intelligence and information sharing on cross-border drug trafficking utilising, <i>inter alia</i>, available border surveillance systems 	COM Biennial Progress Report EMPACT Evaluation Driver Reports Europol Directors' Report Europol reporting MS Reporting

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	17. Implement the key indicators on drug supply reduction adopted by the Council in 2013⁵⁹	2017-2020	COM MS Council Council WP (HDG) EMCDDA Europol	<ul style="list-style-type: none"> • Roadmap developed and agreed on the implementation of key drug supply indicators MS agreement reached on key drug supply indicators • number and quantity of drug seizures • purity and content of drugs • drug prices • drug production facilities dismantled • drug law offences • drug availability in population surveys • market size estimates 	Overview of existing supply data collection in MS EMCDDA Reporting Europol reporting COM Biennial Progress Report
5. Enhance effective judicial co-operation and legislation within the EU	18. Strengthen EU judicial co-operation in targeting cross-border drug trafficking, money laundering, and in the confiscation of the proceeds of drug-related	2017-2020	Council COM	<ul style="list-style-type: none"> • Adoption and Timely implementation of agreed EU measures and legislation on (a) confiscation and recovery of criminal assets⁶⁰; (b) 	Eurojust Reporting

⁵⁹ Council conclusions on improving the monitoring of drug supply in the European Union 15 November 2013

⁶⁰ [Directive 2014/42/EU of the European Parliament and of the Council on the freezing and confiscation of instrumentalities and proceeds of crime in the European Union; Council Decision 2007/845/JHA concerning cooperation between Asset Recovery Offices of the member States in the field of tracing and identification of proceeds of, or other property related to, crime; Council Framework Decision 2006/783/JHA on the application of the principle of mutual recognition to confiscation orders. Council Framework Decision 2003/577/JHA on the execution in the European Union of orders freezing property or evidence, Commission proposal for a Regulation of the European Parliament and of the Council on the mutual recognition of freezing and confiscation orders COM\(2016\) 819; Council Framework Decision 2005/212/JHA on confiscation of crime-related proceeds, instrumentalities and property; Council Framework Decision 2003/577/JHA on the execution in the European Union of orders freezing property or evidence.](#)

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	organised crime		MS Eurojust	<p>money laundering⁶¹; (c) approximation of drug trafficking offences and sanctions across the EU⁶²</p> <ul style="list-style-type: none"> • Increased number of financial investigations and confiscations in relation to the proceeds of drug-related organised crime through EU judicial cooperation • Timely and effective responses to mutual assistance requests and European Arrest Warrants in relation to illicit drug trafficking 	<p>MS reporting</p> <p>COM Biennial Progress Report</p>
	19. Adopt and implement new EU legislative measures to address the emergence, use and rapid spread of new psychoactive substances	2017-2020	COM Council Council WP (HDG)	<ul style="list-style-type: none"> • EU legislation in place • Implementation of EU legislation in MS • Development of EU guidelines for the information exchange and risk assessment procedures 	<p>COM Biennial Progress Report</p> <p>MS reporting</p>

⁶¹ [Directive \(EU\) 2015/849 of the European Parliament and of the Council on the prevention of the use of the financial system for the purposes of money laundering or terrorist financing, amending Regulation \(EU\) No 648/2012 of the European Parliament and of the Council, and repealing Directive 2005/60/EC of the European Parliament and of the Council and Commission Directive 2006/70/EC; Council Framework Decision 2001/500/JHA on money laundering, the identification, tracing, seizing and confiscation of instrumentalities and the proceeds of crime. Commission proposal for a Directive of the European Parliament and of the Council on countering money laundering by criminal law COM \(2016\) 826.Regulation \(EU\) 2015/847 of the European Parliament and of the Council on information accompanying transfers of funds and repealing Regulation \(EC\) No 1781/2006; Regulation \(EC\) No 1889/2005 of the European Parliament and of the Council on controls of cash entering or leaving the Community. Commission proposal for a Regulation of the European Parliament and of the Council on controls on cash entering or leaving the Union and repealing Regulation \(EC\) No 1889/2005](#)

⁶² [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 trafficking, as regards the definition of drug](#)

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
			MS EMCDDA Europol	<ul style="list-style-type: none"> • Monitor the effects of new legislative measures with a special focus on the replacement-effect in the illegal drug market 	
	20. Implement effectively EU legislation on drug precursors to prevent their diversion without disrupting lawful trade	Ongoing	Council COM MS	<ul style="list-style-type: none"> • Implementation of Regulations of the European Parliament and of the Council on drug precursors amending both Council Regulation (EC) No. 111/2005 and Regulation (EC) No. 273/2004 	COM Biennial Progress Report EU Annual Report on Drug Precursors
	21. Combat the use of certain pharmacologically active substances (as defined in EU Directive 2011/62) as cutting agents for illicit drugs	Ongoing	MS COM EMA EMCDDA Europol	<ul style="list-style-type: none"> • Number of seizures of active substances used as cutting agents for illicit drugs • Timely implementation of new EU legislative requirements aimed at securing the supply chain for active substances under Directive 2011/62/EU, the Falsified Medicines Directive 	Reports from the CCWP and CUG MS Reporting
	22. Members States to provide and apply , where appropriate and in accordance with their legal frameworks, alternatives to coercive sanctions (such as education, treatment, rehabilitation, aftercare and social	2017-2020	MS Council (HDG)	<ul style="list-style-type: none"> • Increased availability and implementation of alternatives to coercive sanctions prison for drug-using offenders in the areas of education, treatment, rehabilitation, aftercare and social integration. 	Reitox National Reports MS reporting

