



OPINION

European Economic and Social Committee

European Union Drugs Agency

Proposal for a Regulation of the European Parliament and of the Council on the
European Union Drugs Agency
[COM(2022) 18 final – 2022/0009 (COD)]

SOC/716

Rapporteur: **Milena ANGELOVA**
Co-rapporteur: **Malgorzata BOGUSZ**

www.eesc.europa.eu

EN

Referral	Council, 11/03/2022 European Parliament, 07/03/2022
Legal basis	Article 304 of the Treaty on the Functioning of the European Union
Section responsible	Employment, Social Affairs and Citizenship
Adopted in section	03/05/2022
Adopted at plenary	18/05/2022
Plenary session No	569
Outcome of vote (for/against/abstentions)	202/1/5

1. **Conclusions and recommendations**

- 1.1 The EESC welcomes the proposal for creating a European Union Drugs Agency (EUDA), as embedded in the strategic framework, provided by the EU Drugs Strategy 2021-2025¹ and the EU Drugs Action Plan 2021-2025². The Committee supports its reinforced mandate, aimed at providing a swift, coordinated and efficient answer to the growing challenges related to the spread of drugs and illicit substances – the market for which is remarkably resilient. Calls for decisive actions, not only to eradicate the trade in such substances, but also to make every effort to prevent their use, and equally importantly – to help those who are affected or addicted to be cured and re-integrated into society, so that no one is left behind.
- 1.2 The EESC stresses the importance of equal access and active inclusion for all in education, training and quality jobs, acknowledging that NEETs, unemployed and marginalised people are the easiest targets for drug dealers. Underlines the important role that joint actions by the social partners and CSOs have in this process – not only at national, but also at regional and local level, and calls for such actions to be promoted, supported and funded.
- 1.3 The EESC underlines the role of the social partners and organised civil society at every stage of the fight against the spread and use of drugs and illicit substances and especially in the information and awareness-raising campaigns that help people become well informed about the harmful effects of drug usage, the risks of getting involved with such substances, and where and how to get help and support if they are affected or suffering from addiction.
- 1.4 The EESC welcomes the commitment of the future EUDA to taking on a greater coordination and prevention role and notes that the National Contact Points (NCPs) have an indispensable role to play in this endeavour. Calls on the European Commission and the Member States to make every effort to equip the NCPs with sufficient organisational, technical and financial resources to perform their expanded tasks effectively. To ensure that timely and reliable data can be collected, the EESC suggests that a common methodology and approach be established and adopted.
- 1.5 The EESC highlights the importance of setting up a network of forensic and toxicological laboratories, bringing national laboratories more closely together. The network would foster the exchange of information on new developments and trends and data sharing and would support the training of forensic drug experts. To achieve economies of scale, the EESC welcomes the idea of a network of virtual laboratories, which could also be built by clusters of Member States, on the basis of their geographical proximity, or of similar risk profiles when it comes to the import and spread of drugs.

¹ [OJ C 102 I, 24.3.2021, p. 1.](#)

² [OJ C 272, 8.7.2021, p. 2.](#)

2. **Background**³

- 2.1 The drugs market, with a minimum estimated retail value of EUR 30 billion per year, is a major source of income for organised crime groups (OCGs) in the EU. In addition to the economic impact, drug-related deaths and other harm to public health, there are broader consequences of the drugs market, such as links with wider criminal activities and terrorism, the negative impact on the legal economy, violence in communities, damage to the environment and the increasingly important issue of how the drugs market can fuel corruption and undermine governance.
- 2.2 Drug use in Europe encompasses a wide range of substances, such as:
- cannabis – use remains stable at high levels;
 - cocaine – there are worrying signals of increased potential to harm health;
 - amphetamine – demand remains stable;
 - methamphetamine – production and trafficking highlights potential for increased use in Europe;
 - MDMA products – high-strength products in particular pose serious risks to health;
 - new psychoactive substances – at the end of 2020, the EMCDDA was monitoring around 830 new psychoactive substances;
 - LSD, DMT, mushrooms, ketamine and GHB – less commonly used, but also pose increasing challenges for public health;
 - heroin and other opioids – potential for increased use is observed.
- 2.3 More than 83 million adults in the EU are estimated to have tried illicit drugs during their lifetime. In 2019, at least 5150 overdose deaths occurred in the EU, with a steady increase every year since 2012, including among teenagers aged 15-19. The extent of stimulant use and the types that are most common vary across countries – and in some Member States some "soft" substances can be bought without restrictions. Evidence is growing of a potential increase in the number of people injecting stimulants. Use of all drugs is generally higher among males, and this difference is often accentuated for more intensive or regular patterns of use.
- 2.4 Reports indicate that cannabis cultivation and synthetic drug production within the European Union continued at pre-pandemic levels throughout 2020. The drugs market in the EU is fuelled by organised crime groups, is also interlinked globally, and is significantly fuelled strongly by drug production in South America, Africa, Afghanistan, China, Morocco, Turkey, and the Western Balkans region. Africa is important, because of its growing role as a trafficking and transit area, with the potential for this to become a destabilising influence and have a negative impact on security and governance and greater drug problems within the region. Therefore, the EESC underlines the importance of strengthening the international coordination effort in detecting new illicit substances and preventing them from being trafficked and spread.
- 2.5 The data clearly illustrate how much the drug situation has changed over the last 25 years. The events of the past years also highlight a growing need for a rapid response, and this calls for the

³ Based on data from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), European Drug Report 2021, **Error! Hyperlink reference not valid.**

EU to be given greater capacity to ensure the early identification of threats emerging from an increasingly dynamic and adaptive drug market.

