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NOTE

from: Presidency
to: Horizontal Drugs Group
Subject: Draft EU Drugs Strategy (2013-2020)

Delegations will find in annex the above-mentioned document which takes into account comments from delegations made at the HDG meeting of 3 July and 3 September 2012 and sent afterwards on the Preface, Introduction, Coordination, Demand reduction and International cooperation chapters.

The other chapters will be discussed at the forthcoming HDG meetings with a view to having the new EU drugs strategy adopted by the European Council by the end of this year.

Only chapters on Demand reduction and International cooperation have been amended compared to doc. 12036/12 and changes are in strike-through and bold. Changes indicated in Preface, Introduction and Coordination chapters are the same as in doc. 12036/12.

Preface

1. This EU Drugs Strategy provides the overarching political framework and priorities for EU drugs policy identified by Member States and EU Institutions, for the period 2013-2020. **The framework, aim and objectives of this Strategy will serve as a basis for two consecutive 4 year EU Drugs Action plans.** ~~The detailed implementation of the new Strategy will be set out in two consecutive four-year EU Drugs Action Plans for the years 2013-2016 and 2017-2020.~~

2. This new Drugs Strategy is based first and foremost on the fundamental principles of EU law and, in every regard, upholds the founding values of the Union: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. ~~It aims to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated, and evidence based approach to the drugs problem.~~ 3. The Strategy is also based on the relevant UN Conventions¹ which **provide the international legal framework** ~~are major legal instruments~~ for addressing the drugs problem. **This EU Drugs Strategy is complemented by** ~~Equally~~ relevant UN **political documents, including** ~~are~~ the UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted in 2009, which states that drug demand reduction and drug supply reduction are mutually reinforcing elements in drugs policy. 4. The Strategy has been drafted on the basis of the **principles set out in the Stockholm Programme**, the Lisbon Treaty and on the respective competences of the Union and individual Member States, ~~with~~ **Due regard is given** to subsidiarity and proportionality, **as this EU Strategy intends to add value to national strategies.** ~~The Lisbon Treaty, which has introduced changes in the area of justice and home affairs and in public health, has allowed for the reinforcement of the EU policy approach in the field of drugs.~~ Furthermore, the Strategy pays full respect to the European Convention on Human Rights and the EU Charter of Fundamental Rights, ~~which applies to the institutions and bodies of the Union and its activities and actions in the EU's external policy.~~

3. (included in paragraph 2)

4. (included in paragraph 2)

¹ The UN Single Convention on Narcotic Drugs of 1961 as amended by the 1972 protocol, the Convention on Psychotropic Substances (1971) and the Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

5. The ~~illicit~~ drugs problem is a **national and international** ~~transnational~~ issue that needs to be addressed in a global context. In this regard, coordinated action carried out at EU level plays an important role. This ~~EU European Union~~ Drugs Strategy provides a common and evidence-based framework for responding to the drugs **problem phenomenon** within and outside the EU ~~and aims to strengthen and support national strategies~~. By providing a framework for joint and complementary actions, the Strategy ensures that resources invested in this area are used **effectively and efficiently**, whilst taking into account the institutional and financial constraints and capacities of Member States and of the EU institutions.

5a. The Strategy aims to reduce drug use and drug supply within the EU, as well as the health and social harms caused by drugs through a strategic model that supports and complements national policies, that provides a framework for coordinated and joint actions and that forms the basis and political framework for EU external cooperation in the field of drugs. This will be achieved through an integrated, balanced and evidence-based approach.

6. Finally, this Strategy builds on the lessons learned from the implementation of previous EU Drugs Strategies and associated Action Plans, **including the findings and recommendations from the external evaluation of the EU Drug Strategy 2005-2012**, while taking into account other relevant policy developments and actions at EU level and international level in the field of drugs.

