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Agenda and Action Plan on Drugs 2021-2025

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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN
PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL
COMMITTEE AND THE COMMITTEE OF THE REGIONS**

EU Agenda and Action Plan on Drugs 2021-2025

I. Introduction – A renewed impetus to comprehensively tackle the drug situation

In line with the new Security Union Strategy 2020-2024, the Commission intends to significantly step up EU action on tackling illicit drugs through a robust new EU Agenda on Drugs. In addition to the impact on individuals in terms of lives lost, deteriorated health and potential unrealised, damage can be seen in terms of decreased quality of life in communities affected by drug problems. When it comes to the drug market, the illicit drug market in the EU is estimated at a *minimum* retail value of EUR 30 billion per year, representing a major source of income for organised crime groups in the EU.¹ It is important to recognise the considerable economic damage attributable to drug use and more generally, the considerable indirect negative impact the drug market has through links with wider criminal activities, the disruption of the legal economy, violence in communities, damage to the environment, and by acting as a significant driver for corruption that can undermine good governance.

All available data² indicate that, overall, drug availability within Europe remains high for both natural and synthetic drugs. The European drug market is increasingly characterised by the public having access to a wide variety of high-purity and high-potency drugs that, in real terms, are usually equivalent in price or cheaper than they have been over the past decade. The use of heroin and other opioids still accounts for the largest share of drug-related harms. The Balkan route remains the key corridor for heroin entry into the EU, while the Western Balkans appear to remain an important source of origin for seized herbal cannabis. The cocaine market is the second largest illicit drug market in the EU, after cannabis. The use of containers for cocaine smuggling means that seizures of large volumes of the drug at ports are now common and the cocaine seized at the wholesale level in Europe is of high purity, often above 85%. North Africa appears to be emerging as a more significant transit point for both air and maritime shipments of cocaine and cannabis resin destined for the European and possibly other markets.

Furthermore, significant production of cannabis and synthetic drugs takes place within the EU. In terms of new psychoactive substances, even though there has been a slow-down in the number of first detections in Europe, they continue to be shipped mainly from China and India – also the main source of drug precursors predominantly used in the illicit synthetic drug production in the EU. The EU also appears to be increasingly used as a transit area for some drugs such as cocaine destined for other markets, and drugs such as high-potency synthetic opioids are increasingly traded online and dispatched by post. Lastly, in today's interconnected world, the drugs phenomenon is becoming increasingly global. This led the international community to agree to strengthen its action, reinforce cooperation and accelerate the implementation of joint commitments to address the global drugs situation as part of the 2019 Ministerial Declaration of the UN Commission on Narcotic Drugs (CND).³

¹ EMCDDA and Europol (2019). EU Drug Markets Report.

² See footnote 1.

³ UN Commission on Narcotic Drugs, Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem.

Organised crime groups, of which more than one-third are directly involved in the drug markets⁴, are also very adaptive. During the COVID-19 pandemic, the movement of bulk quantities of drugs between Member States remained largely unaffected despite the restrictions of movement.⁵ However, COVID-19 related lock-down measures had a temporary disruptive impact on the global drug market leading to some shortages of and higher prices for some drugs.⁶ Social distancing also created disruptions at the distribution level in Europe, and the unstable situation led to increased levels of violence among mid-level suppliers and distributors.⁷ In terms of the health aspects of drugs, demand for drug treatment and harm reduction services could continue to increase while continuity of care for people who use drugs has proved to be a challenge in some Member States, due to staff shortages, service disruption and closure.⁸ As the situation is changing fast, it will be equally important to identify at an early stage and develop appropriate responses to the potential medium and long term impact of the current pandemic on drug services, drug use and the operations of the drug market.

The evaluation of the EU Drugs Strategy 2013-2020⁹ and its two consecutive corresponding Action Plans¹⁰ confirmed that the drugs phenomenon and its challenges need to continue to be tackled at the national, EU, and international level. Amongst the findings, it is notable that security and health aspects stemming from illicit drug markets remain central to addressing the broader and horizontal elements of the drugs phenomenon.¹¹ We must build on the work done in the past under the EU Drugs Strategy and as reflected by the specialised EU justice and home affairs agencies, especially in terms of coordination and cooperation, active discourse and analysis, strengthened dialogue and cooperation on the international stage, and increased understanding of all aspects of the drugs phenomenon and of the impact of interventions. The EU needs a paradigm-shift in drugs policy. Therefore, this Agenda strengthens the EU approach to drugs and delivers a bold drugs policy agenda to drive concrete and ambitious change. It steps up efforts on all dimensions of drugs policy, in particular on the security side where it is more robust and provides for concrete actions to address previous shortcomings.

The EU Agenda on Drugs was developed through a consultative process with Member States and relevant stakeholders. It is informed by the mid-term assessment¹² and final evaluation of the EU Drugs Strategy 2013-2020 and its two consecutive corresponding Action Plans. It addresses the drug situation as described in the EU flagship reports on drugs of 2019 (the annual European Drug Report¹³ by the European Monitoring Centre

⁴ See footnote 1.

⁵ EMCDDA and Europol, EU Drug Markets – Impact of COVID-19, May 2020.