3. General comments

- 3.1 In line with its previously stated positions on the topic⁴, the EESC welcomes and calls for the swift implementation of the EU Drugs Strategy 2021-2025, aimed at protecting and improving the well-being of society and of individuals and public health, at offering a high level of security for the general public, and at increasing health literacy. The EESC praises the evidence-based, integrated, balanced and multidisciplinary approach to the drugs phenomenon at the national, EU and international levels that the Strategy takes. The EESC appreciates that it also incorporates a gender equality and health equity perspective, which is important when setting a new course in the fight against drug addiction and the associated problems.
- 3.2 By 2025, the priorities and actions in the field of illicit drugs, coordinated through the Strategy⁵, should produce an overall impact on some key aspects of the EU drug situation. The coherent, effective and efficient implementation of measures should ensure a high level of human health protection, social stability and security, and help raise awareness. Any potential unintended negative consequences associated with the implementation of the actions should be reduced, and human rights and sustainable development should be promoted and respected. Based on these principles, the EESC supports the approach of establishing a separate remit to fight the spread and prevent the voluntary use of illicit drugs and any type of addiction to them.
- 3.3 The drugs phenomenon is an integral element of the health and security challenges that Europe faces today. With the drugs landscape constantly developing and new unclassified substances regularly coming onto the market, the drugs phenomenon is becoming increasingly complex and pervasive. The revenues generated are also a major stimulant for corruption, violence and illegal activities. This situation calls for greater efforts at the EU level.
- 3.4 The EESC shares the conclusion⁶ that the drugs market has been remarkably resilient to the disruption caused by the COVID-19 pandemic. Drug traffickers have actively adapted to travel restrictions and border closures. At the wholesale level, this is seen in changes in routes and methods, with more reliance on smuggling via intermodal containers and commercial supply chains and less reliance on the use of human couriers.
- 3.5 Although street-based retail drug markets were disrupted during the initial lockdowns, and some localised shortages were experienced, drug sellers and buyers appear to have adapted by increasing their use of encrypted messaging services, social media applications, online sources

⁴ [OJ C 56, 16.2.2021, p. 47](#), [OJ C 34, 2.2.2017, p. 182](#), [OJ C 177, 11.6.2014, p. 52](#), [OJ C 229, 31.7.2012, p. 85](#), [OJ C 40, 17.2.1992](#)

⁵ The Strategy is based first and foremost on the fundamental principles of EU law and, in every regard, upholds the founding values the EU: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. The Strategy is also based on international law, the relevant United Nations (UN) Conventions, which provide the international legal framework for addressing the illicit drugs phenomenon, and the Universal Declaration on Human Rights. The Strategy takes into account policy developments at the multilateral level, and contributes to the acceleration of their implementation.

⁶ One of the main conclusions of The European Drug Report 2021 **Error! Hyperlink reference not valid.** https://www.emcdda.europa.eu/edr2021_en

and mail and home delivery services⁷. This raises the concern that one potential long-term impact of the pandemic will be to further enable drug markets via digital means.

3.6 Drug markets were observed to recover quickly at the onset of the pandemic, and some trafficking dynamics have been accelerated during COVID-19, such as: larger shipment sizes, more frequent use of private aircraft, increased use of waterway routes and contactless methods to deliver drugs to end consumers. These developments pose more challenges for enforcement bodies and demand more coordinated preventive measures. Possible response actions could be designed around⁸ fostering international cooperation to combat drug trafficking, the exchange and transfer of law enforcement intelligence and effective banning approaches and best practices; developing international accountability and shipping mechanisms and implementing real-time data and monitoring systems for promptly detecting and addressing drug market changes. The EESC is glad to see all of these elements embedded in the proposal for extending the revised mandate of the future EUDA.

3.7 The EESC considers that the mandate of the future EUDA should be more explicitly worded to:

- include broad obligations concerning controlled drug precursors⁹. This is an opportunity to truly defend the public interest and ensure equity in the fight against drugs at the national, EU and international levels;
- devote equal attention not only to the eradication of the supply of drugs, but also to the prevention of access to drugs, to assistance with overcoming addiction and to the rehabilitation and reintegration into society of those who are affected.

