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On an EU Action Plan on Drugs (2009-2012)

SUMMARY OF THE IMPACT ASSESSMENT

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Executive Summary

1.1. Introduction

This impact assessment is intended to determine the most appropriate policy option to implement the EU Drugs Strategy (2005-2012)[1]. The Strategy aims to protect public health and to protect and improve the well-being of society and of the individual as well as to guarantee a high level of security for the general public by taking a balanced, integrated approach to the drugs problem. The Strategy sets the framework, objectives and priorities for drug-related activities in the EU, to be implemented and is implemented through two consecutive EU Drug Action Plans. A first EU Drugs Plan (2005-2008)[2] was adopted in 2005. In the first half of 2008 the Commission organised an ex-post evaluation to assess its impact and with a view to proposing a new EU Drugs Action Plan (2009-2012). This impact assessment is based to a great extent on the results of the evaluation.

For the evaluation and this impact assessment, the Commission has consulted with different groups of key stakeholders. Apart from continuous consultation and exchange of information with the Council's Horizontal Drugs Group (HDG), broad input from Commission services on this impact assessment was ensured through the establishment of an Inter Service Steering Group (ISSG). A Steering Group was established for expert consultation prior to and during the evaluation process of the EU Drugs Action Plan (2005-2008). In two separate sessions the Commission consulted its Civil Society Forum on Drugs. No open consultation was organised for this impact assessment, mainly for reasons of time constraints.

1.2. Problem Definition

The EU Drugs Strategy (2005-2012) and the EU Drugs Action Plan (2005-2008) have been developed around the two main dimensions of drug policy, *drug demand reduction* and *drug supply reduction*, complemented by three cross-cutting themes, *coordination, international cooperation* and *information, research and evaluation.*

The Action Plan is a non-binding coordination instrument primarily for Member States, which are independent in implementing its aims and objectives. A limited number of objectives and actions are implemented only at EU level, i.e. through Commission activities. The Action Plan provides guidance to national drug policy level, but also makes the assessment of direct impacts of the plan more complicated as most objectives and actions in the Action Plan are implemented indirectly: the Action Plan aims to influence the actions of others.

The evaluation of the EU Drugs Action Plan (2005-2008) shows that its objectives have been translated in national policy, and/ or were already reflected in existing policy documents. The evaluation suggests that the Action Plan has initiated a broad range of activities and cooperation. On practically all the specific objectives and actions progress has been made, though with varying degrees of success. The evaluation also identified a number of important problems. The Action Plan suffers from a number of internal inconsistencies as well as from a large number of objectives and actions, and the lack of prioritisation between them.

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1 CORDROGUE 77, 22.11.2004

2 OJ C 168, 8.7.2005

Coordination within the Commission on implementing the Action Plan could be improved, among other things by setting clearer priorities and by improving the communication on EU drug policy objectives across policy fields.

In the field of *drug demand reduction*, only a few Member States have introduced general quality guidelines for prevention, harm reduction and treatment. Furthermore, emphasis needs to be placed on improving the effectiveness, accessibility, availability and coverage of treatment and harm reduction services. Member States also need to invest in adapting/ adjusting to new trends in treatment demand. The provision of prevention, harm reduction and treatment for inmates comparable to services provided outside prisons, is of great importance to reduce drug-related infectious diseases and drug-related deaths, the prevalence rates of which are considerably higher within the prison system than outside.

In the field of *drug supply reduction*, law enforcement cooperation in the field of drugs between Member States shows an increasing trend but existing instruments such as Joint Investigation Teams and Joint Customs Organisations are not used to the full extent. There is also substantial room for improving Member States contributions to the activities of Europol, e.g. in information sharing and intelligence gathering through closer coordination between law enforcement agencies at national level. Positive results of recent cross-border law enforcement projects (e.g. MAOC-N), shows the importance of strengthening intelligence gathering and sharing as a basis for enhanced intelligence-led law enforcement. The Drug Strategy's objective to make supply reduction and law enforcement output better measurable and more accountable, is complicated by a lack of availability of standardised key indicators in this area.

In the field of *international cooperation*, according to the Member States, the Action Plan has been important in achieving EU coherence and consensus at international level. The EU has increasingly been acting in unison, in particular in the United Nations' Commission of Narcotic Drugs (CND), but further efforts should be made to ensure that the EU speaks with one voice in the CND plenary meetings. The EU's integrated and balanced approach on drugs has served as a model for Candidate Countries as well as for many Neighbourhood Policy Countries in developing their national drug strategies and action plans.