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>integration) for drug using offenders, including:</p> <ol style="list-style-type: none"> a. Education b. (Suspension of sentence with) treatment c. Suspension of investigation or prosecution d. Rehabilitation e. Aftercare and social integration <p>and develop the Fundamental rights dimension as a key factor to better balance repression and promote rehabilitation.</p>			<ul style="list-style-type: none"> • Increased monitoring, implementation and evaluation of alternatives to coercive sanctions • Type and number of alternatives to coercive sanctions provided for and implemented by MS • Information on beneficiaries of alternative sentences who reoffend within five years 	

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
6. Respond effectively to current and emerging trends in illicit drug activity	<p>23. Identify strategic responses to address the role of new communication technologies and the hosting of associated websites, in the production, marketing, purchasing and distribution of illicit drugs, including controlled new psychoactive substances at national and EU level, including by:</p> <p>a. Cooperation with industry b. EU and national funding for relevant research and development of tools to support the work of law enforcement c. Setting up of a glossary of terms d. Setting up an inventory of existing monitoring tools for the web and darknet e. Providing specialised training for law enforcement, customs and border guards, prosecutors and judges f. Continuous and proactive monitoring of online marketplaces by law enforcement</p>	2017-2020	<p>Council COM Council WP (HDG, COSI) MS Europol CEPOL EMCDDA</p>	<ul style="list-style-type: none"> • Results achieved from law enforcement actions targeting drug-related crime via the internet • Increased number of joint operations and cross border cooperation initiatives • Number and impact of funded research projects and tools developed to support law enforcement • Number of agreements/discussions with relevant industry partners • Setting up of a glossary of terms • Setting up of an inventory of monitoring tools • Numbers of training sessions for relevant stakeholders • Number of meetings with international partners in which the action was discussed 	<p>Progress-Interim Review of the EU Policy Cycle Priorities</p> <p>EMPACT Evaluation and</p> <p>Driver Reports</p> <p>Europol Directors' Report</p> <p>CEPOL Statistics/Annual Report</p> <p>MS Reporting</p> <p>Reports from EU</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>g. Exchange of best practices with international partners</p> <p>h. Streamlining of mutual legal assistance proceedings (and where applicable, mutual recognition), in line with the 09 June 2016 Council Conclusions on improving criminal justice in cyberspace⁶³</p>				<p>Agencies</p> <p>COM</p>

⁶³ Council Conclusions on improving criminal justice in cyberspace 09 June 2016

3. CO-ORDINATION

Member States and EU to effectively co-ordinate drugs policy

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
7. Ensure effective EU co-ordination in the drugs field	<p>24. Enhance information sharing between the HDG and other relevant Council Working Groups and in particular COSI to enhance coordination as regards the drug supply reduction pillar</p> <p>Enhance information sharing between the HDG and other relevant geographical and thematic Council Working Groups including: COAFR, COASI, COEST, COLAT, COWEB, CONUN and COHOM</p>	Ongoing	<p>PRES</p> <p>Council</p> <p>EEAS</p> <p>Council WP (HDG)</p>	<ul style="list-style-type: none"> • Extent to which the EU Drugs Strategy/and Action Plan are taken into account in the Programmes of other Council Working Groups including COSI, COAFR, COASI, COEST, COLAT, COWEB, CONUN and COHOM. • Regular information point on the HDG agenda (once per Presidency) on activities linked to drug-related priorities of the EU Policy Cycle (based on EMPACT reporting) in the presence of the COSI Support Group chair, if relevant 	<p>Council Working Group (HDG) reporting</p> <p>Presidency reporting</p>
	<p>25. Each Presidency may convene meetings of the National Drugs Coordinators, and of other groupings as appropriate, to consider emerging trends, effective interventions and other policy developments of added value to the EU Drugs Strategy and to MS</p>	Biannually	<p>PRES</p> <p>MS</p>	<ul style="list-style-type: none"> • Extent to which National Drug Coordinators' meeting agenda reflects developments, trends and new insights in policy responses and provides for improved communication and information exchange 	<p>Presidency Reporting</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	26. The HDG will facilitate (a) monitoring of the implementation of the Action Plan through thematic debates; and (b) an annual dialogue on the state of the drugs phenomenon in Europe	(a) Biannually Ongoing (b) Annually	PRES Council WP (HDG) MS COM EMCDDA Europol	<ul style="list-style-type: none"> • Extent of implementation of the Action Plan • Number of actions from the Action Plan addressed in thematic debates in the HDG • Timeliness of dialogue at the HDG on latest drug-related trends and data 	Presidency Reporting
	27. Ensure consistency and continuity of MS and EU actions across Presidencies to strengthen the integrated, balanced and evidence-based approach to drugs in the EU	Biannually Ongoing	PRES PRES Trio MS COM Council WP (HDG) EMCDDA Europol	<ul style="list-style-type: none"> • Extent of consistency and continuity of actions across Presidencies • Advancement in implementation of EU Drugs Strategy priorities across Presidencies 	Presidency Reporting
	28. Ensure co-ordination of EU drugs policies and responses, to support international co-operation between the EU, third countries and	Ongoing	EEAS COM Council WP	<ul style="list-style-type: none"> • Level of consistency and coherence in the objectives, expected results and measures foreseen in EU actions on drugs • Inclusion of drug-related priorities 	Annual EEAS Report to the HDG