⁶ For more, see footnote 5.

⁷ See footnote 5.

⁸ For more, see EMCDDA (March 2020). The implications of COVID-19 for people who use drugs (PWUD) and drug service providers.

⁹ OJ C 402, 29.12.2012, p. 1.

¹⁰ OJ C 351, 30.11.2013, p. 1 and OJ C 215, 05.07.2017, p. 21.

¹¹ For the findings of the evaluation, see the Commission Staff Working Document: Evaluation of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020, July 2020, SWD(2020) 150.

¹² COM(2017) 195.

¹³ [http://www.emcdda.europa.eu/publications-database?f\[0\]=field_series_type:404](http://www.emcdda.europa.eu/publications-database?f[0]=field_series_type:404)

for Drugs and Drug Addiction (EMCDDA) and the EU Drug Markets Report¹⁴ by the EMCDDA and Europol) and the UNODC's World Drugs Report¹⁵. The data referenced throughout the EU Agenda on Drugs is sourced from these reports. It also takes into account the European Guide on health and social responses to drug problems¹⁶ where the technical evidence on what constitutes effective responses to drug use are reviewed.

II. Aims and guiding principles of EU drugs policy

Against the background of a serious situation in drug trafficking and in the use of illicit drugs in Europe, the EU Agenda on Drugs takes an evidence-based, integrated, balanced and multidisciplinary approach to the drugs phenomenon at national, EU and international level.

The aim of the EU Agenda on Drugs is to protect citizens through better coordinated measures that will: (i) have a substantive and measurable impact on the security and health issues arising from drug use and the operations of the drug market; and, (ii) address both the direct and indirect consequences arising from this problem including links to violence and other forms of serious crime, related health and societal problems, environmental damage, while raising public and policy awareness on these issues.

The EU Agenda on Drugs is based on the following guiding principles:

a. *The founding values of the European Union and fundamental principles of EU law:* respect for human dignity, liberty, democracy, equality, solidarity, the rule of law, security and human rights.

b. *Multidisciplinary approach:* to implement the EU Agenda on Drugs, all partners at national level¹⁷, EU institutions, bodies and agencies (in particular, the continued central role played by the EMCDDA and Europol)¹⁸, as well as industry and civil society organisations need to further and better cooperate.

c. *Integration into EU's external action:* the approach and objectives of the EU Agenda on Drugs should be pursued in a coordinated and integrated manner with the EU's external action. As the threats and security challenges evolve, internal and external security are increasingly interconnected. Protecting EU citizens from drug-related

¹⁴ <http://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019>

¹⁵ UNODC, World Drug Report 2020.

¹⁶ Health and social responses to drug problems: a European guide, EMCDDA. http://www.emcdda.europa.eu/responses-guide_en

¹⁷ Such as law enforcement, customs including customs laboratories, border control, judiciary, prisons and correctional facilities, civil aviation and maritime authorities, postal services, stakeholders involved in research and innovation, social and drug treatment services including healthcare professionals, education and prevention sectors.

¹⁸ Other EU agencies and bodies involved in drug issues are e.g., European Border and Coast Guard Agency – Frontex, Maritime Analysis and Operations Centre – Narcotics (MAOC-N), European Union Agency for Criminal Justice Cooperation - Eurojust, and European Union Agency for Law Enforcement Training – CEPOL, the European Union Agency for Fundamental Rights – FRA, European Medicines Agency - EMA, European Centre for Disease Prevention and Control – ECDC.

challenges therefore requires coherence and close cooperation, where appropriate, between the objectives of the EU Agenda on Drugs and the EU's external action. The EU's external action in the field of drugs should be based on the complementary and mutually reinforcing principles of shared responsibility, multilateralism and coordinated global responses.¹⁹

d. Science led, evidence-based responses and fostering innovation: efforts are needed in research to identify priorities, achieve synergies and coordination and disseminate findings effectively. Efforts should be intensified to develop, adopt and use new technologies to better monitor, analyse and respond to trends and threats in the illegal drug markets and to increase preparedness to respond to rapid changes.

The EU Agenda on Drugs provides the political and strategic framework to effectively and comprehensively address drug-related security and public health challenges through the deployment of all relevant instruments at local, national, EU and international level. It should also enable the EU to speak with one voice when promoting the evidence-based, integrated, balanced and multidisciplinary approach of the EU Agenda on Drugs. This is of particular relevance when seeking to strengthen dialogue and cooperation with third countries, regions and international organisations, as well as in multilateral fora.

The EU Agenda on Drugs sets out eight strategic priorities of EU drugs policy for the five years to come, under three main strands. Firstly, the EU Agenda on Drugs provides a comprehensive set of enhanced security measures focused on all aspects of illicit trafficking of drugs from organised crime groups to external border management, and illicit distribution and production in the EU. Secondly, prevention and awareness raising of the adverse effects of drugs is addressed, including their link to violent and other forms of criminality. Thirdly, addressing drug-related harms is of equal importance. We must ensure that those in need of help have access to effective treatment and that a robust risk and harm reduction framework is in place to reduce the negative consequences of drug use to both people who use drugs and their families and communities. Within the new EU Agenda on Drugs, specific recognition is given to supporting a balanced and comprehensive approach to addressing the issue of drug use in the prison setting; in an area that, due to its specific context, requires a strategic, structured and coordinated approach.

