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Assessment of the implementation of the EU Drugs Strategy 2005—2012 and its Action Plans

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Executive summary

The EU Drugs Strategy 2005–2012 was the outcome of a political process of negotiations between Member States and EU institutions. It builds on a rich tradition of programmes and initiatives in drugs policy at EU level since the late 1980s. These have had a bearing on the drugs situation in the EU, and have set the tone, to differing extents, for how the Strategy was developed, implemented and perceived.

As the Strategy comes to an end in 2012 and a decision will need to be taken about its successor, the European Commission commissioned an evaluation of the Strategy and its Action Plans (2005–2008 and 2009–2012). This evaluation focuses on the added value of these documents for drugs policy in Member States and third countries. As the competencies for drugs policy (including its public health, criminal justice, enforcement, and customs components) remain primarily at Member State level, the EU Drugs Strategy is expected to add value over national drugs strategies. Therefore, we provide an assessment of the relevance and influence of the current Strategy and the implementation of the Action Plans in Member States and at EU level. This summary first sets out our study's main findings: first overall findings about the Strategy as a document and a process; second, across each of the two policy areas, demand reduction and supply reduction; and third, across the three cross-cutting themes of the Strategy, coordination; international cooperation; and information, research and evaluation. Finally, the summary provides a brief overview of the evaluation questions and responses arrived at in the course of the study.

Findings on the Strategy document and process of development

An extensive development process and a coherent, well-structured but lengthy document
The process of developing the Strategy was, overall, effective and collaborative, and contributed to consensus building between Member States with often differing perspectives on drugs policy. A small number of issues proved contentious and led to intense debate and negotiation. However, discussion, debate and negotiation ultimately resulted in a Strategy with widespread acceptance among stakeholders.

The Strategy and Action Plans appear logical and coherent. While there has been some ambiguity in the use of certain terminology, the objectives and priorities in the Strategy are clearly linked to the actions identified in the Action Plans. Each of the two policy fields and three cross-cutting themes contain a number of specific objectives, and each objective is addressed by a series of actions. These actions are generally specific, measurable, attainable, relevant, and timely (SMART), although many of the performance indicators

are very process driven (as opposed to outcome driven). The analysis suggests there are a few points that could be addressed to further improve internal logic and coherence.

While the Strategy's internal structure and coherence are strengths, its comprehensiveness may be at the expense of the Strategy's focus and ability to prioritise. The 158 actions identified in the two Action Plans read more like a comprehensive 'wish list' of potential activities, rather than focusing on a limited number of interventions or priorities. Related to this comprehensiveness the documents' length and wide range may partly explain the lack of familiarity with the content of the Strategy and Action Plans found amongst many of the drugs policymakers at EU and Member State level.

The Strategy is divided into two policy fields – supply reduction and harm reduction - and three cross-cutting themes: coordination; international cooperation; and information, research and evaluation. Each of these themes is analysed individually below.

Findings on Demand reduction

There are a number of clear successes in the area of demand reduction consistent with the objectives in the Strategy.
Data on the prevalence of illicit drug consumption do not reveal a clear downward trend as sought in the EU Drugs Strategy. There are signs of decreasing cannabis consumption, for example, in traditionally high prevalence countries, but these are thought to reflect recreational users as opposed to intensive users. Cocaine consumption had experienced significant increases in some countries during the early 2000s, but recent data suggest stabilisation and even slight decrease subsequently. Opioid use still accounts for the lion's share of drug-related morbidity and mortality, but the population of opioid users is ageing and drug injecting has decreased. Finally, recent data indicate an increase in the number and availability of new unregulated substances, or 'legal highs'. These trends suggest there are a number of clear successes in the area of demand reduction that are consistent with the objectives in the Strategy. However, there is little evidence as to whether or not these successes can be attributed, directly or exclusively, to the implementation of the Strategy and its Action Plans – with the potential exception of some harm reduction interventions.