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	international organisations		(HDG) MS	in strategies of relevant EU bodies <ul style="list-style-type: none"> Intensified co-operation between the HDG and the geographical/regional and thematic working groups, including COAFR, COASI, COEST, COLAT, COWEB, CONUN and COHOM 	COM Biennial Progress Report
	29. Achieve a co-ordinated and appropriate level of resources at EU level and Member State level to fulfil the priorities of the EU Drugs Strategy	Annually	MS COM EEAS Council Council WP (HDG)	<ul style="list-style-type: none"> Overarching indicator 14 Amount of funding at EU level, and where appropriate, MS level Extent of co-ordination on drugs-related financial programmes across Council Working Groups and COM 	EMCDDA Reporting COM reporting COM Biennial Progress Report
8. Ensure effective co-ordination of drug-related policy at national level	30. Co-ordinate actions on drugs policy between Government Departments/Ministries and relevant agencies at MS level and ensure appropriate multi-disciplinary representation on, or input to, HDG	Ongoing	MS	<ul style="list-style-type: none"> Overarching indicator 14 Effectiveness of a horizontal drug policy co-ordination mechanism at MS level 	EMCDDA Reporting Reitox National

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	delegations			<ul style="list-style-type: none"> Number of cross-cutting actions in drug demand and supply reduction at Member State level 	Reporting COM Biennial Progress Report MS Reporting

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
9. Ensure the participation of civil society in drugs policy	31. Promote and support strengthen dialogue with, and involvement of, civil society and the scientific community in the formulation, implementation, monitoring and evaluation development , of drugs policies at MS and EU levels	Ongoing	MS COM Council WP (HDG) PRES Civil Society Forum on Drugs	<ul style="list-style-type: none"> • Timely dialogues between EU Civil Society Forum on Drugs and the HDG during each Presidency period • Engagement of EU Civil Society Forum in reviewing implementation of the EU Drugs Action Plan • Level of involvement of civil society in MS and EU drugs policy formulation, development and implementation, monitoring and evaluation with particular regard to the involvement of drug users, clients of drug-related services and young people • Timely dialogue between the scientific community (natural and social sciences, including neuroscience and behavioural research) and the HDG • Development of a database to facilitate communication within EU civil society on matters relating to EU and MS drugs policies 	COM Biennial Progress Report Feedback from EU Civil Society Forum on Drugs and from Civil Society Representatives at MS and EU level MS Reporting Feedback from Scientific Community

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
					through the EMCDDA Scientific Committee

4. INTERNATIONAL CO-OPERATION

Strengthen dialogue and cooperation between the EU and third countries and international organisations on drugs issues in a comprehensive and balanced manner