A great number of assistance projects with candidate, stabilisation and association process countries have been supported in recent years. At the same time, external funding programmes and projects of both EC and the Member States should be linked more explicitly to the priorities of EU drug policy. Emerging drug trafficking routes ask for flexible and broad cooperation with countries in affected regions.

Where *information, research and evaluation* is concerned, the evaluation concludes that the quality of information available on the drug situation in Europe has improved in recent years, but that further steps might be considered to bring about greater coordination and complementarity between research and research funding structures at national and EU level. Potential diminishing support from national governments to National Focal Points is an increasing cause for concern as these are the backbone of the information infrastructure of the EMCDDA. The need for evaluation of drug policies continues to be of great importance.

1.3. Current state-of-play

In the EU, cannabis remains the most commonly consumed illicit drug, with 17.5 million Europeans using the substance last year. Cocaine was used by 4.5 million Europeans last year

and has grown dramatically in some Member States, while ecstasy use seems to have moderately decreased overall. The use of heroin and drug injecting appear generally stable. The decreasing age of first use among young people as well as the increase in poly-drug use poses major challenges to prevention and treatment.

In the EU between 1 and 8 out of every 1.000 inhabitants are problem drug users. Between 7 500 and 8 000 drug-related deaths occur every year. An estimated 100 000 – 200 000 Europeans who have injected drugs in their lifetime live with HIV and around one million with Hepatitis C. The risk of infection is particularly high in particular circumstances, where needle sharing is common, e.g. in prisons. In 2005, 21 EU countries reported 326 000 new clients entering drug treatment. About 525 000 drug users are on substitution treatment in the EU.

The production, manufacture and trafficking of drugs remain amongst the primary activities of organised crime networks operating towards and within the European Union. There is a growing diversification in the trafficking routes to the EU and in EU drug production and entry points, with large-scale intra-EU trafficking.

Key corridors are used for the trafficking of opiates to the EU, starting in Afghanistan and crossing the central Asian States. Most heroin reaches Western Europe via the *Balkan Routes*, starting in Turkey but there is an increasing use of the *central Balkan Route* from Turkey, through the Balkan States into Italy or Slovenia. The *route via Ukraine and Romania* is also gaining importance. Three main sea routes to Europe exist for cocaine. The *northern route runs* from the Caribbean via the Azores to Portugal and Spain. The *central route* runs from South America via Cape Verde or Madeira and the Canary Islands to Europe. More recently, the *African route* has emerged, running from South America to Western Africa and from there to Portugal and Spain. The European Union is a major production region for synthetic drugs, in particular amphetamines and MDMA (ecstasy).

Drug seizures have stabilised in recent years, except for cocaine, which has seen significant increases. Nevertheless street prices corrected for inflation *declined* for all drugs mentioned above over the period 2000–2006, while potency levels remained stable or declined for cannabis, amphetamines and cocaine.

The abuse of illicit drugs comes with considerable social costs to EU Member States. A recent EMCDDA survey, reporting information from six EU Member States showed that public expenditure on drugs represented 0.05% to 0.46% of the GDP of these countries. Based on these reports, the EMCDDA estimates that total drug-related public expenditure in the 27 EU Member States and Norway is between EUR 13 and 36 billion annually, representing up to 0.33% of the GDP of EU Member States.

1.4. Subsidiarity and added value

The EU Member States are the main actors in the drugs field and drug legislation is primarily a matter of national competence. However, the Treaties explicitly acknowledge the need to deal with drug issues at EU level, in particular in the fields of justice and home affairs[3] and public health[4]. The EU Drug Strategy (2005-2012) was drafted under the current legal framework provided by the EU and EC Treaties, based on the respective competences of the

[3] Title VI articles 29 and 31(1)e TEU

[4] Article 152 TEC

Union, Community and individual Member States, with due regard to subsidiarity and proportionality.

The evaluation of the EU Action Plan on Drugs (2005-2008) shows that practically all Member States consider that there is an added value in having an Action Plan on Drugs at EU level. Member States indicate that the Action Plan provides clear European-level objectives and guidance for setting national priorities, resulting in greater coherence and convergence of drug policies between countries on a voluntary basis. It also provides guidance for sharing of best practice and the development of common standards on many key areas for both drug demand and drug supply reduction. The Action Plan provides a comprehensive drug policy framework, and has encouraged the development of broad, high quality national strategies and action plans across the EU.

Many Member States indicated that the EU Action Plan has been important for international cooperation and that the EU has gained influence in the international arena in the field of drugs due to the fact that it can work on the basis of the consensus reflected in the Strategy and Action Plan. The EU Action Plan plays an important role in presenting the European model for drug policy, with a balanced approach and fundamental rights as its cornerstones. The focus on evidence-based policy-making, monitoring, evaluation and information has been an important added value for national drug policies, resulting in greater attention to effectiveness and efficiency at national level and in identifying and comparing trends.