I. Introduction

6a. The Strategy takes on board new approaches and addresses 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;**
- **The access to and 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.**

~~7. The aim of this EU Drugs Strategy is to reduce the health, social and criminal burden caused by drugs through a strategic model that supports and complements national policies, that provides a framework for coordinated and joint actions and that forms the basis and political framework for EU external cooperation in the field of drugs. This will be achieved through an integrated, balanced and evidence based approach.~~

7. The objectives of the EU Drugs Strategy are:

- **To contribute to a measurable reduction of the use of drugs, of drug dependence and of drug-related health and social harms;**
- **To contribute to a disruption of the drugs market and a measurable reduction of the availability of drugs;**
- **To encourage active discourse and analysis of developments and challenges in the field of drugs at EU and international level;**
- **To further strengthen dialogue and cooperation between the EU and non-EU countries, International organisations and fora on drug issues;**
- **To contribute to a better understanding of all aspects of the drugs problem and of the impact of interventions in order to provide sound and comprehensive evidence-base for policies and actions.**

7a. By 2020, the priorities and actions in the field of drugs, encouraged and coordinated through this EU Drug Strategy, should have achieved a measurable impact on key aspects of the EU drug situation, ensuring a high level of human health protection, social stability and security, through a coherent, effective and efficient implementation of measures, interventions and approaches in drug demand and drug supply reduction at national, EU and international level, and by avoiding potential unintended consequences associated with the implementation of these actions.

8. The Strategy builds upon the achievements made by the EU in the field of drugs and is informed by an **ongoing** ~~continuous~~, comprehensive assessment of the current drug situation while recognising the need to proactively respond to ~~new~~ developments and challenges.

9. The Strategy is structured around two policy areas; drug demand reduction and drug supply reduction, and three cross-cutting themes; **(a)** coordination, **(b)** international cooperation and **(c)** research, information and evaluation. Its two consecutive ~~implementing~~ Action Plans will **provide a list of** ~~contain a framework with~~ specific actions ~~each of which will be foreseen~~ with a timetable, **responsible parties, indicators and assessment tools** ~~for implementation~~.

10. Taking due account of the current drugs situation and the implementation needs of the Strategy, a limited number of targeted actions will be selected on each of the two policy areas and three cross cutting themes, for inclusion in the Action Plans based on criteria which include the following:

- a. Actions must be evidence-based, **cost-effective** and aim for realistic and measurable results, **that can be evaluated**;
- b. Actions will be time bound, have associated **benchmarks, performance** indicators and identify responsible parties for their implementation, ~~and~~ **reporting and evaluation**;
- c. **Actions** ~~Interventions~~ must have a clear EU **relevance and** added value ~~and be cost-effective~~.

11. **To safeguard a continued focus on the implementation of the Strategy and of its accompanying Action Plans, each Presidency, with the support of the Commission, shall address priorities and actions that require follow up in the HDG during its term. The Commission** ~~Each Presidency will initiate a discussion within the HDG, taking into account the information provided by Member States, the European External Action Service European Commission, and available from EMCDDA and Europol, shall provide annual progress reports on the implementation of the Strategy and its Action Plans, with the purpose of assessing~~ ~~monitoring, on an on-going basis, the implementation of a selected number of relevant priorities of the EU Drugs Strategy and its /or Action Plan(s). Upon conclusion of the Drugs Strategy and its Action Plans the Commission will have an overall external evaluation conducted, taking into account the contributions provided by the EMCDDA, Europol and with the support of the Member States and other relevant EU institutions and bodies.~~

11a. The Commission, taking into account information provided by the Member States, and available from the EMCDDA, Europol, and – where appropriate – civil society, will conduct a mid-term assessment of the Strategy by 2016, in view of preparing a second Action Plan for the period 2017-2020. Upon conclusion of the Drugs Strategy and its Action Plans the Commission will have an overall independent evaluation conducted, taking into account information gathered from the Member States, the EMCDDA, Europol, other relevant EU institutions and bodies and – where appropriate – civil society in order to provide input and recommendations for the future development of EU drugs policy.

12. To reach its **objectives** ~~aims~~ and to ensure efficiency, the Drugs Strategy for 2013-2020 will use, wherever possible, existing instruments and bodies operating in the drug field, both within the EU (**in particular the EMCDDA, Europol and also Eurojust, the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency** ~~the European Crime Prevention Network~~) and outside it (**in particular including the Pompidou Group, UNODC, WCO and WHO** ~~and the Council of Europe~~). The Commission, the Council, **the European Parliament** and the European External Action Service will ensure that their activities in the field of illicit drugs are coordinated and that they complement each other.

12a. Appropriate and targeted resources should be allocated for the implementation of the objectives of this EU Drugs Strategy at both EU and national level.

II. Policy field: drug demand reduction

13. Drug demand reduction consists of a range of equally important and mutually reinforcing **measures** ~~interventions~~, including prevention (universal, **selective and** indicated ~~and selective~~), early detection and intervention, risk and harm reduction, treatment, rehabilitation, and **social** reintegration, including recovery.