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
<p>10. Integrate the EU Drugs Strategy within the EU's overall foreign policy framework as part of a comprehensive approach that makes full use of the variety of policies and diplomatic, political and financial instruments at the EU's disposal in a coherent and co-ordinated manner</p>	<p>32. Ensure policy coherence between the internal and external aspects of the EU drugs policies and fully integrate drugs issues within the political dialogues and framework agreements between the EU and its partners and in the EU advocacy on global issues or challenges</p>	Ongoing	<p>COM EEAS PRES Council WP (HDG) MS</p>	<ul style="list-style-type: none"> • Overarching indicator 13 • Drug policy priorities increasingly reflected in EU's external policies and actions • Inclusion of drug-related priorities in EU strategies with third countries and regions • Number of agreements, strategy papers, action plans in place 	<p>EEAS Reporting</p> <p>Mid-Term Review of EU Drugs Strategy</p> <p>COM Biennial Progress Report</p>
	<p>33. Ensure that the policy priorities and the balance between demand and supply reduction are well reflected in policy options and in the programming, implementation and monitoring of external assistance, particularly in source and transit countries, through projects involving:</p> <p>a. development of integrated, balanced</p>	Ongoing	<p>COM MS EEAS</p>	<ul style="list-style-type: none"> • Extent to which EU's Drug policy priorities, especially the balance between demand and supply reduction, are reflected in funded priorities and projects • Level of implementation of co-ordinated actions in 	<p>COM Biennial Progress Report</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<ul style="list-style-type: none"> and evidence-based drug policies; b. supply reduction; c. the prevention of the diversion of drug precursors and pre-precursors; d. drug demand reduction; and e. alternative development measures 			<ul style="list-style-type: none"> action plans between the EU and third countries and regions • Number of third country national strategies and action plans that incorporate integrated drug policies 	<p>EEAS Reporting on Programming</p> <p>COM and MS Programme Monitoring and Evaluation Reports</p>
	<p>34. Improve capacity and strengthen the role of EU Delegations to enable them to proactively engage on drugs policy issues and effectively report back on the local situation on drugs</p>	2017-2020	<p>EEAS</p> <p>COM</p> <p>MS</p>	<ul style="list-style-type: none"> • Relevant expertise, training and policy guidance provided to EU Delegations • Regional networking among EU Delegations on drug issues enhanced • Co-ordination with MS enhanced 	<p>EEAS</p> <p>COM Reporting</p> <p>EU Delegations</p>
	<p>Ensure an appropriate level of EU and MS funding and expertise to further strengthen and support third countries' efforts in addressing and preventing illicit drug crop cultivation, through rural development measures, in order to deal with the challenges to public health, safety and security</p>	Ongoing	<p>MS</p> <p>EEAS</p> <p>COM</p>	<ul style="list-style-type: none"> • Number of third country national policies, strategies and action plans that incorporate integrated approaches to the problem of illicit drug crop cultivation • Improvements in human development indicators in drug cultivating areas • Number of rural 	<p>EU and MS Project and Programme Monitoring and Evaluation Systems and Reports</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
				<p>development projects and programmes, funded by the EU and MS in regions where illicit crop cultivation is taking place, or in regions at risk of illicit crop cultivation</p> <ul style="list-style-type: none"> • Reported local decrease in illicit drug crop cultivation in the long term 	<p>UNDP Human Development Reports</p> <p>Third country reports</p>
	<p>35. Promote and implement the EU approach to alternative development (consistent with the EU Drugs Strategy 2013-2020; the EU Approach to Alternative Development and the United Nations Guiding Principles on Alternative Development 2013) in co-operation with third countries, taking into account human rights, human security and specific framework conditions, including:</p> <p>a. incorporating alternative development into the broader agenda of Member States, encouraging third countries that wish to do so to integrate alternative development into their national strategies;</p>	Ongoing	MS COM EEAS	<ul style="list-style-type: none"> • Number of third country national policies, strategies and action plans that incorporate: <ul style="list-style-type: none"> ○ integrated approaches to the problem of illicit drug cultivation and ○ effectively organised alternative development initiatives • Number of evaluated projects that demonstrate positive outcomes relating to sustainable, legal and gender sensitive livelihoods • Improvements in human 	<p>Third countries' implementation reports of National Drugs Strategies</p> <p>EU and MS Project and Programme Monitoring and Evaluation</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>b. contributing to initiatives that aim to reduce poverty, conflict and vulnerability by supporting sustainable, legal and gender sensitive livelihoods for people who were previously, or are currently, involved in illicit drug production</p> <p>c. providing an appropriate level of EU and MS funding and expertise to further strengthen and support non-EU countries' efforts in addressing and preventing illicit drug crop cultivation, through rural development measures and illicit drug production through law enforcement and judicial cooperation</p>			<p>development indicators</p> <ul style="list-style-type: none"> • Number of rural development projects and programmes, funded by the EU and MS in regions where illicit crop cultivation is taking place, or in regions at risk of illicit crop cultivation • Reported local decrease in illicit drug crop cultivation in the long-term 	<p>Reports</p> <p>UNDP Human Development Reports</p> <p>Non-EU country reports</p>
	<p>36. Support third countries, including civil society in those countries, to develop and implement risk and harm reduction initiatives particularly where there is a growing threat of transmission of drug-related blood borne viruses associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis</p>	Ongoing	MS COM EEAS	<ul style="list-style-type: none"> • Number and quality of risk and harm reduction initiatives developed • Prevalence of drug-related deaths in third countries and drug-related blood borne viruses including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis 	<p>Third country Reports</p> <p>COM Biennial Progress Report</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>37. Support third countries to tackle drug-related organised crime, including drug trafficking, by:</p> <ol style="list-style-type: none"> a. intelligence-sharing and the exchange of best practices; b. strengthening counter-narcotics capacity and developing expertise of source and transit countries; c. working with international partners to tackle the enablers of drug trafficking such as corruption, weak institutions, poor governance and lack of financial regulatory controls; d. strengthening co-operation in the field of asset identification and recovery, in particular through the creation of dedicated national platforms; and e. intensifying regional and intra-regional co- operation f. incorporating rule-of-law and international human rights standards and principles in drug-related law enforcement measures 	Ongoing	<p>MS EEAS COM Europol S</p>	<ul style="list-style-type: none"> • Number and effectiveness of projects and programmes • Sustained reduction in drug trafficking 	<p>WHO Reports</p> <p>COM</p> <p>Biennial Progress Report</p> <p>COM and MS Reporting</p> <p>Europol Reporting</p> <p>EEAS Reporting</p> <p>UNODC Annual World Drug Report</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>38. (a) Reinforce co-operation and conduct update and implement dialogues, Declarations and EU Drugs Action Plans with partners, including:</p> <ul style="list-style-type: none"> • Accessing countries, candidate countries and potential candidates • European Neighbourhood Policy countries • United States of America, the • Russian Federation • Other countries or regions of priority notably: <ul style="list-style-type: none"> ○ Afghanistan and Pakistan ○ Central Asian Republics ○ China ○ Latin American and the Caribbean (CELAC) ○ Africa, in particular West Africa ○ Iran <p>(b) Explore possibilities for engagement (such as bilateral dialogues, joint projects) with other non-EU countries on serious drug-related issues</p>	Ongoing	PRES Trio COM EEAS MS	<ul style="list-style-type: none"> • Overarching indicator 13 • Strengthened co-operation in the field of drugs with relevant partners • Dialogues organised • Declarations agreed • Programmes and Action Plans implemented 	<p>EEAS Reporting</p> <p>Mid-Term Review of EU Drugs Strategy</p> <p>COM Biennial Progress Report</p> <p>EU Reporting Matrices</p> <p>Implementati on Reports of the relevant action plans</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	39. Improve the Dublin Group consultative mechanism through intensified EU coordination and participation, better formulation , implementation and dissemination of its recommendations of the Mini-Dublin-Group reports	Ongoing	Dublin Group COM EEAS MS	<ul style="list-style-type: none"> • Level of activity across Dublin Group structures including number of Dublin Group recommendations effectively implemented • Achieved modernisation of the Dublin Group's working methods 	Dublin Group Reports
	Hold an annual dialogue on EU and MS drugs-related assistance to third countries accompanied by a written update	From 2014	COM EEAS MS	• Annual dialogue on funding held	COM Biennial Progress Report MS Reporting EEAS Reporting Project and Programme Monitoring and