1.5. Objectives

As the EU Drugs Strategy (2005-2012) remains the overarching policy for the development of a new EU Action Plan on Drugs, the objectives and priorities as defined in the Strategy remain valid. The EU Drugs Action Plan (2005-2008) included 46 objectives and 86 operational actions. It would go beyond the bounds and constraints of this impact assessment to consider all potential new objectives and actions in a new Action Plan or to examine each of the 30 or more conclusions as identified in the problem definition.

By way of an alternative, this impact assessment focuses on a limited number of conclusions from the evaluation in terms of potential new operational objectives. The perceived impact of the action plan as a whole as well as the impact of each of the selected examples are analysed for each of the policy options. In section 3 of the report, the overall strategy objectives for the key dimensions drug demand reduction and drug supply reduction and well as for the cross-cutting themes, coordination, international cooperation and information, research and evaluation, are then presented. Two examples of operational objectives for each overall strategy objective have been worked out.

1.6. Identification and assessment of policy options

Due to the existence overarching and ongoing EU Drug Strategy (2005-2012) none of the options presented will lead to major policy shifts. For this impact assessment, six policy options were considered. The following three were considered feasible.

Option 1 - Do nothing (baseline scenario): *Under this option, no Action Plan for the implementation of the latter half of the EU Drugs Strategy (2005-2012) is proposed. The Strategy will continue to provide a general framework for drug-related activities in the EU but no operational objectives or actions are identified, no indicators for implementation are developed and no deadlines for actions are set.*

Option 2 - The EU Drugs Action Plan (2005-2008) is renewed for another four-year period: *This option entails that the EU Action Plan on Drugs (2005-2008) will be renewed. Ongoing actions will be continued. Completed actions will be removed. No new actions are added.*

Option 3.2 - A detailed EU Drugs Action Plan (2009-2012) is presented, covering operational objectives and actions at EU and Member State level. *This option builds on the main lessons from the final evaluation of the EU Drugs Action Plan (2005-2008). The proposal for a new and detailed Action Plan for both the EU and Member State level will take on board the evaluation findings and can adapt to the latest changes and most recent insights regarding the EU drug situation.*

1.7. Analysis and comparison of impacts

The assumption underpinning the Drugs Strategy and its Action Plans is that an integrated and multidisciplinary policy approach, bringing together different fields of drug policy and implementing multiple objectives at the same time, will lead to synergies and greater impact.

The comparison of the options shows that the selection of *option 1*, the baseline scenario, would lead to drug policy at EU level lacking impetus and dynamism. The EU Drugs Strategy (2005-2012) would remain valid, but without any Action Plan to continue implementing it, policy actions would be mostly ad-hoc, lacking coherence and not taking on board new trends and developments in the drug situation. The lack of an EU policy framework may increase the divergence between national policies, while at EU level activities would be limited to existing competences and programmes.

Option 2 would mean that flaws and shortcomings in the existing EU Drugs Action Plan (2005-2008) would not be dealt with and it would not specifically address new developments and trends. The lack of an updated common framework for action could lead to reduced visibility and priority for the drug issue at EU and Member States level. This option could be considered a safe bet as objectives and actions have already been agreed.

The selection of *option 3.2* would result in attention for the problems identified in the evaluation of the EU Drugs Action Plan (2005-2008). A new Action Plan could take on board changes that have emerged in recent years, and change the focus of the objectives in the Action Plan so that actions can become more effective and measurable. This option would be more in line with EU Drugs Strategy which explicitly foresees **two** consecutive EU Action Plans on Drugs with the aim of translating and implementing its objectives.

In short, *option 1* would represent a step backwards. The evaluation clearly shows that there is a need for a more concise, prioritised Action Plan that takes on board new insights and challenges. Therefore *option 2* is not recommendable. A new EU Action Plan on Drugs (2009-2012) as presented in *option 3.2* offers such possibilities and is therefore the preferred option.

1.8. Monitoring and evaluation

The new Action Plan as described in *option 3.2* will provide an indicator and a timeframe for each action and designate the parties responsible for its implementation. The Commission will continue to prepare annual Progress Reviews. An overall evaluation of the EU Drugs Action Plan (2009-2012) and the EU Drugs Strategy (2005-2012) will be carried out in 2012.

EMCDDA and Europol will continue producing reports on the state of the drugs problem for their areas of competence. The proposed new Action Plan will place specific emphasis on improving the measurability of policy impacts on the drug situation and propose indicators for the supply reduction and law enforcement.