



European Monitoring Centre
for Drugs and Drug Addiction

The EU's Drugs Strategy 2005-2012 and action plan 2009-2012

Current national drug strategies

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Outline

- Purpose, main areas, cross-cutting themes of EU drugs strategy 2005 -2012
- Some key elements of the EU Drugs Action Plan 2009 - 2012
- A quick review of some current features of national drug strategies in Europe

European Union Drug Policy

- 70's and 80's exclusively national efforts
- 90's: developing a common response
 - 1990 1st European Plan against drugs
 - 1993 Maastricht Treaty, creation of EMCDDA, creation of Europol (1994)
 - 1995 EU plan against drugs 1995 - 1999
- 2000's Consolidation EU framework
 - EU Drugs Strategy (2000 - 2004) and its Action Plan
 - EU Drugs Strategy 2005 – 2012 and Action Plans (2005-08; 2009-12)
- 2010's Discussion is still open



EU drugs strategy: status and purpose

- Drug Policy is primarily a competence of EU Member States
- EU Drugs Strategy complements (principle of subsidiarity) and guides national drug policies
- EU drugs strategy/action plans: soft coordination instruments (as in some Member States), commitment to do things together

The EU drug strategy's policy statement

« (..) Member States subscribe to the same set of basic principles: that there should be a balanced approach to reducing the supply and demand for drugs, which (..) 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 »

Introduction to the 2009-2012 EU drugs action plan

EU Drugs Strategy 2005-2012: Aims

- **Contribute to the attainment of a high level of health protection, wellbeing and social cohesion;**
- **To ensure high level of security for the general public;**

Other EU drug policy principles:
drug policy should be

comprehensive

multidisciplinary

integrated

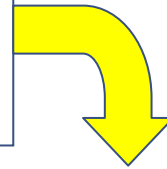
coordinated

monitored and evaluated

Planning concepts

DRUG STRATEGY:

Aims and objectives regarding common themes



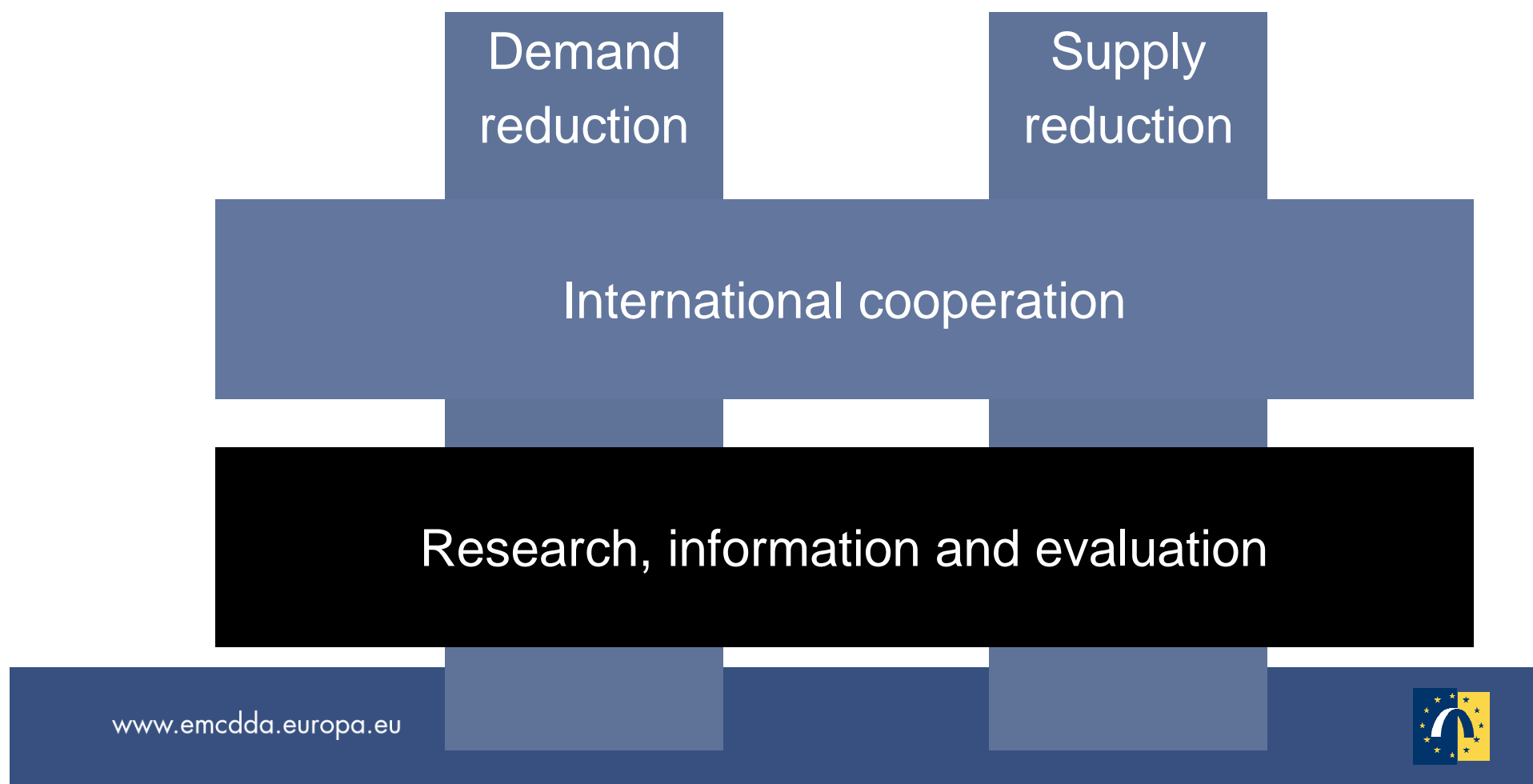
DRUG ACTION PLANS:

List of specific actions, responsibilities, deadlines, indicators of progress



ACTIONS

EU Drug Strategy (2005-2012) – structure



EU Drug Strategy (2005-2012) – structure

Demand reduction

To reduce the use of drugs
and dependence and to
reduce negative drug-related
health and social
consequences

Prevent people from starting to use
drugs;

Prevent experimental users to
become regular users;

Intervene early among those at risk;

Reduce drug-related health and social
damage;

Provide evidence-based treatment;

Provide rehabilitation and social
reintegration.

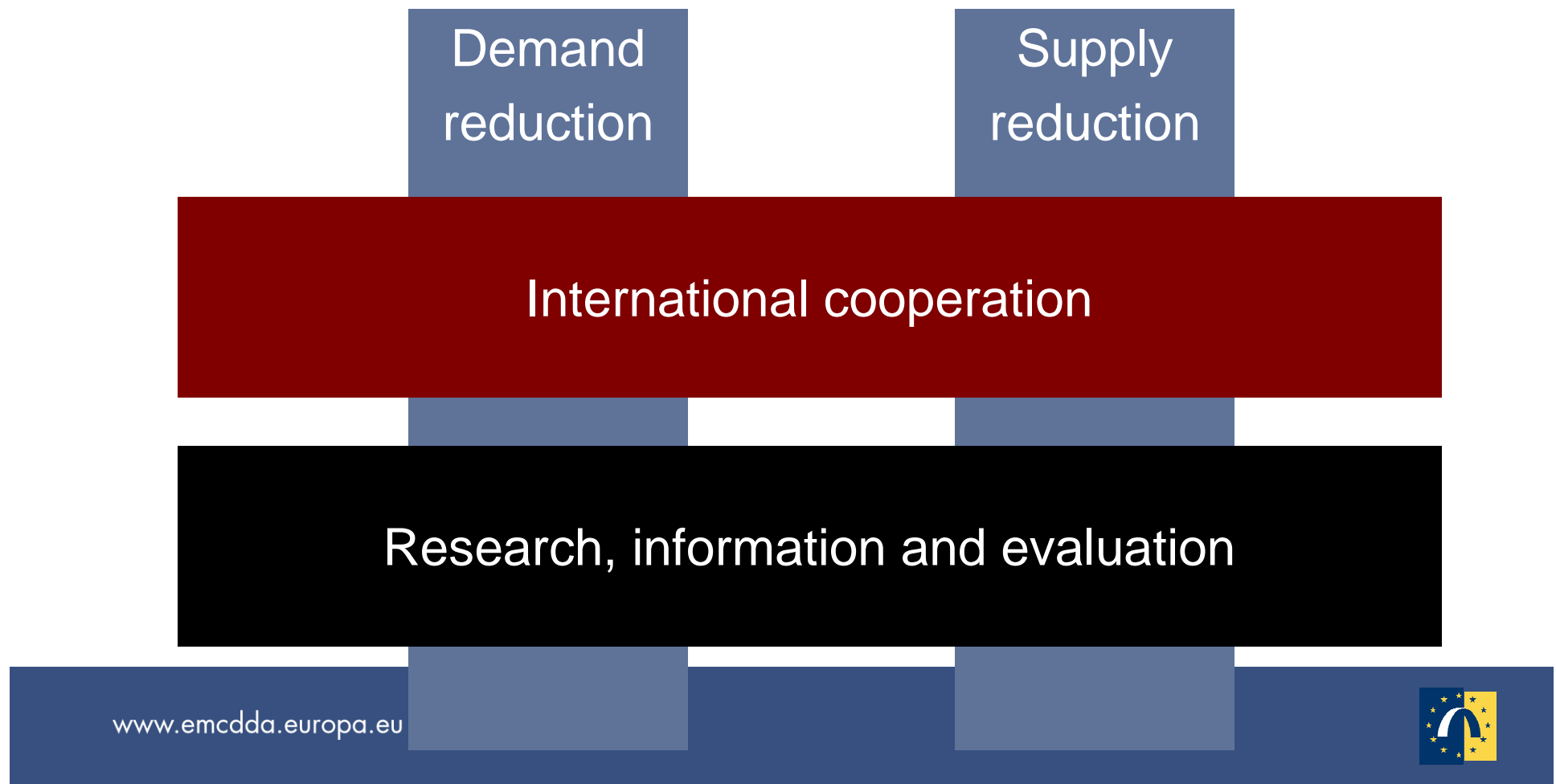
EU Drug Strategy (2005-2012) – structure -

Law enforcement cooperation at EU level;
Cooperation between Member States;
Prevention and punishment of drug production, drug trafficking;
Prevention of diversion of precursor substances;
Joint approaches towards drug-related crime and towards non-EU producing & transit countries.

Supply
reduction

Improve the
effectiveness, efficiency
and knowledge base of
law enforcement
interventions and
actions

EU Drug Strategy (2005-2012) – structure



EU Drug Strategy (2005-2012) – structure

International cooperation

Coordination between Member States and between them and the Commission with the aim to **reduce the production and drugs supply to Europe and to assist third countries in priority areas in reducing the demand for drugs**

Special efforts in relation to the **candidate countries, and potential candidate countries, such as the countries of the Stabilisation and Association Process.**

EU Drug Strategy (2005-2012) – structure -

Research, information and evaluation

A better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure

To give **clear indications about the merits and shortcomings of current actions and activities on EU level**, evaluation should continue to be an integral part of an EU approach to drugs policy.