The relevance of demand reduction objectives and actions lies in their wide scope.
The Strategy's relevance in the area of demand reduction is in part attributable to its breadth. The breadth of demand reduction policies and programmes allows Member States with varied drugs policy regimes to emphasise different aspects of the 'balanced approach'. The importance of this breadth was noted in relation to newly acceded Member States where such policies have recently been implemented as a result of EU accession.

Prevention and treatment objectives have been influential at Member State level.
In line with the recommendations in the Action Plans, a moderate shift can be observed from universal prevention which targets the entire population, towards more focused models whose efficacy is more robustly grounded in scientific evidence. However, these more effective models of prevention are not given priority in all Member States. The Strategy's emphasis on improving access to treatment translates into official policy documents in individual Member States. The Strategy has been influential, enabling a forum and open debate about the scientific reliability of demand reduction measures, and a discussion around data collection and best practice.

There is some evidence for the positive impact of harm reduction measures.
The provision of harm reduction programmes across all Member States is frequently cited as evidence of the influence and implementation of the Strategy, as well as a prominent area of added value. Harm reduction has also been firmly embedded in numerous national drugs strategies, and several governments have launched related national plans and legislation in support of the harm reduction objective. There remain, however, significant differences in levels of implementation, and notable controversy in relation to which harm reduction approaches should be pursued and included as part of the balanced approach. Nonetheless, there are indications that some of these measures have had a positive impact on drug-related mortality and morbidity in the EU.

There is a need to consider drug use in a broader policy framework of addiction and licit drugs.
While there has been a trend towards considering drugs supply in a broader context of EU policy on organised crime and security (see below), this 'horizontal integration' has not taken place on the demand side. There is a desire among many stakeholders to consider drug consumption in a broader policy framework of (poly)consumption of licit and illicit substances (including 'legal highs', alcohol, tobacco and other addictive behaviour). Indeed this need was noted in the evaluation of the 2005–2008 Action Plan. Furthermore, and as detailed below, new phenomena such as legal highs now pose emerging health and research challenges. Some commentators note the need to adopt a wider conceptual framework for treating addiction and substance use. Progress in these areas has been limited, and a more comprehensive approach to treating licit and illicit problem drug use, as well as addiction, continues to pose a significant challenge.

Findings on Supply reduction

There are few visible indications that trends on the supply side are moving in a desirable direction.
Europol notes a trend towards diversification of drug supply, with trafficking increasingly dominated by groups dealing in more than one product in an effort to maximise their profits. If there are trends in supply reduction, there is no available evidence that the change can be attributed to the Strategy or its Action Plans. Despite EU progress, there remain difficulties in evaluating supply reduction interventions.

Joint operations in the field of supply reduction have yielded good results.
The examples of Maritime Analysis and Operations Centre- Narcotics (MAOC-N) and Anti-Drug Coordination Centre for the Mediterranean Sea (CECLAD-M) are illustrative of the Strategy and Action Plans objectives on EU law enforcement cooperation and intelligence projects. These joint operations set up to tackle illicit drug trafficking were carried out by Member States and coordinated by Europol, and have been credited with some success.

There are some indications that the control of precursors diverted from the licit economy to manufacture illicit drugs has proved effective in disrupting production. However, these disruptions are short term since manufacturers are adaptable and replace precursors with other licit substances that can be more difficult to detect and more difficult to regulate.

Supply reduction initiatives now face new challenges from 'legal highs'.
Unregulated synthetic products simulating illicit drugs are developed, marketed and distributed quickly and effectively. The speed at which manufacturers can adapt to new regulations and develop alternative products poses new regulatory and law enforcement challenges.

There remain serious limitations to measuring effectiveness of supply reduction initiatives and understanding 'what works'.
Some recent efforts have been made in this field, but these efforts need to be built upon and sustained to ensure supply reduction is based on learning about what has and has not been effective and where.

