



SOC/658
EU Agenda and Action Plan on Drugs 2021-2025

OPINION

European Economic and Social Committee

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
[COM(2020) 606 final]

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| Referral | European Commission, 23/09/2020 |
| Legal basis | Article 304 of the Treaty on the Functioning of the European Union |
| Section responsible | Employment, Social Affairs and Citizenship |
| Bureau decision | 15/09/2020 |
| Adopted at plenary | 03/12/2020 |
| Plenary session No | 556 |
| Outcome of vote (for/against/abstentions) | 245/1/3 |

1. **Conclusions and recommendations**

- 1.1 The EU Drugs Strategy that is now expiring highlighted and demonstrated the role and importance of balanced, evidence-based planning, and of monitoring and evaluating drugs policy.
- 1.2 However, the external evaluation report on the EU drugs strategy concluded that it had only partially achieved its objectives of reducing supply and demand, while significant progress had been made with regard to international cooperation and monitoring, evaluation and research. The report identified imbalances in the use of financial resources, in particular at the expense of demand reduction interventions.
- 1.3 The review undertaken by the Civil Society Forum on Drugs set up by the European Commission highlighted some significant shortcomings in the implementation of health and social interventions at Member State and local level. In the majority of Member States, numerous evidence-based prevention and harm reduction interventions are completely non-existent or have low coverage.
- 1.4 On 24 July 2020, the European Commission published its new Security Union Strategy for 2020 to 2025, of which the agenda on drugs is one element. The EESC takes the view that, in its current form, this agenda is a clear step backwards, and abandons the consensual, balanced and evidence-based approach previously taken to the fight against drugs, which had been evaluated positively.
- 1.5 The EESC welcomes the decision taken by the European Council's Horizontal Working Party on Drugs, at its meeting on 28 September, to ask the German Presidency of the Council to recast, by December, the document drawn up by the European Commission. The EESC strongly believes that the technical approach and public policies that formed the consensual basis for the previous EU drugs strategy must be continued and further strengthened in the 10th such strategy.
- 1.6 The EU should respect and resolutely defend the fundamental values set out in its current strategy and commit itself to them in its strategy document.
- 1.7 The EESC recommends that the new drugs strategy and the new EU action plan(s) in this field should significantly improve the balance between demand reduction and harm reduction interventions in terms of both the number of strategic interventions and the allocation of resources.
- 1.8 It is important for the agenda to address drug phenomena in a truly balanced way, using an integrated, multidisciplinary approach within a framework that is based on human rights and international cooperation, takes account of public health aspects and developments in scientific knowledge, and provides for continuous evaluation. The EU's drugs strategy should recognise drug users' fundamental rights when it comes to treatment and care, as is the case for any other category of illness.

- 1.9 The EESC believes that, in the longer term, there is a need to improve consistency in Member States' law enforcement practices in the interests of harmonisation, given that the existing differences between Member States' practices unquestionably undermine human rights.
- 1.10 The COVID-19 pandemic has shown that vulnerable groups of drug users are particularly exposed to the negative impact of the epidemiological situation, which could lead to a striking increase in the risks associated with drug use.
- 1.11 Indicators to assess the effects of supply reduction interventions and quality standards should be established as soon as possible on the basis of the model already being used to reduce demand.

2. Background

- 2.1 The EU's first joint action plan on drugs was drawn up in 1990 by the European Committee to Combat Drugs (CELAD), set up at the initiative of French president François Mitterrand. In 1995, the European Commission took over the task of defining European drugs strategies. The last EU drugs strategy, adopted by the European Council on 7 December 2012 for a seven-year period (2013-2020), was based on "a balanced, integrated and evidence-based approach". During this period, responsibilities and short-term goals were set out in two action plans (2013-2016 and 2017-2020).
- 2.2 While the EU's drugs strategy is legally non-binding, it is an expression of the shared commitment and policy ambitions of the Union and the Member States. It determines the actions of the European institutions and agencies, influences the Member States' policy approaches to the issue, sets common guidelines and priorities, and allows for the adoption of unified positions on the international stage. The EU has demonstrated this resoundingly, for example at the Special Session of the UN General Assembly (UNGASS) in 2016 and at the session of the UN Commission on Narcotic Drugs in 2019¹.
- 2.3 The EU Drugs Strategy highlighted and demonstrated the role and importance of balanced, evidence-based planning, and of monitoring and evaluating drugs policy.
- 2.4 However, the external evaluation report on the EU drugs strategy² concluded that it had only partially achieved its objectives of reducing supply and demand, while significant progress had been made with regard to international cooperation and monitoring, evaluation and research. The report identified imbalances in the use of financial resources, in particular at the expense of demand reduction interventions. It concluded that, in order to make more efficient use of limited resources, it was necessary to prioritise actions and to reduce the duration of the strategy (currently eight years).

