The EU drugs strategy (2013-20) and its action plans

The EU drugs strategy (2013-20) and its two consecutive action plans present the framework and priorities of the EU and its Member States for addressing drug policy at European level. The strategy promotes a common model with defined priorities, objectives, actions and indicators. EU Member States, and also some third countries, use this model to develop their own policy documents. At the national level, drugs strategies are often synchronised with the EU strategy, while emphasising different national priorities within the overall framework of an integrated, balanced and evidence-based approach to the drugs problem.

The EU drugs strategy plays an important role in the definition of tasks for EU institutions, bodies and agencies in the area of drugs. It is also taken into consideration by the European Commission when funding priorities are being set in the drugs field. The EU drugs strategy aims to add value to Member States’ policies by functioning as a platform for coordination on tackling issues at international level and promoting the EU approach to the drugs problem. It also provides a basis for the EU to speak in international fora with a single voice. The strategy defines the EU approach to drug policy as being integrated and balanced and for the first time evidence based.

The EU drugs strategy 2013-20

The EU drugs strategy 2013-20 is the ninth strategic document on illicit drugs endorsed by EU Member States since 1990. The strategy, while not legally binding, represents the current drug policy position and aspirations of the EU and its Member States. It identifies common objectives: to reduce the demand for illicit drugs, dependence on illicit drugs and...
related health and social harms, and the supply of illicit drugs. For the first time at EU level, Member States have developed a common definition of drug demand reduction as being ‘a range of equally important and mutually reinforcing measures, including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery’.

The two consecutive 4-year action plans that translate the strategy’s strategic priorities into specific actions were drafted in 2013 and 2017 by the then Presidencies of the Council of the EU. These plans define a timetable, responsible parties, indicators and assessment sources.

The EU action plan on drugs 2013-16

In June 2013, under the auspices of the Irish Presidency of the Council of the EU, Member States adopted a 4-year drugs action plan. Like the strategy, the action plan was structured around two policy areas, drug demand reduction and drug supply reduction, and three cross-cutting themes, coordination, international cooperation, and information, research, monitoring and evaluation. It contained 16 objectives and 54 actions designed to enable implementation of the strategy. Compared with the previous strategy (2015-12) and plan (2009-12), the 2013-16 action plan contained some new elements. These included the need to address the misuse of psychoactive medicines, to develop an EU agreement on quality standards in demand reduction, to respond to the use of new communication technologies by drug traffickers and to promote the role of civil society in EU drug policy (see Terms and Concepts). The action plan also emphasised the importance of measuring and reporting on the implementation of actions and the achievement of objectives. For instance, it promoted the continued development of indicators in the area of drug supply reduction. The action plan set out a range of sources to be used as indicators for the actions, including 15 overarching indicators based on existing reporting sources, the majority of which are maintained by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and its Reitox network of national focal points in the EU Member States. These sources facilitated the evaluation of the 2013-16 action plan.

The mid-term evaluation of the strategy

In 2016, the European Commission launched an external evaluation of the EU action plan on drugs (2013-16), which also served as a mid-term assessment of the overall drugs strategy (RAND Europe, 2016).

The evaluation found that 53 % of actions had been completed or were on track, while for 47 % of actions some progress had been made but implementation was behind schedule. In the area of drug demand reduction, delays were related to the objectives on preventing drug use and delaying the onset of drug use. In the area of drug supply reduction, the objectives to enhance effective law enforcement coordination and cooperation and enhance effective judicial cooperation and legislation were behind schedule. The evaluation also found that some actions needed to be strengthened or new ones added to keep up with developing issues and enhance synergy with other EU policy areas.

It was also noted that more emphasis should be given to addressing the use of new communication technologies in illicit drug production and trafficking, as well as the role of the internet in drug prevention. Another finding was that a new focus was needed to respond to the supply of new psychoactive substance and to address the harms associated with their use. Increased access to risk and harm reduction measures across Member States was also identified as a key issue, as was the need for a wider discussion at EU level on recent developments in cannabis policy.

The evaluation confirmed that all stakeholders welcomed a new drugs action plan. The new plan (2017-20) was adopted by the Council of the European Union in 2017 under the Maltese Presidency.

The EU action plan on drugs 2017-20

The current action plan includes new actions and addresses emerging challenges. In the area of drug demand reduction, a stronger focus is placed on ageing drug users and vulnerable communities. Equally, attention is also given to risk and harm reduction measures, which should play a central role in
effective drug policy, including in prison settings. A renewed focus is also placed on the misuse of psychoactive medicines.

Building on the achievements of the first action plan in the area of supply reduction, the second action plan emphasises the need to continue to improve the monitoring of drug supply reduction. This involved further building drug supply reduction indicators and utilising a range of sources including qualitative and contextual information. The current action plan also pays particular attention to implementing alternative sanctions for drug-using offenders.