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	40. Ensure that the promotion and protection of human rights are fully integrated in political dialogues and in the planning and implementation of relevant drugs-related programmes and projects including through the implementation of the rights-based approach (RBA) and of tailored human rights guidance and impact assessment tool	Ongoing	COM EEAS MS	<ul style="list-style-type: none"> Human rights effectively mainstreamed into EU external drugs action Human rights guidance and assessment tool developed and implemented 	Evaluation System and Reports COM Biennial Progress Report COHOM Annual Human Rights Report MS Reporting

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
<p>12. Improve cohesiveness of EU approach and EU visibility- in the United Nations (UN) and strengthen EU co-ordination with international bodies related to the drugs field</p>	<p>41. Contribute to shaping the agenda on international drugs policy, including through:</p> <p>a. action by EU and MS Delegations at the UN General Assembly and the Commission on Narcotic Drugs (CND);</p> <p>b. action by EU and MS delegations in all UN fora addressing drug-related matters (e.g. the UN General Assembly, World Health Assembly, Human Rights Council, High Level Political Forum on Sustainable Development)</p> <p>c. preparation, co-ordination and adoption of EU common positions and joint resolutions in the UN General Assembly and the CND, including, ahead of the CND, on scheduling of substances, and ensuring that the EU speaks with one strong voice in these and other international fora;</p> <p>d. the implementation of the recommendations of the 2016 UNGASS Outcome Document</p> <p>e. the 2019 review process of the 2009 UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced</p>	<p>Ongoing</p>	<p>EEAS</p> <p>PRES</p> <p>MS</p> <p>COM</p> <p>Council</p> <p>Council WP (HDG)</p>	<ul style="list-style-type: none"> • Overarching indicator 13 • Number of EU statements delivered at CND and UN fora • Number of EU common positions supported by other regions and international bodies • Number of EU common positions concerning CND decisions on scheduling of substances • Outcome of the CND decisions on scheduling of substances • Frequency with which EU speaks with a single effective voice in international fora and in dialogues with third countries • Level of successful adoption of EU resolutions at UN including at the CND • Effective promotion of EU policies in the UN, including at the CND • Adoption of an EU 	<p>EEAS Reporting</p> <p>Mid-Term Review of the EU Drugs Strategy</p> <p>COM Biennial Progress Report</p> <p>Convergence Indicator</p> <p>Mid-term Review</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>Strategy to Counter the World Drug Problem; and</p> <p>f. ensure the meaningful involvement of civil society in the review process</p>			<p>Common Position Paper for the 2019 review process; EU contribution to the definition by the CND on the modalities for the 2019 process</p> <ul style="list-style-type: none"> • Outcome of the 2019 review of the UN Political Declaration and Action Plan on International Co-operation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 	<p>UNGASS</p> <p>2019 review Outcome</p>
	<p>42. Strengthen partnerships with the UNODC, WHO, UNAIDS and other relevant UN agencies, international and regional bodies and organisations and initiatives (such as the Council of Europe and the Paris Pact Initiative)</p>	<p>Ongoing</p>	<p>Council</p> <p>EEAS</p> <p>COM</p> <p>PRES</p> <p>Council WP (HDG)</p> <p>EMCDDA</p>	<ul style="list-style-type: none"> • Overarching indicators 13, 15 • Number of information exchanges and activities between the EU and relevant international and regional bodies and organisations and initiatives • Effectiveness of partnerships with relevant bodies 	<p>EEAS Reporting</p> <p>Mid-Term Review of the EU Drugs Strategy</p> <p>COM Biennial Progress</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
					Report
13. Support the process for acceding countries, candidate countries, and potential candidates to adapt to and align-with the EU <i>acquis</i> in the drugs field, through targeted assistance and monitoring	43. Provide targeted technical assistance, and other assistance and support as necessary, to acceding countries, candidate countries, and potential candidates to facilitate their adaptation to and alignment with the EU <i>acquis</i> in the drugs field	Ongoing	COM MS EMCDDA Europol Eurojust FRONTEX EEAS	<ul style="list-style-type: none"> • Overarching indicator 15 • Increased compliance by countries with EU <i>acquis</i> • Number and quality of completed projects • National Drugs Strategies and-national drugs co-ordinating structures established 	COM Biennial Progress Report Acceding countries, candidate countries and potential candidates reports