¹ EU Statement on the occasion of the 62nd session of the Commission on Narcotic Drugs, Vienna 14-22 March 2019. "The European Union and its Member States strongly support the concrete implementation of the UNGASS Outcome Document for a real balanced drug policy at international level, strengthening the prevention, public health and human rights dimension in order to accelerate our joint commitment to efficiently improve the world drug situation. (...) address drug demand reduction across its full spectrum: prevention, risk and harm reduction, treatment, and social integration and rehabilitation."

² [SWD\(2020\) 150](#).

- 2.5 The Civil Society Forum on Drugs set up by the European Commission investigated the implementation of the action plan's objectives for 2017-2020 at Member State and local level, with contributions from 169 civil society organisations from 32 countries³. Its report highlighted some significant shortcomings in the implementation of health and social interventions at Member State and local level. In the majority of Member States, numerous evidence-based prevention and harm reduction interventions are completely non-existent or have low coverage. This is mainly due to a lack of funding and political ownership.
- 2.6 The strategy established the first common interpretation framework for demand reduction interventions, comprising "a range of equally important and mutually reinforcing measures, including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery".
- 2.7 The strategy's action plan and its latest evaluation highlight the need for scientifically robust monitoring of supply reduction interventions and for alternative sanctions for drug users, but also underline the role of civil society in drafting, implementing, monitoring and evaluating strategies at both European and national level.

3. **European Commission communication**

- 3.1 On 24 July 2020, the European Commission published its new Security Union Strategy for 2020 to 2025, made up of three elements: a strategy for combating child abuse, the agenda on drugs (referred to below as the "agenda"), and a strategy on firearms trafficking. The introduction to the agenda explicitly highlights the need for a paradigm shift in European drugs policy, stating that supply reduction interventions should be strengthened and given more weight. Of the three pillars of the agenda (enhanced security/supply reduction, prevention and harm reduction), it is the first that is given the most attention.
- 3.2 The annex to the agenda contains the draft Action Plan on Drugs. 26 of the actions listed come under the "supply reduction" pillar, while only five fall under "prevention" and 13 under "harm reduction". However, the latter pillar includes four actions whose classification there is questionable (actions 40 and 41 on driving under the influence of drugs, action 42 on alternatives to coercive sanctions, and action 43 on sharing forensic data). Overall, there are thus major imbalances in how the action plan is divided up, in favour of the "supply reduction" pillar.
- 3.3 The EESC takes the view that this agenda is a clear step backwards, and abandons the consensual, balanced and evidence-based approach previously taken to the fight against drugs, which had been evaluated positively.
- 3.4 At the meeting of the European Council's Horizontal Working Party on Drugs on 28 September, the agenda was also heavily criticised by a majority of Member States; they were critical of the circumstances in which it was drafted, its direction and its content, and therefore decided that

³ https://drogriporter.hu/wp-content/uploads/2018/12/2018_CSF-report_final.pdf

the German Presidency of the Council would recast the document prepared by the European Commission by December.

