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THE EUROPEAN UNION**

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**"I/A" ITEM NOTE**

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|-----------------|--------------------------------------------------------|
| from:           | General Secretariat                                    |
| to:             | COREPER / Council                                      |
| No. prev. doc.: | 9986/1/12 CORDROGUE 30 SAN 115 ENFOPOL 142 RELEX 446   |
| Subject:        | Draft Council Conclusions on the new EU drugs strategy |

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1. As the current EU Drugs Strategy expires at the end of the year, the Presidency decided to propose Council conclusions on the new strategy, aiming to draw guidelines for the new EU drugs strategy.
2. Draft Council conclusions were presented and examined during the HDG meetings of 18 April and 22 May 2012.
3. On the basis of these discussions and taking into account the comments provided after these discussions, the draft Council Conclusions on new drugs strategy were finalised.
4. Consequently, COREPER is invited to confirm the agreement on the text of the draft Conclusions as set out in annex and to submit it to the Council for approval.

**Draft Council Conclusions on the new EU drugs strategy****THE COUNCIL OF THE EUROPEAN UNION,****RECALLING**

- the EU Drugs Strategy 2005-2012<sup>1</sup>, which has formed the basis of the EU drug policy since 2005 and provided the framework for two consecutive four-year Action Plans;
- the EU Drug Action Plan 2005-2008<sup>2</sup> and the EU Drug Action Plan 2009-2012<sup>3</sup> and the final report of the evaluation of the EU Drug Action Plan 2005-2008<sup>4</sup>;
- the conclusions and recommendations of the Report on the independent assessment of the EU Drugs Strategy 2005-2012 and its action plans;
- the EMCDDA trend report prepared for the evaluation of the 2005-2012 EU Drugs Strategy, which indicated changes in the EU drug situation over the last eight years;
- the Stockholm programme which names the following principles on which the new EU drugs strategy should be based: improving coordination and cooperation by using all available means under the Lisbon Treaty, mobilising the civil society and contributing to research and comparability of information<sup>5</sup>;
- the European Pact to combat international drug trafficking – disrupting cocaine and heroin routes<sup>6</sup> and the European Pact against synthetic drugs<sup>7</sup> which seek to improve coordination between the various initiatives launched to clamp down on drug trafficking;
- the EU policy cycle for organised and serious international crime<sup>8</sup> – an instrument developed to identify priority threats to the EU and coordinate strategic and operational cooperation to address these in a more coherent way;

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<sup>1</sup> 15074/04 CORDROGUE 77 SAN 187 ENFOPOL 178 RELEX 564

<sup>2</sup> OJ 2005/C 168/01

<sup>3</sup> OJ 2008/C 326/09

<sup>4</sup> 13407/08 CORDROGUE 69 SAN 195 ENFOPOL 164 RELEX 682 + ADD3

<sup>5</sup> OJ 2010/C 115/24

<sup>6</sup> 8821/10 JAI 320 COSI 20 CORDROGUE 40 CRIMORG 79 JAIEX 39

<sup>7</sup> 15544/11 JAI 740 COSI 82 CORDROGUE 66 ENFOPOL 360 CRIMORG 184 JAIEX 111 UD 261

<sup>8</sup> 15358/10 COSI 69 ENFOPOL 298 CRIMORG 185 ENFOCUSTOM 94

- the Commission Communication “*Towards a stronger European response to drugs*”<sup>9</sup>, which outlines current challenges in the field of drugs, while presenting proposals to address them;
- the Internal Security Strategy for the European Union<sup>10</sup>, which identifies drugs trafficking as a form of criminality requiring concerted European action;
- the UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem which enumerates drug demand and drug supply reduction measures to be taken by the participating states<sup>11</sup>;

## REITERATING THAT

- drug policy is mainly the competence of the EU Member States;
- the aim of the EU Drugs Strategy 2005-2012 was to add value to national strategies while respecting the principles of subsidiarity and proportionality set out in the Treaties;
- that the strategy intended to allow scope for local, regional, national and transnational dynamics and potentialities and to make optimal use of the resources available;
- the EU Drugs Strategy 2005-2012 was based on an integrated, multidisciplinary and balanced approach, addressing with equal vigour drug demand and supply reduction.