14. In the field of drug demand reduction, the **objective of the** EU Drugs Strategy 2013-2020 **is to** ~~aims to~~ contribute to a measurable reduction **of the onset of drug use, of the use of illicit drugs, of problematic drug use, of drug dependence and of drug-related health and social harms**, through an integrated, **multidisciplinary** ~~comprehensive~~ and evidence-based approach, **and by promoting and safeguarding coherence between health, social and justice policies.**

15. In the field of drug demand reduction the following priorities are identified:

15.1. Improve the availability, accessibility and coverage of drug demand reduction **measures interventions**, promote the use and exchange of best practices and develop and implement quality standards in prevention (**universal, selective and indicated**), **early detection and intervention, risk and harm reduction**, treatment, rehabilitation and **social** reintegration, including recovery.

15.1.a Improve the availability and effectiveness of prevention programmes (from initial impact to long term sustainability), and raise awareness about the risk of the use of psychoactive substances and related consequences. To these end, prevention measures should include early interventions, promotion of healthy lifestyles, targeted prevention and family/community-based prevention.

15.2 (shifted below after 15.5)

15.3. **Scale up and develop** effective demand reduction **measures approaches** to effectively respond to **challenges like**: polydrug use including the combined use of licit and illicit substances, misuse of prescription medicines, ~~non-opioid drugs use~~ and/or the use of new psychoactive substances.

15.4. Invest in effective risk and harm reduction measures aimed at substantially reducing the number of direct and indirect drug-related deaths and infectious blood-borne diseases, **attributable to drug use: including HIV and viral, Hepatitis B and C, attributable to drug use as well as sexually transmittable diseases and tuberculosis.**

15.5. Expand **the provision, the accessibility, availability** and coverage of effective and diversified drug treatment, across the EU ~~to and ensuring that~~ problematic and dependent drug users— including non-opioids users, **so that all those who wish to enter treatment can promptly do so, according to relevant needs**—~~can enter treatment when wishing to do so.~~

15.5a (old 15.2) Scale up and develop drug demand reduction **measures services** in prison settings, **as appropriate to a prison-setting and based on a proper assessment of the health situation and needs of prisoners**, with the aim of achieving a quality of care equivalent with that provided in the community and in accordance with the right to health care and human dignity as enshrined in the European Convention on Human Rights and the EU Charter of Fundamental Rights. Continuity of care should be ensured **at all stages including from arrest, into imprisonment and after release.**

- 15.6. Develop and expand integrated models of care, covering needs related to mental and/or physical health-related problems, rehabilitation and social support in order to improve and increase the health and social situation, **social** reintegration and recovery of problematic and dependent drug users, including those affected by co- or multiple morbidity.
- 15.7. Develop effective and differentiated **drug** demand reduction **measures** responses that **aim to reduce and/or delay the onset of drug use and that** are appropriate to the needs of specific groups, **patterns of drug use** and settings, including **people with co-morbidity, drug users in nightlife and recreational settings and in the workplace**, young people, **ageing drug addicts**, women, families and children of **parents** those with drug problems, drug impaired drivers, vulnerable and marginalized groups, **including the Roma and some groups of migrants and/or refugees** ~~people with co-morbidity, drug users in nightlife and recreational settings and in the workplace.~~
- 15.8. Develop methods to enable participation and involvement of drug policy target groups including youth, drug users and clients of drug treatment services in drug prevention programming.**
- 15.9. Control local and regional drug use epidemics, which may threaten EU drugs situation by ensuring coordinated and effective common approach.**
- 15.10. These priorities need to take into account the specific characteristics, needs and challenges posed by the drug problem at national and EU level. It is imperative that an appropriate level of resources is provided to drug demand reduction at EU and Member State level.**

III. Policy field: drug supply reduction

16. Drug supply reduction includes drug-related crime prevention and dissuasion, judicial and police cooperation, interdiction, and investigation through law enforcement and border management, rehabilitation and pro-active use of alternatives to criminal sanctions.

17. In the field of supply reduction, the EU Drugs Strategy 2013-2020 aims to contribute to a disruption of the drugs market and a measurable reduction of the availability of drugs, through efficient use of the Criminal Justice System, effective law enforcement and increased intelligence sharing.