3.5 The European Commission's civil society advisory body (the Civil Society Forum on Drugs) criticised a number of points in the agenda and deemed it unacceptable:

a) During the drafting process, civil society stakeholders and the Member States were not able to see the conclusions of the external evaluation until after the agenda was published, and therefore could not give a preliminary opinion on the draft agenda.

b) The agenda does not reflect the priorities proposed by civil society stakeholders, but further reduces the emphasis on health and social interventions within a drugs policy that already places disproportionate weight on supply reduction measures.

c) The security-focused framework and language of the agenda reinforce an outdated and stigmatising approach.

d) The imbalance characteristic of the approach favoured in the action plan, and its expected impact on resource allocation, are concerning, as are the lack of measurable indicators and the consequences of that in terms of accountability.

3.6 Influential civil society organisations in this field have unanimously criticised the general spirit and the details of the draft, and called for it to be thoroughly revised.

4. **Policy considerations**

4.1 The EESC strongly believes that the technical approach and public policies that formed the consensual basis for the previous EU drugs strategy must be continued and further strengthened in the 10th such strategy. The Committee therefore welcomes the European Council's commitment to developing a balanced, integrated and evidence-based European drugs strategy. It invites the German government, which holds the Presidency of the Council of the European Union, to take into account the following aspects in drafting the new drugs strategy.

4.2 The EESC recommends retaining the language used in the agenda, and the professional and scientific terminology, and further developing the strategic approach favoured to date, while adapting it to administrative use and ensuring that its implementation can be monitored continuously and evaluated critically.

4.3 The EU should respect and resolutely defend the fundamental values⁴ set out in its current strategy⁵ and commit itself to them in its strategy document.

⁴ "...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 phenomenon."

⁵ https://www.consilium.europa.eu/media/30727/drugs-strategy-2013_content.pdf

- 4.4 The Committee proposes that the document for adoption should make explicit reference to, and build on, the international conventions and policy recommendations underlying its substantive and legal validity⁶. The EESC encourages the EU's decision-making bodies to maintain the Union's leading position and its exemplary engagement in international drugs policy forums.
- 4.5 In the EESC's view, the new agenda should also incorporate the flagship elements of the previous strategy and, taking into account developments in scientific knowledge, further develop the framework for prevention, treatment, harm reduction, treatment models and recovery processes.
- 4.6 The evaluation of the previous strategy and action plan on drugs identified significant imbalances in favour of criminal justice interventions in terms of prioritisation and the allocation of drugs policy resources. Health and social interventions make up only a fraction of what Member States devote to reducing supply. In a number of countries, this has led to the suspension or extremely low coverage of the services concerned, with sometimes serious consequences in terms of increased mortality and morbidity. The EESC recommends that the new drugs strategy and the new action plan(s) in this field significantly improve the proportion of demand reduction interventions within drugs policy, in terms of both the number of strategic interventions and the allocation of resources. The Committee also hopes that the Commission will make every effort to ensure that the Member States significantly improve their coverage and quality.
- 4.7 The mandate and toolkit of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) should also be strengthened and scientific conclusions should be directly incorporated into the decision-making process.
- 4.8 It is important for the agenda to address drug phenomena in a truly balanced way, using an integrated, multidisciplinary approach within a framework that is based on human rights and international cooperation, takes account of public health aspects and developments in scientific knowledge, and provides for continuous evaluation.
- 4.9 The EESC points out that, as drug use is a complex biopsychosocial phenomenon, inappropriate measures to combat drugs, such as the unilateral criminalisation of drug users, cause serious health and social harm and therefore exacerbate societal security problems rather than solving them. For this reason, the EESC recommends:
- a) that the European Council maintain its previous approach and remove the agenda on drugs from the Security Union package,
 - b) that it ensure that the phenomena linked to the various facets of the problem are given tailored treatment,
 - c) that it adopt a multidisciplinary approach in responding to these phenomena,

⁶ <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>
https://www.unodc.org/documents/ungass2016/Contributions/IO/EU_COMMON_POSITION_ON_UNGASS.pdf