The EU Agenda on Drugs is accompanied by an Action Plan on Drugs in **Annex 1**, covering concrete operational steps and activities, which aim to facilitate the implementation of the eight strategic priorities.

III. Strategic priorities

A) ENHANCED SECURITY - DISRUPTING THE DRUG MARKETS

1. Disrupt and dismantle major high-risk drug-related organised crime groups operating in, originating in or targeting the EU Member States and address links with other security threats

¹⁹ The EU also reiterates its long-standing commitment to the approach outlined in the 2016 Outcome Document of the Special Session of the UN General Assembly on the World Drug Problem <https://undocs.org/A/RES/S-30/1>.

Drug markets are cross-border in nature and the identified drug-related organised crime groups often have a poly-criminal nature. In the EU, more than one third of these are directly involved in the drug markets, of which approximately two thirds have links with wider criminal activities including corruption²⁰ and money laundering, which enable their activities. Illicit drug trafficking also has links to other serious criminal areas, for example, trafficking in human beings,²¹ migrant smuggling and trafficking of firearms, as well as the trade in falsified, counterfeit, substandard and unauthorised medicines. Possible links with terrorist financing/terrorism have been identified in a limited number of cases.

Therefore, large scale operations in terms of volume of drugs or profits, as well as those that are smaller scale but particularly harmful due to the potency of drugs they operate in, such as synthetic opioids, should be a priority target at EU level. This should be prioritised in synergy with the EU policy cycle for organised and serious international crime (EMPACT)²² that identifies, prioritises and addresses threats on a commodity-based approach. Furthermore, both top-level and established mid-level targets important for sustaining the operational continuity of organised crime groups should be a priority in order to disrupt their command structure. All actors in the chain experienced enough to provide continuity of criminal operations should be targeted.

Secondly, focus should be given to following, freezing and confiscating the huge criminal profits from drug trafficking and related offences in order to take away the capacity of organised crime groups to engage in future crimes and to infiltrate the legal economy. To effectively fight drug trafficking, we must ensure that illegal profits do not go back into the drug supply chain and do not enable criminal behaviours such as corruption and violence, or other forms of serious and organised crime, such as trafficking in human beings or even terrorism. Furthermore, measures to limit the criminal use of instruments that enable the drug trade, such as equipment in drug laboratories for the purposes of drug production, firearms, falsified documents, and encryption technology should also be considered. Finally, the use of seized and confiscated instrumentalities and the proceeds from the offences related to drugs could be used in support of drug supply and drug demand reduction measures.

Thirdly, existing collaboration should be enhanced and structured cooperation sought with drug source and transit countries, regions, and relevant regional organisations including through further targeted support and cooperation programmes that systematically involve relevant EU agencies, especially Europol and EMCDDA, as regards drug-related crime prevention and law enforcement cooperation, as well as through addressing links with other forms of organised crime. It is important to reinforce Europol and EMCDDA with the relevant resources needed to be able to support Member States drug related operational actions. In this context, EMPACT operational actions will

²⁰ Corruption in the framework of the drugs business has a double significance. Organised crime groups use corruption as a means to facilitate drugs smuggling and the huge revenues derived from the illicit drugs fuels the overall corruption capacity of organised groups in the legal economy.

²¹ Drugs and trafficking in human beings may be interlinked in three broad, sometimes overlapping, ways: when drug trafficking and trafficking in human beings are conducted by the same organised crime groups; when trafficked individuals are coerced into playing a role in the drug trade; when drugs play a part in the human-trafficking process, facilitating and maintaining the exploitation of vulnerable individuals. See COM(2018) 777; Implementation of the Eurojust Action Plan against Trafficking in Human Beings 2012-2016 Final evaluation report, Eurojust 2017.

²² <https://www.europol.europa.eu/empact>.

also need to be strengthened. Beyond promoting and supporting international law enforcement and drug observatories' cooperation, measures under this priority will continuously seek to address root causes and main drivers of organised crime and enhance the resilience of local communities.

Priority areas to address:

1.1. Targeting high-risk organised crime groups active across the EU and cross-border drug markets, and disrupting criminal business models especially those that foster collaboration between different organised crime groups.

1.2. Proceeds and instrumentalities of organised crime groups involved in the drug markets, and social reuse of confiscated assets.

1.3. International cooperation with third countries or regions and involvement of relevant EU agencies.

2. Increase detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit

The drug markets in the EU need to be viewed from both global and regional perspectives.²³ There are specific challenges associated with different regions that make certain points of entry by sea, land or air into and out of the EU a high priority in terms of illicit wholesale trafficking of drugs and of precursors, which include new and not controlled or monitored precursor chemicals. Particular attention should be paid to 'designer-precursors'²⁴ as these chemicals are currently predominantly used in the illicit synthetic drug production in the EU and pose particular challenges for the law enforcement authorities. The entry and exit points (hubs) used for drug trafficking in containers or cargo may cause disruptions of EU trade, fuel corruption and undermine good governance. Furthermore, the EU's external borders (maritime, land and air) have inherent vulnerabilities that can be exploited in the context of the drug trade. In particular, the maritime and aviation domains surrounding the EU's borders are strategically important for monitoring in terms of abuse by drug traffickers. More than 70% of the EU external borders are maritime.