18. In the field of drug supply reduction the following priorities are identified:

- 18.1. Reduce intra- EU and cross-border production, cultivation, importation, exportation, trafficking, distribution and sale of illicit drugs, the facilitation of such activities as well as the diversion of precursors and pre-precursors. Also, effectively respond to the evolving trends in the supply of drugs through the use of new technology. This will be achieved by improving exchange of information, knowledge and best practices as well as collaboration among Member States, relevant bodies, such as OLAF, Europol, Eurojust and CEPOL and through the full exploitation of existing instruments, such as Joint Investigation Teams, Joint Customs and Police Operations, the EMPACT projects, Liaison Officer Platforms, MAOC-N and CeCLAD-M.
- 18.2. Improve the EU legislative framework, through furthering the approximation of criminal law and improvement of their implementation and refinement of existing judicial instruments (such as European Arrest Warrant and mutual recognition of judicial decisions).
- 18.3. Strengthen the EU judicial cooperation and the use of existing practices such as Mutual Legal Assistance and extradition processes by establishing faster and more accurate responses. Support informal judicial cooperation activities and exchange of information, including as regards controlled deliveries. The possibilities provided in this field by Joint Investigation Teams, Eurojust support and EMPACT projects should be exploited to full extent.
- 18.4. Reinforcing the European Union's legislative framework in a targeted way as deemed necessary so as to strengthen the European response in dealing with new trends, the seizure and confiscation of the proceeds of drug crime and in ensuring a more effective response to drug trafficking. Cooperation with third countries in the area should be enhanced.
- 18.5. Encourage the use, monitoring and effective implementation of policies offering arrest referral and non-coercive alternatives to conviction or punishment (such as treatment, education, after-care, rehabilitation and social reintegration) for drug-using offenders as well as multiple offenders with drug-related comorbid disorders.

IV. Cross-cutting theme: Coordination

19. In the field of EU drugs policy, the **objective aim** of coordination is twofold, namely to **ensure** ~~establish~~ synergies, communication and an effective exchange of information and views in support of the policy **objectives goals**, while at the same time encouraging an active political discourse and analysis of ~~new~~ developments and challenges in the field of drugs at EU and international levels. Coordination is required ~~on the one hand~~ **within and** among EU Institutions, Member States ~~national administrations and between Member States~~, other relevant European bodies and civil society **on the one hand**, and ~~on the other hand~~ also between the EU, ~~and~~ international bodies, ~~organisations~~ and non-EU countries **on the other hand**.

20. In the field of coordination the following priorities are identified:

20.1. Ensure synergies, coherence and effective working practices among relevant Member States, EU institutions, bodies and initiatives, based on the principle of sincere cooperation¹, avoiding duplication of efforts, securing efficient exchange of information, using resources effectively and guaranteeing continuity of actions across Presidencies.

20.2. ~~Given~~ ~~Strengthen~~ the role of the HDG as the main **drugs** coordinating body within the Council, **its coordinating efforts need to be further strengthened to take account of the work of the various bodies, which now include a drugs component such as** ~~while ensuring the role of COSI (in facilitating and ensuring effective operational cooperation on internal security including through the priorities of the EU Policy Cycle for Serious and Organised International Crime) and the Working Party on Public Health,~~ as well as ~~ensuring~~ ~~when relevant~~ ~~the involvement of relevant geographical Council working bodies.~~ As other EU initiatives may also have a drugs component, a stronger role for the HDG is required, to ensure that the aims of this Strategy are ~~comprehensively and effectively implemented.~~ Close cooperation, ~~interaction and information exchange with other relevant EU initiatives is therefore essential to ensure synergies.~~

In addition, the EU balanced approach to the drugs phenomenon, targeting with equal vigour the demand for and the supply of drugs, requires **close cooperation, interaction and information exchange with relevant geographical Council working bodies and other relevant EU initiatives** in the areas of judicial and criminal matters, police, ~~and~~ public health **and social affairs**.

¹ TEU art 4

- 20.3. Ensure that the EU and Member States further develop and implement working methods and best practices for multi-disciplinary cooperation in support of the objectives of the Strategy and that these are promoted at national level.
- 20.4. Provide opportunities under each Presidency to discuss issues of coordination, cooperation, emerging trends, effective interventions and other **policy national** developments of added value to the EU Drugs Strategy **particularly** during the National Drugs Coordinators' Meetings.
- 20.5. Promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations, in the development and implementation of drug policies, at national and **EU/international European** level.
- 20.6. Ensure that **the EU Europe speaks with** has a strong and **effective united** voice in **international fora such as the Commission on Narcotic Drugs and in dialogues with third countries, promoting to promote** the EU model of integrated, balanced and evidence-based approach to drugs, ~~through an ongoing dialogue.~~

V. Cross-cutting theme: international cooperation

21. International cooperation is a key area where the EU adds value to Member States efforts in coordinating drug policies and addressing challenges. The EU external relations in the field of drugs are based on the principles of shared responsibility, multilateralism, **an integrated, balanced and evidence-based** approach, the mainstreaming of development, ~~and~~ respect for human rights and human dignity and **respect for international conventions**.