5. INFORMATION, RESEARCH, MONITORING AND EVALUATION

Contribute to a better understanding of all aspects of the drugs phenomenon and of the impact of measures in order to provide sound and comprehensive evidence for policies and actions

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
14. Ensure adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon	44. Promote appropriate financing of EU-level drug-related multi-disciplinary research and studies including through EU related financial programmes (2014-2020)	2017-2020	MS COM EMCDDA	<ul style="list-style-type: none"> Amount and type of EU funding provided across the different programme and projects 	COM reporting at annual research dialogue Biennial Progress Report

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>45. Ensure that EU-supported projects:</p> <ul style="list-style-type: none"> a. take account of the priorities of the EU Drugs Strategy and Action Plan on Drugs; b. take account of gaps in policy formulation; c. deliver clear added value and ensure coherence and synergy; and d. avoid duplication with research under other programmes and bodies e. take account of the importance of behavioural research and neuroscience⁶⁴ f. include clear indicators for measuring their impact 	2017-2020	COM EMCDDA	<ul style="list-style-type: none"> • The inclusion of the priorities of the EU Strategy and Action Plan on Drugs in the funding and assessment criteria of EU-funded drugs related research • Number, impact, complementarity and value of EU-funded drugs related research grants and contracts awarded • Number of EU-funded drugs related articles and research reports published in peer-reviewed journals with high impact factors • Annual debate at the HDG on drug- related research projects funded by the EU including EMCDDA Scientific Committee recommendations on research priorities 	<p>COM Biennial Progress Report</p> <p>Research project reports</p> <p>EMCDDA Scientific Committee recommendations on research priorities</p> <p>Science Citation Index and similar bibliometric</p>

⁶⁴ Under Horizon 2020 (2014-2020), some €27 million have already been allocated to projects addressing drug addiction and include behavioural research and neuroscience

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
					tools Strategic research agenda developed by ERANID

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	46. Promote scientific evidence-based evaluations of policies and interventions at national, EU and international level	2017-2020	COM MS EMCDDA	<ul style="list-style-type: none"> • Overarching indicator 14 • Regular progress review to the Council and European Parliament on Strategy and Action Plan implementation • Number of countries following a structured approach, as outlined in the guide to commissioning and managing evaluations produced by the EMCDDA • External mid-term assessment of the Strategy/Action Plan completed – 2016 • European guidelines for the evaluation of national drug strategies and action plans published • Delivery of dedicated studies into the effectiveness and impacts of EU and international drug policies • Completed evaluation of the implementation of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence 	<p>EMCDDA Reporting</p> <p>COM Biennial Progress Report</p> <p>Mid-term Assessment Report of EU Drugs Strategy</p> <p>EMCDDA Reporting</p> <p>EMCDDA Scientific Committee Reporting</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
					<p>Reports of Alice RAP and LINKSCH and ERA-net</p> <p>Reitox National Reports</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>47. Gather evidence of potential connections between drugs trafficking and:</p> <p>a. financing of terrorist groups and activities, including any overlap between the established routes for drug production and trafficking areas and conflict zones; and financing sources of terrorist cells in the EU from illicit activities, including drug trafficking;</p> <p>b. migrant smuggling building synergies with the EU Action Plan against migrant smuggling (2015-2020) that foresees research and risk analysis between smuggling and other crimes such as drugs trafficking and including:</p> <ul style="list-style-type: none"> • A focus on vulnerable migrants and their potential exploitation for drugs trafficking purposes and/or as end users of drugs, in particular minors and women. • Exploration of any overlap between drugs trafficking and migrant smuggling criminal rings, modi operandi and routes. 	<p>2017-2020</p>	<p>MS</p> <p>Commission</p> <p>EU ATC</p> <p>EMCDDA</p> <p>Europol</p> <p>Frontex</p> <p>FRA</p> <p>EIGE</p>	<ul style="list-style-type: none"> • Number of projects funded at EU and national level 	<p>MS reporting</p> <p>COM reporting</p> <p>EU agencies reporting (EMCDDA Europol</p> <p>FRONTEX and FRA in the framework of their regular reporting activities</p> <p>EIGE in the framework of their regular reporting activities</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>c. trafficking in human beings building synergies with the EU legal and policy framework addressing trafficking in human beings including the EU Strategy towards the Eradication of Trafficking in Human Beings 2012–2016</p>				