Hence, major known ports, airports and land entry and exit points in the EU used as hubs for wholesale drug trafficking should be put on a high priority list for actions targeting drug trafficking. Measures should include enhanced customs risk analysis of containers and cargo, profiling, intelligence sharing and effective cooperation across and between relevant EU agencies and law enforcement, customs and border control of Member States and relevant agencies of partner countries. Improved exchange of information and closer cooperation between custom and police authorities has been identified as critical in the fight against drug smuggling. Attention should also be paid to further developing and

²³ Developments in drug production in Latin America and Afghanistan have a clear impact on the EU drug market. China (and to a lesser extent India) is important as a source country for drug precursors and new psychoactive substances. In some neighbouring countries, such as Morocco, Turkey and the Western Balkans, there are organised crime groups that are closely linked to ethnically-based groups residing in the EU, which is changing the dynamics of drug supply. Africa is important because of its growing role as a trafficking and transit area. See footnote 1.

²⁴ Designer-precursors are close chemical relatives of a scheduled drug precursor that are purpose-made to circumvent controls by the authorities.

extending anti-corruption measures in relation to these hubs and to detecting any displacement effects resulting from effective interventions.

Secondly, it is important to monitor maritime, land and air borders for illicit crossings in the context of the drug trade. Within this scope, situational awareness activities of all EU external borders should be reinforced including within Frontex in cooperation with Member States. Priority should be given to air and maritime borders due to inherent vulnerabilities, limited monitoring, as well as strategic importance of the general aviation²⁵ space, as well as the Atlantic Ocean and the Mediterranean Sea. During the COVID-19 pandemic, maritime shipping continued relatively unimpeded and trafficking opportunities remained available to organised crime groups involved in the wholesale transportation of drugs to Europe.²⁶ Activities such as those conducted by the Maritime Analysis and Operation Centre - Narcotics (MAOC-N) should be strengthened and expanded; e.g. monitoring of vessels and aircrafts of interest carrying illicit drugs at high seas and air space surrounding the known abused EU maritime borders and airspace with the goal to intercept them before or when they reach their first EU port of entry. In this context, the general aviation space also poses a risk to the EU's security and is increasingly abused by drug traffickers, while remaining under-monitored. International cooperation in the area of maritime and air traffic will remain key to improved intelligence and real-time action capability of Member States and EU agencies tasked with border security.

Priority areas to address:

2.1. Smuggling of drugs in and out of the EU by using established trade channels (legal channels).
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2.2. Illicit or undeclared crossing of the EU borders.
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3. Increase effective monitoring of logistical and digital channels exploited for medium and small-volume drug distribution and increase seizures of illicit substances smuggled through these channels in close cooperation with the private sector

The drug market is increasingly digitally enabled. Both the surface web and darknet markets are used for online drug sales, as are social media and mobile communication apps. The use of these technologies has made the distribution of drugs, new psychoactive substances, precursors and equipment needed for drug production significantly easier and created new challenges for law enforcement and public health. The trafficking of drugs using post and express services affects all Member States, and a number of countries are seeing considerable increases in letters and parcels containing drugs.²⁷ The specific routing of postal items can vary widely, including direct routes from source to destination or via EU transit hubs and non-EU locations. These postal items can either originate from within the EU or across the EU external borders.

²⁵ Aviation includes scheduled air transport, including passenger and cargo flights operating on regularly scheduled routes, and general aviation, which includes all other commercial and private civil flights.

²⁶ See footnote 5.

²⁷ For more, see footnote 1.

Consequently, there is a need for an improved and coordinated monitoring and analysis of the threats posed by the accessibility of drugs via social media platforms, apps, internet/darknet market places²⁸, as well as the use of online payments (including cryptocurrencies) and encrypted digital communication. In this context, engagement with the private sector should be enhanced.

Secondly, stricter monitoring of shipments containing illicit substances is needed in close cooperation with postal and express services. The role of new technologies and artificial intelligence can be examined in improving controls and procedures including risk assessment of postal items²⁹, with the possibility of fully implementing advanced electronic data on all items that come from key source countries (international and EU).

Thirdly, cross-border rail transport connections and fluvial channels and the general aviation space can be exploited as possible drug trafficking channels and are currently insufficiently monitored by law enforcement. More awareness is needed to reinforce monitoring and targeted risk-based investigations of smaller sea harbours and fluvial ports, small/local airfields, and train stations.

Priority areas to address:
3.1. Digitally enabled drug markets.
3.2. Postal and express services.
3.3. Cross-EU rail and fluvial channels and the general aviation space.