## NOTING THAT

- even though the nature and characteristics of the illicit drug problem have changed since the beginning of the EU Drugs Strategy 2005-2012, the fundamental challenges within the EU remain the same;
- drug use in the EU appears to be relatively stable; prevalence levels overall remain high, but are not rising, and in some important areas, such as cannabis use by young people, there are positive signs;
- there are, however, indications of worrying developments in the synthetic drugs market and, more generally, in the way drug consumers now use a wider set of substances;

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<sup>9</sup> COM (2011) 689 final

<sup>10</sup> 5842/10 JAI 90

<sup>11</sup> <http://www.unodc.org/documents/commissions/CND-Uploads/CND-52-RelatedFiles/V0984963-English.pdf>

- heroin continues to constitute the biggest drug problem in the EU, as heroin use accounts for the largest share of drug-related diseases and deaths and prevalence level remains stable at an estimated 1.3 million regular opioid users in the EU; however treatment data indicate that the characteristics of opioid problem is changing as opioid users have become older and the proportion of injectors has declined;
- cannabis continues to be the most commonly used illicit drug in the EU as the most recent estimates of drug use in Europe from the EMCDDA show that about 12 million European adults, on average about 3.6% of the adult population, have used cannabis in the last month;
- cocaine has become the second most commonly used illicit drug in the EU, although prevalence levels and trends differ considerably between Member States.

## **BEARING IN MIND**

- the outcomes of the assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans which inter alia demonstrated:
  - that 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;
  - that the Strategy helped the EU and its Member States to speak with one voice at international fora and that it promoted a clearly recognisable and acknowledged 'EU approach to tackling drug-related challenges';
  - that the Horizontal Drugs Group (HDG) has functioned as the main coordinating body at the EU level and has facilitated information exchange between Member States as well as contributed to the formation of common positions on the external dimension of the EU drugs policy; however the coordinating role of the HDG in the area of supply reduction is becoming more complicated, as law enforcement activities in drugs policy have also become a priority on the EU internal security agenda;

- that the strategy had some success in the field of demand reduction, especially in promoting an evidenced-based approach; however persistent challenges remain, especially in relation to different levels of implementation of harm reduction measures and drug treatment in the Member States, difficulties of coordination and implementation at the national level, and the continued funding of demand reduction programmes in an economic downturn;
- that with respect to supply reduction the objectives of the Strategy and Actions Plans are considered relevant to addressing the drugs challenges faced in the EU; however the measurability of progress in this area remains a challenge;
- that international cooperation on drugs policy is a key area where the EU adds value to Member State efforts to coordinate and address drugs challenges;
- that there are considerable achievements in the field of information, research and evaluation; however there is scope for a greater focus to expand and improve the knowledge base around supply reduction;
- that the EMCDDA plays a key role as a facilitator, shaper and supporter of efforts in the area of information, research and evaluation across the EU.

## **CONSIDERING THAT**

- new and potentially harmful psychoactive substances, often being marketed as legal alternatives to internationally controlled drugs, are emerging at unprecedented pace posing a risk to public health and safety;
- the increase in poly-drug use, including the combination of illicit drugs with alcohol, and sometimes, medicines and unregulated new psychoactive substances, which can lead to multiple adverse health consequences, represents an increasing challenge;
- drug traffickers exploit the EU internal market as well as the possibilities provided by modern technologies and develop innovative methods for diverting drug precursors and smuggling drugs into and within the EU;
- illicit drugs remains a major criminal commodity in the EU and intelligence suggests that there is a trend towards increased cooperation between national criminal networks and that drug trafficking is an integrated part of poly-criminal activities;

- although there is an increasing level of interventions and programmes in the field of drug-demand reduction in the Member States, there are still large differences between and within Member States when it comes to the quality, accessibility and coverage of such interventions;
- infectious diseases related to injecting drug use such as Hepatitis C Virus (HCV) and HIV continue to pose serious health risks, including the potential risk of new outbreaks of HIV and of other blood-borne infections related to injecting drug use in certain regions within the EU and in neighbouring regions<sup>12</sup>;
- the illicit drug problem in all its facets continues to pose serious risks to the health and safety of EU citizens, and to the stability, security, health and development of countries outside the EU, including the Candidate and Associated and Neighbourhood countries, as well as third countries along the trafficking routes.