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
<p>15. Maintain networking and co-operation and develop capacity within and across the EU's knowledge infrastructure for information, research, monitoring and evaluation of drugs, particularly illicit drugs</p>	<p>48. In collaboration with relevant parties as appropriate, continue to provide comprehensive analyses of:</p> <ul style="list-style-type: none"> a. the EU drugs situation; b. the dynamics of drug use within general populations and target groups including ethnic minorities, migrants and asylum seekers, LGBTI, commercial sex workers and prisoners; and c. responses to drug use d. EU and international developments relating to cannabis policy models and their impacts 	<p>Ongoing</p>	<p>EMCDDA Europol MS Civil Society Forum on Drugs COM</p>	<ul style="list-style-type: none"> • Overarching indicators 1-15 • Current deficits in the knowledge base established and an EU level framework developed to maximise analyses from current data holdings • Number of overviews and topic analyses on the drug situation 	<p>EMCDDA Reporting MS Reporting Civil Society Forum on Drugs COM</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	49. Enhance training for those involved in responding to the drugs phenomenon	2017-2020	MS EMCDDA CEPOL	<ul style="list-style-type: none"> • Number of initiatives at MS and EU level to train professionals in aspects of drug demand reduction and drug supply reduction • Number of initiatives at MS and EU level implemented to train professionals related to data collection and reporting of drug demand reduction and drug supply reduction 	MS Reporting EMCDDA Training Report CEPOL Annual Report Reitox Annual Reports
	50. Enhance data collection, research, analysis and reporting on: <ul style="list-style-type: none"> a. drug demand reduction; b. drug supply reduction; c. emerging trends, such as polydrug use and misuse of prescribed controlled psychoactive medicines, that pose risks to health and safety; d. blood borne viruses associated with drug use including but not limited to 	Ongoing	MS COM EMCDDA Europol ECDC	<ul style="list-style-type: none"> • Increased availability and implementation of evidence-based and scientifically sound indicators on drug supply reduction and drug demand reduction • At MS level, extent of new research initiated on emerging trends such as polydrug use and the misuse of prescribed 	EMCDDA Reporting MS Reporting

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis;</p> <p>e. psychiatric and physical co-morbidity;</p> <p>f. drug problems among prisoners and the availability and coverage of drug demand reduction interventions and services in prison settings; and</p> <p>g. other drug-related consequences problems and consequences related both to licit and illicit substances</p> <p>h. compliance of drugs policies with international human rights standards and principles</p>		EMA	<p>controlled medicines; blood borne diseases associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis; psychiatric and physical co-morbidity; and other drug-related consequences</p> <ul style="list-style-type: none"> • EU-wide study carried out on drug-related community intimidation and its impact on individuals, families and communities most affected and effective responses to it • Adoption of evidence-based and scientifically sound indicators on drug problems among prisoners 	<p>Harmonised data reports from EU bodies including EMCDDA</p> <p>EU SOCTA</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>51. Improve the capacity to detect, assess and respond effectively to the emergence and use of new psychoactive substances and monitor the extent to which such new substances impact on the number and profile of users</p>	Ongoing	COM MS EMCDDA Europol	<ul style="list-style-type: none"> • Overarching indicator 6 • Extent of new epidemiological, pharmacological and toxicological research initiated on new psychoactive substances and supported by MS and EU Research programmes • Extent of information, best practice and intelligence exchange • Extent of sharing by toxicology laboratories and by Research Institutes of toxicological and health data analyses on new psychoactive substances 	EMCDDA Reporting EMCDDA-Europol Implementation Report Reports by laboratories and research institutes Reitox National Reports
	<p>52. Strengthen efforts to share forensic science data, including support on the identification of new psychoactive substances, laboratory reference standards on new psychoactive substances, and the development of a common methodology for the identification of new substances by</p>	2017-2020	COM MS EMCDDA	<ul style="list-style-type: none"> • Overarching indicator 15 • Extent of sharing of forensic science data on new psychoactive substances, supporting the identification of new psychoactive substances • Ease of access to laboratory 	EMCDDA/Europol Reporting COM

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	<p>enhancing co-operation with the Commission's Joint Research Centre, and through existing networks, such as the Drugs Working Group of the European Network of Forensic Science Institutes in the framework of the JHA Council Conclusions on the Vision for European Forensic Science 2020 and the Customs Laboratories European Network</p>			<p>reference standards by forensic science laboratories, customs laboratories and institutes</p> <ul style="list-style-type: none"> • Progress on development of a common methodology for the identification of new psychoactive substances 	<p>reporting</p> <p>COM Biennial Progress Report</p>

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection/ assessment mechanisms
	53. Improve the ability to identify, assess and respond at MS and EU levels to (a) behavioural changes in drug consumption and (b) to drug-related epidemic outbreaks	Ongoing	MS EMCDDA ECDC EMA	<ul style="list-style-type: none"> • Number and effectiveness of new drug-related public health initiatives developed and implemented • Number and effectiveness of existing initiatives that are adjusted to take account of drug consumption or epidemic outbreaks • Number and impact of early warning reports, risk assessment and alerts 	Reitox National Reports Early Warning System reports EMCDDA Reporting
16. Enhance dissemination of monitoring, research and evaluation results at EU and national level	54. Member States continue to support EU monitoring and information exchange efforts, including co-operation with, and adequate support for, Reitox National Focal Points	Ongoing	MS EMCDDA COM	<ul style="list-style-type: none"> • Open-access outputs from EU funded studies disseminated • Extent to which Reitox National Focal Points funding and other resources match requirements • Number and effectiveness of Reitox National Focal Points dissemination initiatives 	Web Dissemination including OpenAire, Cordis EMCDDA website Reitox National reports