4. Dismantle drug production and processing, prevent the diversion and trafficking of drug precursors for illicit drug production, and eradicate illegal cultivation

Drug production results in health and safety risks as well as environmental damage. Preventing the production of drugs in Europe and in partner countries will contribute significantly to reducing the supply and availability of drugs on the domestic EU market and for export. The role of the EU as a significant production area for synthetic drugs and cannabis also results in damage to the environment through the dumping of chemical waste and creating risks both to those involved and to the communities where production is located. Tonnes of chemical waste created during synthetic drug production are disposed of in illegal dumping sites every year. For example, it is estimated that producing 1 kg of amphetamine creates between 20 and 30 kg of waste.³⁰ The production of some precursors from alternative chemicals also produces a significant amount of waste, even before the synthetic drug production process takes place.

That being so, further efforts of law enforcement authorities are needed to detect and dismantle illicit synthetic drug laboratories as well as stop exports of drugs produced in

²⁸ For example, it is estimated that about two thirds of the offers on darknet markets are drug-related, with the remainder related to a range of other illicit goods and services. More on digitally enabled drug markets see footnote 1.

²⁹ Postal item: an item addressed in the final form in which it is to be carried by a postal service provider. In addition to items of correspondence, such items also include for instance books, catalogues, newspapers, periodicals and postal parcels containing merchandise with or without commercial value.

³⁰ See footnote 1, p. 162-3.

the EU. As regards environmental damages, it is crucial to address the environmental impacts, hazards to health and costs associated with the chemical waste generated by synthetic drug production, as recognized also in EMPACT. The extent of the overall damage to the environment is recognized as high, but requires further investment in monitoring and research to better understand the growing challenges in this area.³¹ Finally, issues related to the diversion of drug precursors and the development of designer-precursors need to be addressed at the European level.

Secondly, an increasing number of cannabis cultivation sites are detected and dismantled within the EU or in its close neighbourhood.³² Measures should be enhanced by law enforcement authorities to better tackle cultivation of illicit drugs. In addition, cultivation of illicit drugs in third countries with possible implications for the EU, in particular opium poppies for heroin production and coca plants for cocaine production, should also be addressed by further commitment to alternative development measures: tackling root causes of illicit drug economies through an integrated approach combining efforts on rural development, poverty alleviation, socio-economic development, the promotion of access to land and land rights, environmental protection and climate change, the promotion of the rule of law, security and good governance in full compliance with international human rights obligations and a commitment to gender equality. Potential new threats, such as the production of methamphetamine based on the extraction of ephedrine and pseudoephedrine from plants grown in traditional opium producing regions and the introduction of new, modified or more potent strains of established plant based drugs, like cannabis and coca, also need to be monitored and their possible implications for the EU assessed.

Priority areas to address:
4.1. Production of synthetic drugs and environmental damage.
4.2. Cultivation in and outside the EU.

B) PREVENTION AND AWARENESS RAISING

5. Prevent the uptake of drugs, enhance crime prevention, and raise awareness of the adverse effects of drugs on citizens and communities

Demand for drugs has been on the rise. The illegal nature of the drug market means that those who use drugs may be exposed to a wide range of harms, which can also extend to their families and communities. Comprehensive prevention and awareness raising programmes are therefore crucial. Many programmes are already available, dedicated to early detection and intervention, promotion of healthy lifestyles and prevention, including programmes financed by different EU funds.³³ However, further strategies are needed that build resilience among the general population as well as targeting those who

³¹ In line with the Directive 2008/99/EC of the European Parliament and of the Council of 19 November 2008 on the protection of the environment through criminal law.

³² For more, see footnote 1.

³³ For a detailed overview of drug-related intervention programmes, see the EMCDDA's evidence database on drug-related interventions, including prevention measures, which is part of the Best practice portal; <https://www.emcdda.europa.eu/best-practice/evidence-summaries>.

are most vulnerable. Despite the programmes already in place, such strategies are lacking in some areas or include measures that do not have a robust evidence base for their effectiveness. Violence stemming from the drug trade, including homicide, contributes to feelings of insecurity within communities, as does the operation of open drug markets. Data on drug-related homicides seems to suggest that it is a significant phenomenon in several countries across the EU.³⁴ Due to the changing business model employed by organised crime groups, there is now a growing threat that the European drug market is becoming a driver for increasing violence in our communities and corrupt practices within the EU. The COVID-19 lockdown measures could increase this trend with more rivalry between drug related gangs.

Accordingly, evidence-based measures for prevention and support of groups at risk of experimenting with drugs and developing a pattern of drug use should be prioritized based on scientific understanding of both those who are most at risk and approaches that have been shown to be effective. An important target group for prevention activities will be schools and young people. However, special attention is also needed for those groups that have been identified as particularly vulnerable, which includes children, and young people living in families where parents have a history of substance misuse disorders, those with mental health disorders, those affected by the different forms of chronic pain/fatigue syndromes, the homeless, migrants and unaccompanied minors, and young people in the criminal justice system. The needs of women who are vulnerable to drug problems also need consideration.

Secondly, it is important to recognise the impact of drug-related crime and counter the threats of these crimes such as violence and intimidation, as well as corruption and their associated negative effect on the legal economy. There is also a need to combat the exploitation of vulnerable groups and those with drug problems by organised crime groups. Combating and preventing these threats is a significant challenge that requires concerted actions at the EU level and across a number of sectors.