The supply reduction objectives described in the Strategy and Action Plans are relevant to addressing the drugs challenges faced in the EU.
The emphasis in the Strategy on achieving coordination and cooperation is broadly welcomed by stakeholders at Member State and EU level, including in the field of supply reduction. However, that does not necessarily mean that these objectives have influenced the existence of such priorities or activities within Member States and third countries. Member States are making use of current mechanisms and practices provided in the Strategy. However, implementation of supply reduction measures is largely a matter of national legislation, and for many Member States pre-dated the Strategy. Many of the practices, for example around judicial cooperation, preceded the Strategy, particularly in older Member States. The Strategy is thought to have been more relevant and influential in newer Member States, candidate and accession countries - it has provided a model for countries with less developed approaches and mechanisms in the field of supply reduction.

The reason for the broad support of supply reduction objectives in the Strategy may partly be based on growing emphasis on international cooperation in tackling organised crime. The trend towards 'securitisation' of drugs in Member States has entailed an embedding of supply reduction measures within security agendas at EU and Member State level.

Findings on Coordination

The Strategy seems to have been relatively effective in its contribution to a more collaborative and informed drafting of national drugs policies.
Member States have increasingly adopted drugs policy documents and strategies in the period covered by the Strategy. Almost all Member States have a recent and/or updated drugs policy document and almost half of the Member States have action plans in place (EMCDDA, 2010). Most countries have adopted the EU model of a strategy with defined challenges, objectives, actions and metrics for measuring performance. Some Member States have actively synchronised their national policy documents with the Strategy. Although national strategies generally note the need for international or European coordination of drugs policies, there is little explicit reference to the EU Drugs Strategy or evidence of active implementation of its actions.

The Horizontal Drugs Group (HDG) is viewed as unique and innovative, embodying the balanced approach of the EU Drugs Strategy.
This view was especially strongly expressed by representatives of new Member States. They largely agree that the HDG has prepared a clear and coherent drugs policy for adoption by the Council, has succeeded in functioning as the main coordinating body on drugs policy

at EU level, and has improved communication within the Council on drug-related matters. The key added value of the HDG is viewed as its role as a forum for information exchange between Member States, allowing for attendant networking and international learning.

A number of challenges to the functioning of the HDG exist
The rotating presidencies may have some impact on the effectiveness and efficiency of HDG meetings. Continuity and follow-up between presidencies can be difficult, and the effectiveness of the HDG seems to correlate with the presidencies' capacity and clout. Presidencies of larger Member States or a longer track record in drugs policy tend to have more leverage.

Some concerns exist about the balance between supply and demand reduction in the HDG.
Law enforcement activities in drugs policy have gained importance in the EU internal security agenda. This may have caused the HDG to begin to reduce or lose some of its coordinating role in the area of supply reduction, posing a potential threat to the balanced approach. The Council's Standing Committee on Operational Cooperation on Internal Security (COSI) has become more active in coordinating supply reduction initiatives. This can partly be explained by the political traction of the internal security agenda. The action-oriented approach of COSI, focusing on short-term implementation cycles ('the policy cycle') to prioritise actions, is perceived as effective. However, the COSI is a recently-established structure, and detailed assessment of its effectiveness will take time.

Findings on International cooperation

The objectives included under international cooperation are considered crucial to the added value of the EU Strategy.
Drug markets do not respect national boundaries and therefore cooperation with non-EU countries is crucial for addressing drugs challenges in EU Member States.

International cooperation is considered to be particularly important with respect to integrating candidate and new accession countries into the EU acquis.
As part of the roadmap to accession, the EU has worked extensively with candidate and accession countries on issues revolving around institution and capacity building, data collection, the tackling of trafficking and demand reduction. Candidate countries have been increasingly involved in the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), focusing on setting up their own drug monitoring infrastructure, and have participated in the efforts of Europol and Eurojust.