EU Drugs Action Plan 2009 - 2012

- Second 4-year action plan under current strategy;
- Follows evaluation of previous plan;
- Translates the drugs strategy into actions to be implemented by the EU and by the Member States;
- Defines objectives, actions, deadlines, responsible parties, indicators;

Some key elements of the 2009-2012 plan (1): coordination and demand reduction

- Involvement of civil society in drug policy
- Focus not only on coverage but also on evidence, quality, standards, guidelines in demand reduction
- Focus on developing health services and data collection in prisons

Some key elements of the 2009-2012 plan (2): international cooperation and supply reduction

- Police and judicial cooperation between MS through relevant EU bodies and using relevant EU tools
- Precursor control
- Support alternative development in producer countries
- EU coordination at international level

Some key elements of the 2009-2012 plan (3): Research, information and evaluation

- Crime, market and supply reduction data
- Coordination of European drugs research
- Evaluation of drugs policies



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A quick review of some current features of national drug strategies in Europe

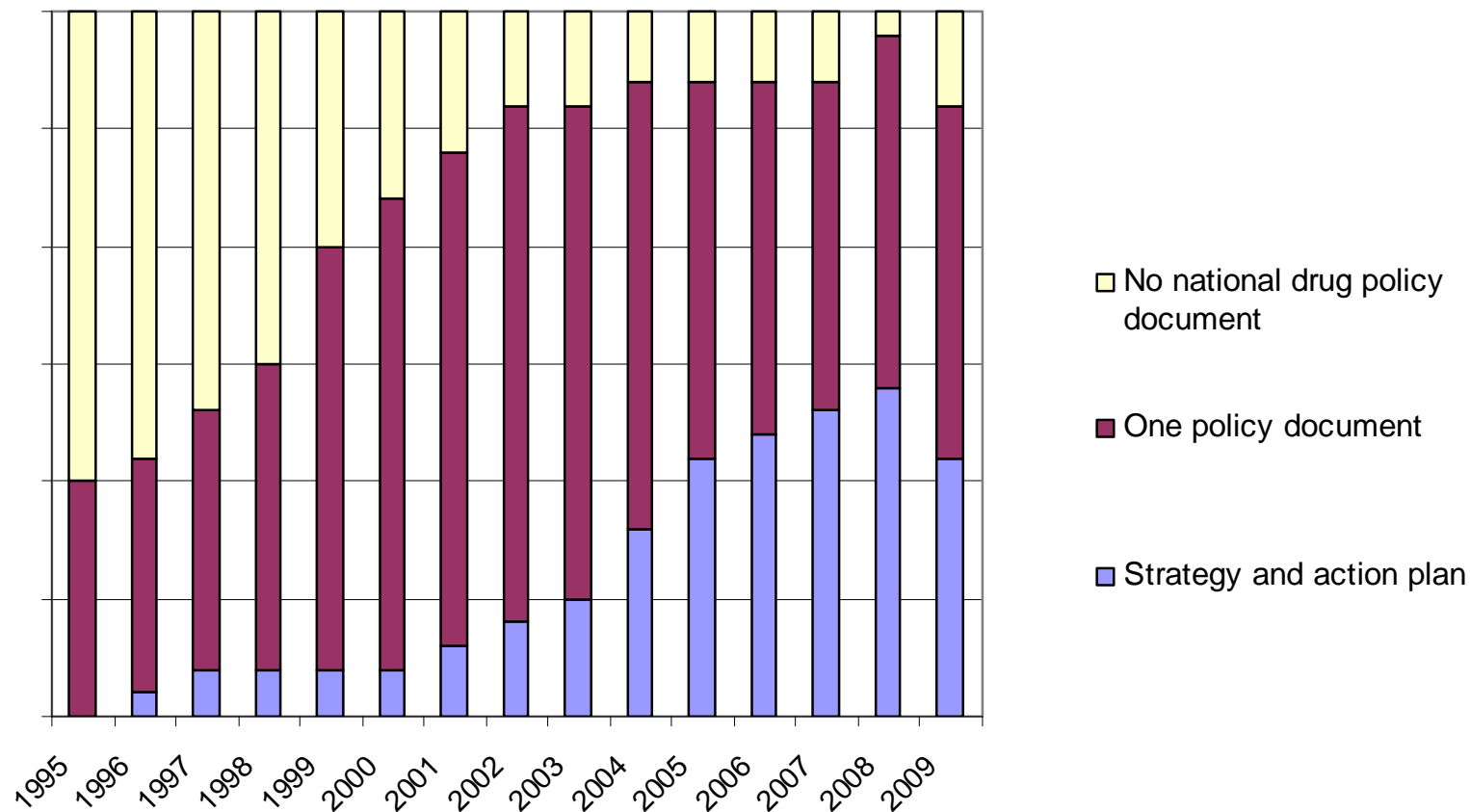
Area under review:

27 Member States of
the European Union,
+ Croatia, Turkey
and Norway



Drug strategies and action plans in Europe

National drug strategies and action plans in the EU-27, Croatia, Turkey and Norway



Features

- Comprehensive
- 50-100 actions/objectives
- Average duration: 2-6 years
- Coordinated by a national drug coordination body

National drug coordination bodies in the EU: the three-level system

1. A **strategic** coordination body
2. One or two **operational** day-to-day coordination body (often not integrating demand and supply reduction)
3. Some **regional and/or municipal** coordination bodies

Typical action plan structure

RISK AND HARM REDUCTION VECTOR

Identifiable result:

Build a global network of integrated and complementary risk and harm reduction responses with public and private partners

Objective	Action	Timetable	Responsible Party	Assessment tool/ Indicator
52. Implement and/or strengthen existing easy-access outreach structures, namely Street Teams, Contact and Information Points, Mobile Units and Support Offices, allowing to develop a more structured work in terms of support, screening and referral	52.1. National-level assessment of relevance of intervention locations	2006	IDT	Number of needs assessment with list of priorities
	52.2. Implement new structures in geographical areas deemed as priority			Number of new structures

Obiettivo	Azione	Calendario	Parte responsabile	Strumento di valutazione / Indicatore
7. Costruire ed adottare strumenti regionali di programmazione pluriennale sulle droghe, in armonia con il piano d'azione nazionale.	Creazione di piani d'azione regionali e delle province autonome, di durata pluriennale, con il pieno coinvolgimento di tutti gli attori del sistema degli interventi	2008	Regioni e Province Autonome	Approvazione dei piani d'azione regionali pluriennali (E)