Thirdly, targeted awareness raising including promoting healthy lifestyle choices among young people, children, and vulnerable groups is important for increasing the resilience of the population to drug problems. The aims of raising awareness could include increasing the general education related to the effects of drugs and addiction in general. The stigmatisation linked to drug use could also be addressed, especially as this stigma may have detrimental influence on mental and physical health of drug users and could also act as a barrier to seeking treatment. Effective awareness raising related to drugs should be child-friendly, so that children better understand the dangers and long-term consequences of substance abuse, take full advantage of new and innovative digital communication channels as well as being appropriate to the local social context and needs of the target population groups and be informed by scientific evidence and evaluations.

Priority areas to address:
5.1. Preventive measures for reducing drug exposure and enhancing the protection and resilience of those groups most vulnerable to developing long-term problems/addiction.
5.2. Drug related crime prevention with particular focus on the need to prevent violence

³⁴ For more, see footnote 1.

and limit corruption.

5.3. Increasing resilience and reducing stigma.

C) ADDRESSING DRUG-RELATED HARMS

6. Enhance access to treatment options that meet the range of health and rehabilitation needs of people who experience harm from substance use

Problem substance use is a chronic and often recurring condition that can cause substantial harm not only to the person concerned but also to their family and the wider community. Among people who use drugs, poly-drug consumption is common, which can both increase health risks and complicate the delivery of effective interventions. Among those whose drug use has progressed to dependence, mental health issues and physical comorbidities are common and many will experience problems with maintaining regular employment or secure housing. In many countries however, the availability of drug treatment is still too limited and barriers exist that inhibit treatment uptake.³⁵ It is also important to recognise that drug treatment has to work with other health and social support services. Comprehensive and integrated services are required that recognise substance use as a health care issue and that also draw input from a range of other health and social support services, such as those addressing housing, employment or educational needs. This will be increasingly important due to the social and economic impact of the COVID-19 pandemic.

For these reasons, the barriers to accessing treatment needs to be addressed by ensuring that healthcare and social services are both sufficiently available and appropriate to the needs of their client groups. Barriers to access should be reduced in respect to the key characteristics of the target group, such as demographic factors (e.g. age, gender, education, cultural background), situational factors (e.g. poverty, family circumstances, social circle, migration), and personal factors (e.g. physical and mental health, psychological wellbeing). Counselling and treatment addressing the specific needs of children should also be considered.

Secondly, measures need to be taken to better identify and address the barriers that women³⁶ face in engaging with and sustaining involvement with treatment and rehabilitation services. These include domestic violence, trauma, stigma, physical and mental health issues, and pregnancy and childcare issues, which may be aggravated by the above demographic, situational and personal factors. Effective service delivery should be sensitive to the specific needs and life experiences of women with drug problems, recognise that patterns of drug use and problems may differ from men, including a possible greater incidence of problems associated with the use of prescription medicines. Consideration is also needed for women-only service options or other forms of specialist provisions, such as close working partnerships with care providers and services working with vulnerable women, or domestic violence victims.

³⁵ This is recognised internationally with strengthening prevention and treatment for substance abuse included as a target (3.5) in the United Nations Sustainable Development Goals.

³⁶ In line with the Commission Communication COM(2020) 152 of 5.3.2020 A Union of Equality: Gender Equality Strategy 2020-2025.

Thirdly, the diversity evident among drug users should be recognised and steps taken in providing services that can address this diversity and reflect the needs of different groups in relation to problem drug use. Specific groups with more complex needs include: the ageing segment of the population that are long-term substance users, people with comorbid mental health and substance use problems, homeless people and vulnerable women. Effective engagement with these groups requires models of care that recognise the need for cross-services partnerships between health and social care providers, and patients/carers groups.

Priority areas to address:

6.1. Access to and coverage of treatment and rehabilitation services based on individual needs.

6.2. Treatment addressing specific needs of women.
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6.3. Models of care that are appropriate for groups with more complex needs.
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7. Increase the efficiency of risk and harm reduction interventions to protect the health of drug users and the public

Protecting people who use drugs and the public from the harms associated with drug use requires a framework of intervention across different areas of potential harm and risk that can help attain better health and social outcomes over time. Important potential targets for interventions in this area include measures to reduce the risk of HIV/AIDS or viral hepatitis infections among people who inject drugs, overdose prevention, and approaches that encourage people who use drugs to adopt lower risk behaviours and to promote health and safety objectives. The long term effects of drug use on young, still developing brains such as teenagers, is also an important issue. Measures to limit the risk of road accidents among people who drive under the influence of drugs, or under the influence of combined drugs and alcohol, should be strengthened. A harm reduction framework should prioritise offering alternatives to coercive measures that can help reduce levels of substance use, and might reduce repeat offending rates and relieve financial and administrative burden and social costs.