22. The **objective of the** EU Drugs Strategy 2013-2020 in the field of international cooperation, ~~is~~ **aims** to further strengthen dialogue and cooperation between the EU and non-EU countries, International Organisations and fora on drug issues in a comprehensive and balanced manner.

23. The EU Drugs strategy **is part of an overall approach that enables** ~~allows~~ the EU to speak with one voice in the international arena and **with in** the partner countries. ~~In the future,~~ The EU **will should** remain committed to international cooperation and debate on the fundamentals of drug policy, and actively share the achievements of the EU **approach model** in drug policy that is balanced between drug demand reduction and drug supply reduction, based on scientific evidence **and intelligence** and respects human rights.

This requires **coherence between a full amalgamation of policies and actions at the EU level**, including external cooperation on **drug demand reduction, including risk and harm reduction, law enforcement cooperation**, alternative development, ~~law enforcement cooperation, drug demand reduction and harm reduction~~, the exchange and transfer of knowledge and the involvement of both state and non-state actors.

24. The EU and its Member States should guarantee the integration of the EU Drugs Strategy and its ~~objectives aims~~ 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 coordinated manner**. The ~~creation of the~~ European External Action Service (EEAS) should facilitate this process **in partner countries**.

25. The EU external action approach in the field of drugs aims ~~to at~~ further strengthening **and support** third countries' **efforts to deal with the societies in dealing with** challenges to public health, safety and security. This will be done through the implementation of ~~appropriate~~ initiatives **set out in this Strategy and subsequent action plans**, including alternative development, drug demand reduction, drug supply reduction and **the promotion and protection of fundamental human rights also taking into account regional initiatives**. Given the impact of drug production and trafficking on the internal stability and security situation in source and transit countries, actions will also aim at strengthening resilience notably to corruption, ~~and~~ money laundering **and the proceeds of drug-related crime**.

26. In the field of international cooperation, the following priorities have been identified:

26.1. Improve coherence **between the EU's and Member States' among** internal and external policies and coordination of EU and Member States activities and responses towards third countries in the field of drugs.

26.2. Increase **the EU's engagement and coordination political influence** in the international drug policy discourse, both in respect ~~of to~~ negotiations with international organisations and structures including the UN, ~~and~~ G8, **and the Council of Europe** and relations with third countries by ~~making efforts to achieve~~ **ing** common EU positions, and ensure an **effective active** role within the UN drug policy process.

- 26.3. Ensure that international cooperation in the field of drugs is **integrated** ~~fully embedded, as appropriate,~~ within the overall political relations and framework agreements between the EU and its partners, both at national and/or regional level. They should **respect** ~~reflect~~ the integrated, **balanced and evidence-based EU approach** ~~"European model"~~ and include: political dialogue and drug coordination, demand, **including risk** and harm reduction, supply reduction **including development cooperation**, information, research and evaluation.
- 26.4. Ensure that the EU international response and actions in priority third countries and regions **around** ~~over~~ the world **are** ~~is global and~~ comprehensive taking into account every dimension of the drug problem, and addressing ~~their~~ development, stability and security of **these countries and regions** through enhanced partnership.
- 26.5. Ensure that the EU international drug response is evidence-based and ~~should~~ includes a monitoring process on the situation and progress involving different information tools from the European Commission, EEAS, including the **EU Delegations** ~~EUDEL~~, Member States, EMCDDA, Europol, Eurojust, **European Centre for Disease Prevention and Control** in close cooperation with UNODC.
- 26.6. Ensure that support to the candidate and potential candidate countries, and the countries of the European Neighbourhood Policy ~~is focusing~~ ~~enges~~ on the development of **sufficient law enforcement capacity and** evidence-based and effective drug policies (**both supply and demand reduction**), through sharing of EU best practices and participation, where appropriate, ~~in~~ ~~to~~ EU structures, such as the EMCDDA, Europol and Eurojust, each within their respective mandates. **Appropriate expertise needs to be provided to EU delegations to enable them to carry out their role effectively in third countries.**
- 26.7. Ensure a **sustainable** ~~greater~~ level of policy dialogue and information sharing on the strategies, aims and relevant initiatives through the dialogues on drugs with international partners, **both at regional and bilateral level** ~~with particular attention paid to EU-CELAC High Level Mechanism on Drugs, Andean Community, Brazil, West Africa, Neighbourhood (eastern and southern) countries, the Western Balkan countries, Afghanistan, Pakistan, Central Asia, Russia and the United States.~~ **Key partners are identified on the basis of their status of cooperation vis-à-vis the EU, their relevance in addressing the global illicit drug problem while taking account emerging partners due to developments in the drug situation. The Political Dialogues should be complementary and coherent with other external cooperation structures and their impact.**