In the area of coordination, the new action plan supports the development of further opportunities to increase civil society’s participation in the formulation, implementation, monitoring and evaluation of drugs policies at EU and national levels. At international level, the action plan calls for a greater focus on enhancing alternative development with other countries.

The new plan also promotes the gathering of evidence on potential connections between drug trafficking and the financing of terrorist groups and activities; migrant smuggling; and trafficking in human beings. A new action is envisaged to share knowledge on cannabis legislation at the national and international levels.

The final evaluation of the 2013-20 strategy and its 2017-20 action plan will be conducted by the European Commission in 2020.

### New elements of the EU drugs strategy 2013-20

The EU drugs strategy 2013-20 introduces new concepts to EU drug policy.

| **Harm reduction:** the expression ‘harm reduction’ appears five times in the 2013-20 strategy, while it was mentioned only once in the previous strategy (2005-12). |
| **Drugs phenomenon:** the new drugs strategy refers to a ‘drugs phenomenon’, while the previous strategy (2005-12) used the expression ‘drug problem’. |
| **Prison:** the 2013-20 strategy calls for equality of care in prison settings. The previous strategy did not mention prison. |
| **Civil society:** the 2013-20 strategy foresees the active and meaningful participation and involvement of civil society in the development and implementation of drug policies, at national, EU and international levels. This builds on the call for consultation with civil society in the previous strategy. |

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Drugs phenomenon: the new drugs strategy refers to a ‘drugs phenomenon’, while the previous strategy (2005-12) used the expression ‘drug problem’.

Prison: the 2013-20 strategy calls for equality of care in prison settings. The previous strategy did not mention prison.

Human rights: for the first time, the drugs strategy explicitly promotes respect for human rights in drug policy.

Recovery: the term ‘recovery’ appears for the first time in the 2013-20 strategy as an outcome of drug demand reduction together with treatment, rehabilitation and social reintegration.

Civil society: the 2013-20 strategy foresees the active and meaningful participation and involvement of civil society in the development and implementation of drug policies, at national, EU and international levels. This builds on the call for consultation with civil society in the previous strategy.

### Examples of EU drug policy structures

**Horizontal Working Party on Drugs of the Council of the European Union**

The Horizontal Working Party on Drugs or Horizontal Drugs Group (HDG) was established in 1997 and is responsible for leading and managing the Council of the European Union’s work on illicit drugs. It is a hub for information exchange on national drug policies and drug-related issues among EU Member States. It also works with non-EU countries to coordinate work being undertaken by the EU and its Member States in third countries.

**European Parliament Committee on Civil Liberties, Justice and Home Affairs**

The European Parliament Committee on Civil Liberties, Justice and Home Affairs (LIBE Committee) is responsible for legislation and policies in the field of Justice and Home Affairs (JHA). Along with other JHA agencies, the LIBE Committee oversees the work of the EMCDDA. Each year, the LIBE Committee gives an opinion on the proposed budget for the agency and gives the discharge to the Director for the budget of the previous financial year. The LIBE Committee elects two independent experts as members on the EMCDDA Management Board. Every year, the EMCDDA Director presents the European Drug Report and the General Report of Activities to the LIBE Committee.

**European Commission**

The European Commission has many tasks and roles related to the illicit drugs area. Among its directorates-general (DGs), DG Migration and Home Affairs works on the formulation and implementation of policies to prevent and combat serious and organised crime. It also works on illicit drug issues generally, both within the EU and with third countries and international organisations and it is a partner DG to the EMCDDA.

**Civil Society Forum on Drugs (CSF)**

The Civil Society Forum on Drugs (CSF) is a broad platform for a structured dialogue between the Commission and European civil society that supports policy formulation and
The European Union and its Member States have endorsed at the highest political level 11 drugs strategy and action plan documents. Looking at these strategies and plans demonstrates how the EU approach to drugs has evolved in recent decades.

One new principle has emerged over the years, that of a ‘balanced approach’. The 1992 action plan recommended that future EU action plans on drugs should ‘achieve balance’ between demand reduction and law enforcement. The 2000-04 plan made a ‘balanced approach’ a strategic aim, while the latest strategy (2013-20) includes a ‘balanced approach’ as a constitutive element of the overall EU approach to drugs together with the concepts of ‘integration’ and an ‘evidence base’.

Over the years, the focus of the EU drugs strategies and action plans on the use of indicators and evaluations has been developed and refined. Despite the high level at which these strategies and action plans operate, there has been a desire to identify concrete aims and objectives that are measurable and quantifiable. In one sense, the general development of an EU approach can be gleaned from the move towards a more coordinated approach, the culmination of which can, perhaps, be seen as the EU speaking with ‘one strong voice in international forums’, as stated in the current EU drugs strategy (2013-20).