In response, harm reduction initiatives need to be expanded. Needle and syringe programmes, opioid substitution treatment, consumption rooms, and other innovative harm reduction measures with evidence for effectiveness, and accessible hepatitis C virus (HCV) testing can be effective interventions that prevent blood-borne infections among people who inject drugs. These are key interventions aimed at ending the HIV/AIDS epidemic and eliminating viral hepatitis as a public health threat among people who inject drugs, since they prevent new infections and also provide an opportunity to reach out to high-risk populations for testing and linking them to care.

Secondly, misuse of prescribed controlled medications can affect people from all walks of life, from different backgrounds and communities. The diversion of substitution drugs for the treatment of opioid dependence, from their intended use in drug treatment to non-medical use and sale on illicit drug markets is a particular cause for concern. But concerns also exist about the potential for other psychoactive medicines, especially those used for pain relief, to be misused. It is also a concern that medicinal substances have

been sometimes illicitly manufactured or obtained from online sources outside of the EU. The use of diverted substances has been associated with fatal and non-fatal overdose and an increased incidence of dependence, often of opioid dependence. At the same time, however, it is important that approaches in this area ensure that medicines and other controlled substances are available for appropriate therapeutic and scientific purposes.

Thirdly, the cooperation with third countries, regions and relevant regional organisations should also address health-related aspects of the drug issue, in particular the impact of demand and supply reduction interventions on drug users and the public. Treatment, harm reduction and alternatives to coercive sanctions should be standing items on the agenda of dedicated dialogues on drugs with third countries or regions, where such measures are not yet in place.

Fourth, driving whilst under the influence of drugs is a road safety problem as it impairs the ability to drive and increases the risk of accidents. Further efforts are needed to improve the testing of drivers under the influence of drugs. In addition, awareness-raising is required to highlight the risks of driving whilst impaired by drugs. This area requires further research and development to identify and evaluate effective policy and operational responses, including the development of testing methods and cheaper tools for drug detection.

Fifth, although all Member States employ at least one measure considered alternative to coercive sanctions³⁷, there is a need to step up efforts and mainstream the implementation of effective alternatives to coercive sanctions for drug-using offenders. More comprehensive and in-depth data is needed in this area.

Sixth, overdose and other forms of avoidable mortality associated with drug use is the ultimate harm of drug use.³⁸ Intervening effectively to reduce drug overdoses remains a clear gap in current responses, with the number of fatal drug overdoses remaining high in many countries and even increasing in some. Despite some potentially important advances made recently, for example, the wider use of opioid antagonists like naloxone, ensuring its availability and promoting appropriate use in responding to or intervening in drug overdoses remains imperative. Furthermore, there are challenges with comprehensive data on overdose deaths across the EU for reasons that include systematic under-reporting, lack of toxicological capacity, and registration processes that result in reporting delays.

Priority areas to address:
7.1. Drug related infectious diseases.
7.2. Misuse of medicines and access to controlled substances exclusively for medical and scientific purposes and their possible diversion.
7.3. International cooperation in view of protecting the health of drug users.

³⁷ Alternatives to coercive measures are defined as measures that have some rehabilitative element or that constitute a non-intervention (for example, deciding not to charge or prosecute), as well as those used instead of prison or other punishment (for example, a suspended sentence with drug treatment). See the Council conclusions of March 2018 on alternatives to coercive sanctions, document 6931/18.

³⁸ In 2017, in the EU, there were at least 8,238 overdose deaths involving one or more illicit drugs. See EMCDDA (2019). European Drug Report, p. 79.

- 7.4. Drug impaired driving.
- 7.5. Alternatives to coercive sanctions.
- 7.6. Overdose and drug-related deaths.

8. Develop a balanced and comprehensive approach to the use of drugs in prisons (reduce demand and restrict supply)

Drug users form a large part of the overall prison population. A majority of prisoners have used illicit drugs at some point in their life, and many have chronic and problematic drug use patterns. Although some individuals do stop or reduce their use of drugs when they are sent to prison, others initiate drug use or engage in more damaging behaviours whilst they are incarcerated. In addition to high levels of drug problems, prisoners also experience poorer health than the general population, with higher prevalence of blood-borne infections as well as high rates of mental illness. For opioid users, the risk of dying from drug overdose greatly increases in the period after release from prison, due to high rates of relapse and lower opioid tolerance. The wide ranging channels that supply drugs into prisons and those involved in sustaining these channels should be identified and disrupted.

Therefore, continuity of treatment, rehabilitation and recovery for drug using offenders needs to be provided in and after they leave prison as well as, finally, their social reintegration supported. Developing a continuum of care model appropriate for each Member State and prison setting and probationary service could be essential to allow prisoners to access the range of support they need to achieve their personal recovery goals while in prison, reduce risks and promote continuing engagement with treatment and rehabilitation services after serving their sentence.

Secondly, disrupting the channels that supply drugs (and other illegal objects) into prisons, and identifying the persons participating in those channels should be a priority. In this context, working with law enforcement, sharing information, tackling corruption, using intelligence and drug testing could form the base of effective intervention.

Priority areas to address:

- 8.1. Continuity of care in prison and probationary services.
- 8.2. Restrict the supply of drugs in prisons.