- d) and that it use sanctions and law enforcement only as a last resort in cases where other intervention tools can be shown to be ineffective.
- 4.10 Over the past few decades, there has been a real improvement in the culture of monitoring and evaluating demand and risk reduction interventions. With a view to promoting an evidence-based drugs policy, the EESC recommends:
- a) ensuring that the new drugs strategy and action plan place a strong emphasis on significantly improving the coverage and quality of social and health services for drug users, reviewing the indicators already used in the previous action plan;
 - b) developing, with the help of the EMCDDA and the Civil Society Forum on Drugs, a single system to allow continuous monitoring and evaluation in the various Member States of developments in the coverage and quality of interventions provided for in the EU Action Plan on Drugs;
 - c) establishing as soon as possible, on the basis of the model already used to reduce demand, indicators for assessing the effects of supply reduction interventions and quality standards, recognising that, though such interventions potentially have a direct and serious impact on the individual living conditions and freedoms of the people concerned, they are rarely subject to evidence-based assessment;
 - d) broadening the mandate of the EMCDDA to include an evaluation of the impact of drugs policy on human rights, which will, for example, measure the negative effects of criminalisation and institutional discrimination on drug-using populations belonging to vulnerable groups.
- 4.11 The EESC believes that, in the longer term, there is a need to improve consistency in Member States' law enforcement practices in the interests of harmonisation, given that the existing differences between Member States' practices unquestionably undermine human rights⁷.
- 4.12 The EESC is therefore convinced that the European Union must find and develop ways of leading the Member States to significantly harmonise their approaches to drugs policy in the future, and not only by means of policy recommendations.
- 4.13 The EESC also considers it important for innovative science-based interventions to be recognised, guaranteed and supported in the strategic programmes of the EU and its Member States.
- 4.14 Given that, in terms of the social reality, legal addictions (alcohol, tobacco, most behavioural addictions) and illegal ones constitute an interpersonal system within families and communities,

7 The same conduct will lead in some countries to criminal prosecution and rigorous law enforcement, and in others to the provision of healthcare and social services – i.e. a difference in treatment based solely on a drug user's nationality or place of residence. Similarly, the provision of certain services is considered in some Member States to be a fundamental right while others reject this idea.

the EESC recommends that the European Union and its Member States should no longer evaluate and manage these risks separately, but see them as interconnected elements making up one single system, and that they should increasingly put forward common intervention policies.

- 4.15 Based on the principle of "first, do no harm", a frank and robust evaluation and debate are needed to address the negative impact of policies and the regulatory environment, the effects of social stigmatisation and unjustified criminalisation, and barriers to access to treatment. The EESC recommends also taking into account the substantive assessment in the common position adopted by 32 UN agencies in 2019⁸.
- 4.16 The EU's drugs strategy should recognise drug users' fundamental rights when it comes to treatment and care, as is the case for any other category of illness.
- 4.17 The allocation of Member States' budgetary resources should be assessed on the basis of the availability and capacity of recognised and recommended services in this area.
- 4.18 Greater professional involvement by civil society is essential for the implementation of the fundamental principles. The European mandate of the Civil Society Forum on Drugs should therefore be strengthened, as should the involvement of civil society professionals in the Member States. To this end, it is necessary to regularly assess the openness of the Member States and their willingness to cooperate, along with their practices in terms of involving professional organisations in the decision-making process.
- 4.19 The Committee believes that supply reduction interventions are important, but stresses that they must always be coordinated with demand reduction interventions. While effective law enforcement and judicial tools are essential to tackling the illicit drugs trade, it has become clear in recent decades that unilateral criminalisation policies have a negative impact on the health of people and communities, as well as on the social integration of drug users.
- 4.20 The COVID-19 pandemic has shown that vulnerable groups of drug users are particularly exposed to the negative impact of the epidemiological situation, which could lead to a striking increase in the risks associated with drug use (reduced access to treatment, taking greater risks to buy drugs, buying more dangerous drugs, increased criminalisation and stigmatisation effects, negative consequences for public health, further reduction of basic livelihoods, etc.). Due to the pandemic, in many countries it is precisely those services that form the only interface between these groups and the treatment pathway that are liable to suffer the most from the situation and to be forced to reduce their capacity.

Bruxelles, 3 December 2020

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The president of the European Economic and Social Committee

⁸ [CEB/2018/2, pp 12-14.](#)