- 26.8. Ensure an appropriate level of funding **and expertise** provided for by the EU and its Member States, **including by reinforcing coordination, monitoring and evaluation of financial and technical support**, while **striving for synergies and by** continuously balancing the **transparent** allocation of resources, **financial and** technical assistance and cooperation, between drug demand and drug supply reduction measures reflecting the EU approach. **The mid-term review and final assessment of this EU Drugs Strategy should reflect on the impact of EU and MS spending.**
- 26.9. Provide **financial and** technical **support** assistance to source countries, by supporting, **in particular**, alternative development programmes
- that are non-conditional, **non-discriminating** and, **if eradication is scheduled**, properly sequenced,
 - that set realistic **rural development-related** objectives and indicators for success, ensuring ownership among target communities **and**
 - that support local development, while considering interactions with factors such as human security, **governance**, **violence** ~~conflict~~, human rights, development and food security.
- 26.10. Ensure that **the protection of human rights is fully integrated** ~~are duly taken into account~~ in political dialogues and in the implementation and delivery of relevant programs and projects in the field of drugs.

VI. Cross-cutting theme: information, research and evaluation

27. In the field of information, research and evaluation the EU Drugs Strategy 2013-2020 aims to contribute to a better understanding of all aspects of the drugs phenomenon and of the impact of interventions in order to provide sound and comprehensive evidence-base for policies and actions. Furthermore, the EU Drugs Strategy 2013-2020 aims to contribute to a better dissemination of findings of monitoring, research and evaluation at EU and national level as well as to increase synergies and avoid duplication of efforts through harmonisation of methodologies, networking and closer cooperation.

28. In the field of information, research and evaluation the following priorities are identified:
- 28.1. The EMCDDA should further enhance the knowledge infrastructure and should keep playing its key role as a facilitator, supporter and provider of information, research and evaluation on illicit drugs across the EU. The Agency should continue to provide a timely, holistic and comprehensive analysis of the European drugs situation, and collaborate with relevant other EU agencies, including the European Centre for Disease Control (ECDC) and the European Medicine Agency (EMA).
 - 28.2. Europol should continue its efforts as regards information gathering and analysis in the area of organised drug related crime. The Agency should continue the regular delivery of high-quality threat assessment reports on EU drug-related organised crime.
 - 28.3. Member States, European institutions and Agencies should enhance information and data collection on all aspects of drug supply, including on drug markets, drug related crimes and drug supply reduction, with the aim to improve analysis and informed decision making. The Commission, EMCDDA and Europol should work together to improve data collection and the development of policy relevant and scientifically sound indicators.
 - 28.4. Improve capacity to detect, assess and respond rapidly to the emergence of new psychoactive substances that pose risks to health and safety, through the strengthening of existing EU legislation, the exchange of information, knowledge and best practices, including by improving the availability and sharing of forensic information and health data and by increasing the capacity for monitoring and the risk assessment. Innovative approaches that support the protection of public health and that increase the effectiveness of enforcement in this area need to be developed.
 - 28.5. Member States should continue efforts to maintain the achievements made within the EU in terms of data collection and information exchange, while supporting the further development of EU standardized data collection and analysis in the areas of drug demand and drug supply.
 - 28.6. Ensure a sufficient number of adequate financing for drug-related research projects at EU and national level. Projects supported at EU level should take into account the priorities of the Strategy and deliver a clear European added value, avoiding duplication.
 - 28.7. Recognise the role of scientific evaluation of policies and interventions as a key element in the European approach to drugs and promote its use both at national and European level.