IV. Governance, implementation and monitoring of the EU Agenda on Drugs

The EU Agenda on Drugs is accompanied by an Action Plan on Drugs covering the same period in order to translate the Strategic Priorities of this Agenda into concrete operational steps and activities. The Action Plan on Drugs brings together both internal and external aspects needed to implement the objectives of the EU Agenda on Drugs. With a view to improving security and health in the context of the drugs phenomenon, the actions foreseen in the Action Plan on Drugs should also contribute to the

implementation of the Security Union Strategy, and applicable goals of the 2030 Agenda for Sustainable Development.

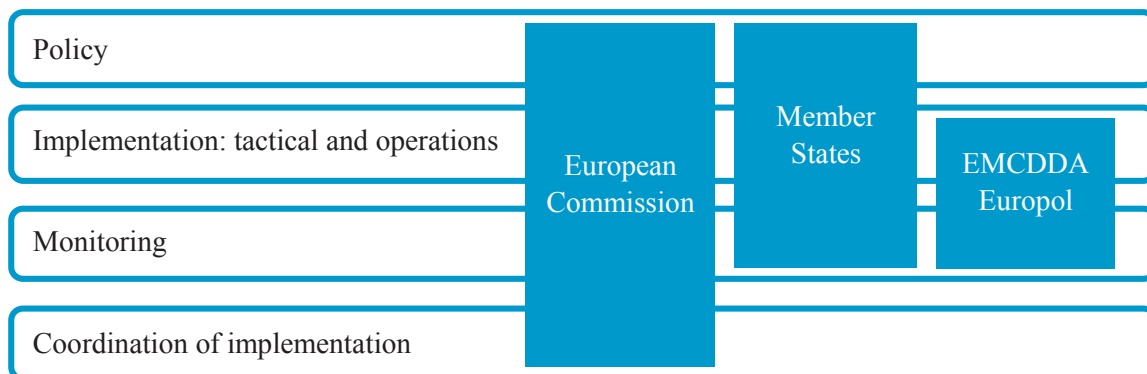
Figure 1 shows the main actors involved in drugs policy – setting up and contributing to the setting up of policy priorities in the EU Agenda on Drugs; implementation: tactical and operations – concerning the implementation of the actions prioritized in the Action Plan on Drugs; monitoring – supporting in tacking stock of the progress achieved; and, coordination of implementation.

Stronger coordination is required within and among EU institutions, bodies and relevant EU agencies, Member States and civil society. Additionally, in order to pursue the approach and objectives of the EU Agenda on Drugs, enhanced international cooperation is needed between the EU, third countries and regions, and international organisations and bodies, as well as at multilateral level.³⁹ The European External Action Service (EEAS) has a key role in supporting these efforts, including through EU Delegations and Common Foreign and Security Policy (CSFP) instruments such as Common Security and Defence Policy (CSDP) missions and operations and the network of counterterrorism/security experts.

In addition, engagement with the EU Civil Society Forum on Drugs in implementation, evaluation and providing input to the development of drug policies at EU and international level should be ensured.

Before the term of the EU Agenda on Drugs comes to an end in 2025, the European Commission will conduct an independent evaluation of the EU Agenda and Action Plan on Drugs taking into account input from all actors involved in the governance as well as other relevant stakeholders, and with a view to the future development of EU drugs policy.

Figure 1: Four layers of governance



Resources should be directed proportionally towards those strategic priorities, areas and interventions that are most likely to lead to fulfilling the objectives of the EU Agenda on Drugs at EU, national and local levels. The need for a way of measuring the overall effectiveness of the response to the drug problem is therefore important. Funding in support of the priorities set in this Agenda should be allocated from cross-sectoral EU

³⁹ The attribution of actions to the Member States in the Action Plan on Drugs is without prejudice to the division of competences as provided for in the Treaties, in particular as regards external action concerning drugs policy.

funding sources, including notably the Internal Security Fund, the EU4Health programme, the European Social Fund+, the Justice programme, the security research part of Horizon Europe, Cohesion Policy Funds, the Digital Europe programme and the Rights and Values programme.

Monitoring of the progress in implementing the EU Agenda and Action Plan on Drugs will be supported by a coordinated system of monitoring, evaluation and research. The level of progress achieved in delivering on the strategic priorities and related actions as outlined in the Action Plan on Drugs, will be determined using performance indicators linked to each strategic priority.⁴⁰ The European Commission, with the support of the EMCDDA, and other EU agencies and EU bodies, as relevant, will monitor and coordinate the implementation of the EU Agenda on Drugs.

V. Conclusion

The Commission is placing EU responses to organised crime and drugs problems at the centre of the EU policy agenda, steering a new strategic approach on drugs. Working together will be paramount. It will require ever stronger cooperation among all actors, as well as among authorities at local, national and EU level. We will continue to join forces with global partners. At EU level, the Commission will give a new impetus to the role of the EMCDDA to ensure that the Agency plays a stronger part across all drugs policy priorities. The Commission calls on the Council and the European Parliament to endorse the EU Agenda and Action Plan on Drugs, and support and harness the full potential of each strategic priority set forth. This is a joint effort, for the benefit of all citizens.

⁴⁰ See Annex 2.