## **AGREES THAT**

1. the EU needs an EU drugs strategy for 2013-2020 as the political framework in the field of drugs, which should be adopted by the end of 2012;
2. the new strategy should be a concise document concentrating on five thematic areas: coordination; demand reduction; supply reduction; international co-operation and research, information and evaluation;
3. the new strategy shall contain a limited number of clearly defined strategic objectives, setting out the longer-term strategic development of EU drugs policy, and consolidating and building on existing instruments;
4. the detailed implementation of the new strategy should be set out in two consecutive action plans covering each a period of four years;
5. the present integrated, multidisciplinary and balanced approach should continue to form the basis of the EU approach to the drug problem in the future; drug demand and drug supply reduction measures shall be based on available evidence, well balanced, and implemented with equal vigour;
6. in the implementation of the new strategy, appropriate resources should be allocated to measures in both drug demand and drug supply reduction as well as to measures of a horizontal nature;

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<sup>12</sup> EMCDDA report on the drugs situation in Europe in 2011, doc. 17139/11 CORDROGUE 78 + ADD1

7. demand reduction in the new integrated strategy includes universal as well as targeted prevention, early intervention, treatment, care, risk and harm reduction, recovery, social reintegration, initiatives in prison settings and measures to ensure and improve quality and standards;
8. supply reduction activities in the new strategy should remain focused on cooperation between law enforcement authorities, including through exchange of information and joint operations and investigations, and on coordination of law enforcement initiatives, including in regard to regional projects and control of illicit drugs entering the EU by sea and by air;
9. the new strategy should take on board new approaches and address new challenges which have been identified in recent years, including those related to new or ongoing threats to the health and safety of EU citizens, especially:
  - poly-drug use, including the combination of illicit drugs and alcohol,
  - the rapid spread of new psychoactive substances,
  - ensuring access to and addressing the misuse of prescribed controlled medications,
  - the dynamics in the drug markets, including the use of the internet as a facilitator for the distribution of illicit drugs,
  - the diversion of precursors used in the illicit manufacture of drugs,
  - the quality of demand reduction services,
  - the high incidence of blood borne diseases, especially HCV, among injecting drug users and potential risks of outbreaks of HIV epidemics and other blood borne infections related to injecting drugs use;
10. the new strategy should further promote an intelligence and evidence-based approach to the drug problem, recognising work under the EU policy cycle for organised and serious international crime as part of the wider EU internal security agenda;
11. in formulating the new strategy appropriate consideration should be given to recommendations put forward by high-level scientific societies as well as the opinion of the civil society;
12. the new strategy should take note of the progress made towards minimum quality standards in drug demand reduction and of key indicators in drug supply reduction, as well as of other available indicators;

13. the new strategy should also focus on improving the internal EU coordination, as the HDG as the main coordinating body should further align its activities with other EU initiatives touching upon drugs policy, in particular the EU policy cycle for organised and serious international crime and other initiatives within COSI as well as initiatives in the health area, and take into account the work of the EU agencies;
14. the drugs situation should continue to be monitored in order to create a knowledge base for a better common understanding of the drugs problems and the development of an optimal response to new trends, especially concerning supply of drugs and the impact of interventions to reduce supply;
15. in this regard, information, research, analysis, evaluation, and the collection and exchange of information by the EMCDDA through its network of national focal points and the Early Warning System as well as by other EU bodies should continue to be supported;
16. projects and programmes to foster alternative development and alternative livelihoods in drug-producing countries should continue to be supported since illicit drug crop cultivation is in many countries linked to development problems such as poverty, weak rural development, fragile statehood and violence;
17. with respect to international cooperation, the EU approach should continue to be comprehensive, focusing on cooperation with strategic partners: in particular the existing dialogues with international partners, including the countries in the Western Balkans, Latin America and the Caribbean (including the Andean Community countries), West Africa, Central Asia and Afghanistan, the Eastern Partnership, Russia, and the United States, should be further improved to ensure a greater level of knowledge of the strategies, objectives and relevant initiatives amongst individuals and organisations having responsibilities in the area of drugs policy in third countries and in the EU;
18. to ensure continuous focus on the implementation of the strategy and of its accompanying action plans, and on monitoring and evaluation of outcomes, each Presidency should towards the end of its six-month term give an overview to the HDG of the activities carried out in regards to any action plan in force;
19. at the end of the period covered by the new strategy and each action plan, an evaluation needs to be conducted in order to provide input and recommendations for the future development of EU drugs policy.