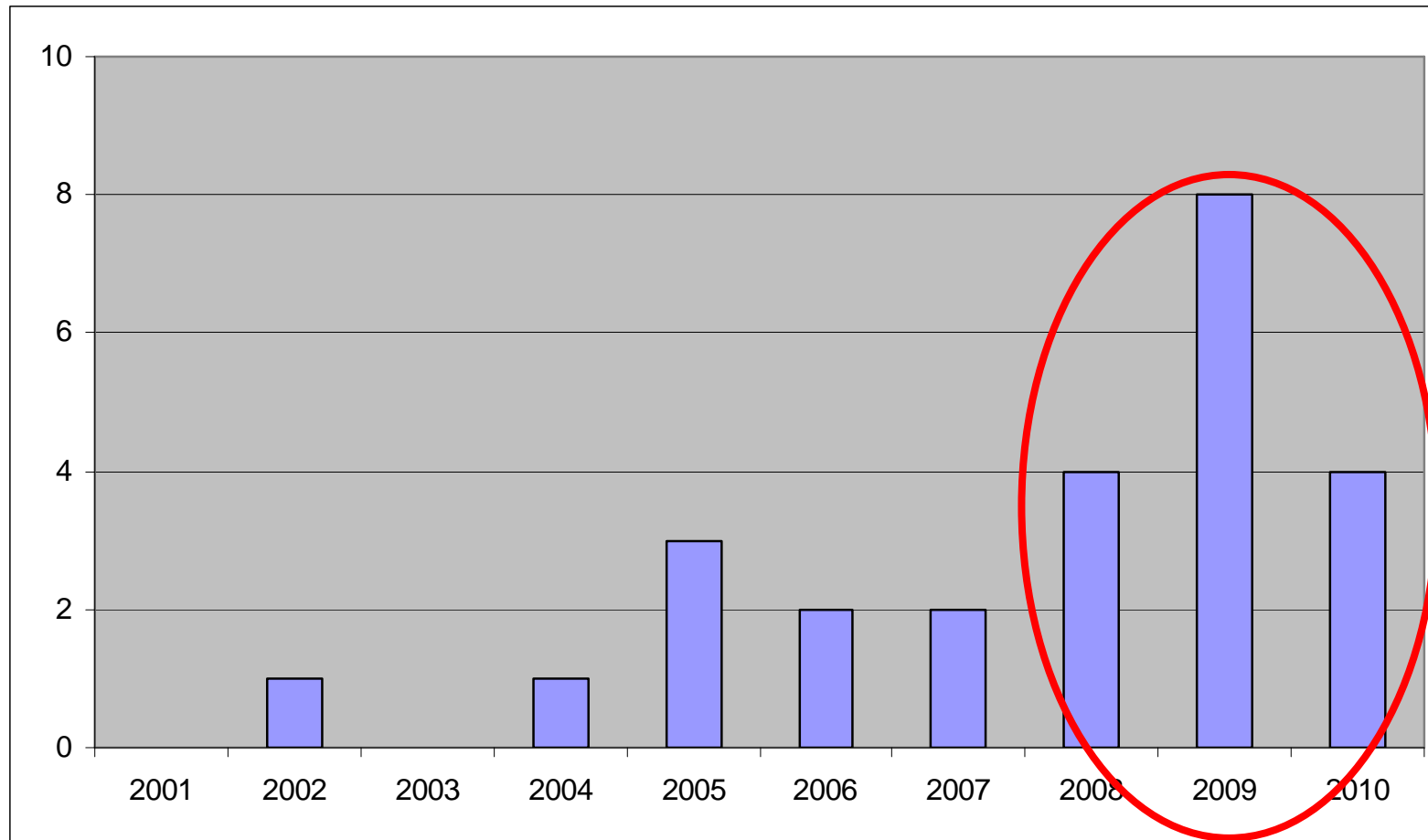
DELIVERING NEW APPROACHES TO DRUG TREATMENT AND SOCIAL RE-INTEGRATION

Strategic Objective	Key Actions	Departmental Owner	Outcome	Coverage	Timing
Targeting those most at risk	57. NTA and Strategic Health Authorities will target partnerships failing to increase the number of crack users entering effective treatment and provide additional support	DH	More partnerships will provide effective services to meet the needs of crack users	England	From April 2008

Consequences

- Increased formalisation of the public action in the drug field
- Opportunity for more public scrutiny
- New opportunities to review and change the course of public action

Number of countries having produced or producing (2010) a mid-term or final evaluation



Multi-substance strategies?

- Few countries (Belgium, Germany, France, Spain, etc.) have drafted multi-substance strategies
- Most countries have drafted separated strategies for illicit drugs, alcohol and tobacco
- There might be a slight trend towards the integration of some interventions and of the coordination bodies for illicit drugs and alcohol

Structure/scope of national drug policy documents

- Some variations but in general they cover the same areas as the EU drugs strategy and action plans
- Demand reduction is often split into different sub areas
- Some additional pillars: legal developments, information structure, etc.

Some elements of convergence in EU drug policies

- Monitoring and evaluation
- Consider the drug user as being in need of help instead of being a criminal
- Introduce and develop harm reduction interventions

Main differences in national drug policies

- Different cocktails of:
 - Drug control (mainly drug laws and law enforcement)
 - Abstinence oriented demand reduction (mainly universal prevention and abstinence oriented treatment)
 - Harm reduction (mainly maintenance treatment and needle and syringe programs)
- Differences can be situation or resource driven, but also simply reflecting different concepts behind drug policies



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Thank You