6. **ANNEX 1 - 15 OVER-ARCHING INDICATORS FOR THE EU ACTION PLAN ON DRUGS 2017-2020¹**
1. Percentage of population who use drugs currently (within last month), used drugs recently (within last year), and who have ever used (lifetime use) by drug and age group (EMCDDA General Population Survey)
 2. Estimated trends in the prevalence of problem and injecting drug use (EMCDDA Problem Drug Use)
 3. Trends in drug-induced deaths and mortality amongst drug users (according to national definitions)(EMCDDA Drug-related Deaths)
 4. Prevalence and incidence, among injecting drug users, of infectious diseases attributable to drug use, including HIV and viral Hepatitis, sexually transmittable diseases and tuberculosis (EMCDDA Drug-related Infectious Diseases)
 5. Trends in the age of first use of illicit drugs (European School Survey Project on Alcohol and Drugs (ESPAD), Health Behaviour in School-aged Children (HBSC) and General Population Drug Use Survey (EMCDDA Key Epidemiological Indicator)
 6. Trends in numbers of people entering drug treatment (EMCDDA Treatment Demand) and the estimated total number of people in drug treatment (EMCDDA Treatment Demand and Health and Social Responses)
 7. Trends in number of and quantities of seized illicit drugs (EMCDDA Drug Seizures: cannabis incl. herbal cannabis, heroin, cocaine, crack cocaine, amphetamine, methamphetamine, ecstasy, LSD and other substances)
 8. Trends in retail price and purity of illicit drugs (EMCDDA Price and Purity: cannabis incl. herbal cannabis, heroin, cocaine, crack cocaine, amphetamine, methamphetamine, ecstasy, LSD, other substances and composition of drug tablets)
 9. Trends in the number of initial reports of drug law offences, by drug and type of offence (supply vs use/possession)(EMCDDA Drug Offences)
 10. Prevalence of drug use amongst prisoners (EMCDDA Drug Use in Prisons)
 11. Assessment of availability, coverage and quality of services and interventions in the areas of prevention, harm reduction, social integration and treatment. (EMCDDA Health and Social Responses)
 12. Evidence based interventions on prevention, treatment, social integration and recovery and their expected impact on drug use prevalence and problem drug use (EMCDDA Best Practice Portal)
 13. Strong dialogue and co-operation, in the drugs related field, with other regions, third countries, international organisations and other parties (External Mid-Term Evaluation of Strategy/Action Plan; EEAS reporting)
 14. Developments in national drug strategies, evaluations, legislation, co-ordination mechanisms and public expenditure estimates in EU Member States (EMCDDA)
 15. Early Warning System on new psychoactive substances (EMCDDA/Europol) **and Risk Assessment on new psychoactive substances (EMCDDA)**

¹ These indicators are based on existing reporting systems that pre-date the objectives of the current EU drug strategy and action plan, but provide the most comprehensive set of EU level resources to support their monitoring and evaluation

7. ANNEX 2 - GLOSSARY OF ACRONYMS

Alice RAP	Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project
ASEAN	Association of Southeast Asian Nations
CCWP	Council of the EU - Customs Cooperation Working Party
CELAC	Comunidad de Estados Latinoamericanos y Caribeños (Community of Latin American and Caribbean States)
CEPOL	European Police College
CICAD	La Comisión Interamericana para el Control del Abuso de Drogas (The Inter-American Drug Abuse Control Commission)
CND	Commission on Narcotic Drugs (UN)
COAFR	Council of the EU - Africa Working Party
COASI	Council of the EU - Asia-Oceania Working Party
COEST	Council of the EU - Working Party on Eastern Europe and Central Asia
COHOM	Council of the EU - Working Party on Human Rights
COLAT	Council of the EU - Working Party on Latin America
COM	European Commission
CONUN	Council of the EU – United Nations Working Party
COSI	Council of the EU - Standing Committee on Operational Cooperation on Internal-Security
Council WP	Council Working Party
COWEB	Council of the EU - Working Party on the Western Balkans Region
CUG	Council of the EU - Customs Union Group
ECDC	European Centre for Disease Control
ECOWAS	Economic Community of West African States
EEAS	European Union External Action Service
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
ENFSI	European Network of Forensic Science Institutes
ERA-net	European Research Area – Network
ERANID	European Research Area Network on Illicit Drugs
ESPAD	European School Survey Project on Alcohol and Drugs
EU	European Union
EUROJUST	European Judicial Cooperation Unit
EUROPOL	European Union Agency for Law Enforcement Cooperation

EU SOCTA	EU Serious and Organised Crime Threat Assessment
FRONTEX	European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union
HBSC	Health Behaviour in School Aged Children survey
HCV	Hepatitis C virus
HDG	Council of the EU - Horizontal Working Group on Drugs
HIV	Human immunodeficiency virus
INCB	International Narcotics Control Board (UN)
JHA	Justice and Home Affairs
LGBTI	Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersexed
LSD	Lysergic acid diethylamide
MASPs	Multi-annual Strategic Plans (Europol)
MOU	Memorandum of Understanding
LINKSCH	The LINKSCH project is a comparative study of two major drug markets, cannabis and heroin, through the prism of the transit chains operating between Central Asia and the EU and those between North Africa and the EU
MS	Member State
NPS	New psychoactive substances
PEN	UNODC/INCB developed Pre-Export Notification Online System
PICS	Precursors Incident Communication System
PRES	Rotating Presidency of the Council of the European Union
PRES Trio	Grouping of three consecutive rotating Presidencies of the Council of the European Union
Reitox	Réseau Européen d'Information sur les Drogues et les Toxicomanies
SOCTA	Serious and Organised Crime Threat Assessment
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
UNDP	United Nations Development Programme
WCO	World Customs Organisation
WHO	World Health Organisation (UN)