The Strategy has enabled the EU to 'speak with one voice' at international fora.
The HDG has been particularly instrumental in achieving consensus regarding issues on the agenda at the Commission on Narcotic Drugs of the United Nations Office on Drug and Crime (CND), for instance. In doing so, the EU appears to have more leverage on the international stage. However, there is a perception that more can be done to build on existing achievements in raising the profile of the EU's approach internationally. Furthermore, the very breadth of contexts and approaches that the EU Drugs Strategy must encompass in order to 'speak with one voice' at times undermines its ability to be specific and unambiguous. This may to some extent undermine the relevance of the Strategy as well as its influence. Its influence and implementation have both been to some

extent limited by the fact that there is not complete consensus in all areas and objectives, thereby posing a challenge to its unified voice even with the current breadth.

Notable successes in implementation in relation to third countries can be highlighted.
Successes include the achievement of several important bilateral agreements, though a note of caution was raised about the possibility of duplicating effort with some international bodies in this area. However, evidence collected from EU delegations in third countries revealed variable levels of knowledge of the EU Drugs Strategy – with examples of both detailed knowledge of the Strategy by some and lack of familiarity by others.

There are examples of a direct influence and alignment between the Strategy and national strategies in third countries.
The principles in the Strategy –an evidence-based approach balancing demand reduction with supply reduction – appear to be widely respected in third countries. In many cases these principles are reflected in national policies, policy dialogue and external assistance. In some cases, priorities and actions from the EU Drugs Strategy appear to have been directly relied upon and brought to bear; in other instances, national strategies are reported to be in line with, but not directly influenced by, the Strategy.

Findings on Information, Research and Evaluation

Notable progress has been made regarding implementation in this area.
The results of the evaluation suggest that notable progress has been made regarding the implementation of the Strategy objectives for information, research and evaluation. In particular, research commissioned by Member States and the EC in the area of illicit drugs has increased, addressing a number of priority areas. Comparative analysis conducted for the EC on research into illicit drugs in the EU (Bühringer et al., 2009) identified over 250 research projects, more than 30 of which were EU-funded. Although many of these studies are ongoing (with results pending and impacts and outcomes taking time to materialise), they have contributed to the Strategy objective of creating 'better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure' (European Council, 2004, p. 19).

This area enjoys broad support from stakeholders at Member State and EU level.
The objectives included under this priority are considered to be central to the Strategy's ability to contribute to a better understanding of drugs challenges, to monitoring of changes and to learning and implementation of this learning. A focus on this area enjoys broad support from stakeholders at Member State and EU level as well as in third countries. It is of particular importance to newer Member States and candidate countries that can be in need of assistance with developing their capabilities in this field.

The Strategy itself and the Action Plans are regarded as influential in relation to drugs policies at the level of individual Member States, particularly in that the focus on information, research and evaluation is seen as motivating Member States to improve and harmonise data collection efforts and increase research collaboration with other Member States. The sum of a transnational evidence base is greater than its parts, as markets operate internationally: findings and lessons may be needed from and translated to other regions.

The EMCDDA is frequently highlighted for its pivotal role as a channel of influence and support in this area within and outside the EU.

The EMCDDA has facilitated, shaped and supported efforts in this area across the EU, and especially for new Member States and accession countries. Member States are coordinating and sharing information and best practice, disseminating research through the activities of the EMCDDA. The EU has received international praise for its world-class data collection infrastructure.

Some disparities in quality and availability of data remain.

While notable progress against these objectives has been made, issues and challenges persist, and two challenges stand out. First, there is ongoing uncertainty over availability and continuity of funding, despite EU level progress such as the Framework Programme funding. Second, despite considerable progress in data harmonisation, quality and availability of data still varies across the Member States. Further, disparities remain between quality and availability of supply-side data on the one hand and that of demand-side data on the other. These differences may be partly explained by the less transparent and available supply reduction knowledge base associated with the classified nature of much law enforcement intelligence.

Summary of responses to the evaluation questions

To what extent have the objectives and priorities of the EU Drugs Strategy 2005-2012 been implemented and what are the main outputs?

- There has been some progress on virtually every objective and priority included in the Strategy, even though the degree to which these have been implemented varies significantly.

- Data collection exercises have revealed an overall perception that the situation in areas that were the focus of the Strategy has improved since its adoption.

- Implementation of the Strategy's objectives has followed its core principle of a balanced approach to drugs policy. This has been exemplified by the fact that progress in the area of demand reduction (such as greater availability of harm reduction programmes) was achieved in tandem with supply reduction objectives (such as greater uptake of existing instruments for law enforcement cooperation).

To what extent has the EU Drugs Strategy 2005-2012 and its Action Plans had an impact on Member States' national (or regional) drugs strategies and action plans?

- The Strategy has contributed to a convergence in the way individual Member States formulate and adopt their own national drugs policies and strategies.

- National strategies and action plans have become more in line with the EU document. They often refer to the Strategy as their model, are similarly structured, or are synchronised with it.

- Evaluation of national strategies and other policy documents has become a more firmly embedded practice.

What indirect impacts has the EU Drugs Strategy had on third countries' or international organisations' policies on drugs?

- The Strategy has enabled the EU to better 'speak with one voice' at international fora and in international organisations.

- At the international level, it has promoted a clearly recognisable and acknowledged 'EU model' of tackling drug related challenges.

- The Strategy has served as a source of guidance for candidate countries as part of the EU acquis and for other countries in the process of formulating their own drugs policies.

How has the drugs situation in the EU changed since 2005?

- There appears to have been little change in the overall demand for and availability of illicit drugs in the EU, though trends and patterns of supply and demand have evolved, posing new research and policy challenges.

- There has been a significant decline in the number of newly reported HIV infections since 2005. This has been attributed to a decline in injecting drug use prevalence and risky behaviours, indicating that certain interventions could have been effective.

- Drug-induced deaths, most of which relate to problem opioid use, remain at historically high levels, though the age of victims is increasing, indicating that an older generation of users is not being replaced.

To what extent can these changes be associated with the development and implementation of the EU Drugs Strategy and its Action Plans?

- We do not have evidence for what would have happened to supply and demand for illicit drugs in the EU in the absence of the Strategy. There is no overwhelming evidence that the Strategy has or has not had an impact on the drugs situation in the EU.

- In relation to supply reduction, data from the EMCDDA and Europol does not indicate any significant improvements in the drugs situation.

- In relation to demand reduction, available data does show some positive changes. For example, there appears to be an increase in provision of treatment (particularly opiod substitution). This direction of change is certainly in line with the objectives of the EU Drugs Strategy, even though there is no evidence upon which to decide whether the Strategy has had an influence.

- There are, however, also less positive trends in demand reduction – for example increases in poly drug use – which are not in line with the objectives of the Strategy.

What is the added value of the EU Drugs Strategy 2005-2012 and its Action Plans for addressing illicit drugs in the EU?

- The Strategy has provided added value to individual Member States and their strategies by offering a platform for consensus building and coordination in relation to a horizontal and increasingly international issue.

- The Strategy has facilitated information exchange and the sharing of best practices across Member States.

- It has also promoted a debate about the scientific reliability of drugs policy strategies and interventions, and contributed to support for an evidence-based approach to drugs policy.

What conclusions and lessons can be drawn for the new EU drugs strategy post-2012 and its action plans?

- The EU can and has added value with its Strategy in many ways, including enhancing the 'voice' of the EU in international fora and in relation to third countries, providing clear guidance for candidate countries, and providing coordination within the EU.

- To maximise its impact, it may be useful to present the document in a more compact version with shorter timeframe, by better embedding it in existing EU policy processes.

- The Strategy has played an important role in promoting the use of evidence for policy. Its successor should continue to do so, as there remain instances of insufficient evidence for the effectiveness or ineffectiveness of specific measures.

- While this report has found the HDG central to the coordination of EU drugs policy along the lines of the Strategy, several challenges persist that should be addressed. These include, but are not limited to, continuity between presidencies, consistency of focus on the balanced approach, and the role of other EU-level initiatives and bodies.

This summary has set out the main findings of the study. The following chapters provide much more detailed information on the methods and findings of the project, and are followed in the final chapter by concluding recommendations for a future EU drugs strategy.