4. Use of drugs and illegal substances

4.1 The EESC stresses the fact that there are different hypotheses for the use of drugs and illicit substances that may harm human health – especially when taken for no medical reason, without medical supervision and repetitively over a long period of time. As such behaviour can lead to addiction, it becomes very difficult for the affected individuals to resolve the situation on their own and support from specialised bodies and CSOs is therefore indispensable.

4.2 Some medicines prescribed by doctors to treat certain health conditions and diseases, such as benzodiazepines or opiates/narcotic drugs, can lead to addiction, if not taken as prescribed. This may lead to the commission of fraud, such as illegal trading in prescriptions or medicines, and is also covered by the mandate of the new EUDA. Over the past few years, there has been an increase in the number and availability of new benzodiazepines on the drug market in Europe and, increasingly, also in Canada and the United States. As of 28 February 2021, the EMCDDA was monitoring 30 new benzodiazepines through the EU Early Warning System. Of these, more

⁷ European Drug Report 2021.

⁸ Ibid.

⁹ Since 1988, controlled drug precursors have been included in United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The UN has introduced detailed provisions and requirements relating to the control of precursors used to produce drugs of abuse. On 11 February 2004, the EP and the Council adopted Regulation (EC) No. 273/2004 on drug precursors.

than 80% were detected for the first time between 2014 and 2020¹⁰. Another group of medicines, prescribed by doctors as painkillers, opiate drugs tend to be mixed with illicit drugs by users, which can not only lead to addiction, but can also pose great danger to health and even cause life-threatening complications. This may also lead to the commission of fraud, such as the trading (both legal and illegal) in prescriptions or medicines.

- 4.3 Considering the current clinical trials in the USA on substances that are currently classified as drugs under EU law (e.g. MDMA, psilocybin, LSD), the EUDA should pay special attention to cooperation with EMA concerning the emergence within 2-3 years of a EU market for drugs (drugs per se, not their derivatives) registered as medicinal products. This may lead to a duality whereby a particular group of patients will use a legally available drug registered as a medicine, and another group will commit a criminal offence by using it illegally. This may lead to a situation whereby healthy people who want to obtain a drug from a legal source produced under GMP regulations will simulate psychiatric diseases for which the medicinal product (drug) is officially registered.
- 4.4 The EU faces currently major challenges, stemming from the relative ease of designing and bringing to the market non-classified substances that might cause addiction and harm people's health, alongside the full spectrum of substances that are illegal to use and sell, for example: marihuana, heroin, cocaine and amphetamines.
- 4.5 Drug dealers are extremely innovative, and thus keep inventing new substances. Identifying, detecting, describing and preventing the emergence, spread and use of these substances is another element of the EUDA's mandate. Multi-substance use is also now widespread in the EU and is having a detrimental impact on public health. The new EUDA should address all other substance-based addictions when these substances are taken together with illicit drugs.
- 4.6 The use of drugs and illegal substances affects all people, because it carries the risk of addiction, which can not only ruin a person's health , but can also destroy her/his whole life, by trapping them in a vicious, drug-centred cycle, which leaves no space for social life, family, education, work or anything else. The risk of addiction is higher the younger and less experienced and educated a person is, as well as for those who are inactive and unemployed.
- 4.7 In order to prevent addicts from learning the symptoms of mental illness, the occurrence of which will be an indication for therapy with medicines (drugs), closer monitoring of the internet should be introduced. Currently, using the information available on the internet, it is possible to obtain prescriptions for drugs used to treat some diseases, such as ADHD and depression. The legitimacy of obtaining them is based only on the patient's interview and psychological tests, for which anyone can easily prepare using publicly available information.
- 4.8 Therefore, due to the growing number of people using medicinal products with addictive substances, it seems justified to introduce the EUDA's competencies in the scope of broader activities related to the public financing of this type of medical product. Public funding of

¹⁰ New benzodiazepines in Europe – a review, European Monitoring Centre for Drugs and Drug Addiction, 2021. ISBN 978-92-9497-641-3.

narcotic medicinal products, at a time when anybody can obtain guidance from social media on how to take psychological tests to obtain this kind of medicines, without additional surveillance measures, will lead to the abuse of reimbursed medicinal products (drugs), as this would be more affordable than buying them from a dealer.

5. Specific comments

5.1 The EESC agrees with the finding¹¹, confirmed by regular contacts with the EMCDDA and its stakeholders, that there is an increasing disconnect between the complexity of the drug phenomenon and the provisions of the current EMCDDA mandate. The founding Regulation does not reflect the current reality of the drug phenomenon and is out of step with the tasks required of the EUDA to meet the challenges of the drug phenomenon and the requests from its main stakeholders.

5.2 Revising the mandate of the EUDA

5.2.1 In line with its previous opinion¹², the EESC supports the endeavour to fight against the illegal spread and use of illicit drugs and stands ready to support any preventive campaign and actions to that end. Regrets that its earlier recommendations to closely involve stakeholder civil society organisations in the work of the EUDA are not reflected in the proposal.

5.2.2 The EESC stresses the need to extend the EUDA's mandate, by giving it more contemporary, forward-looking approaches and tools, and endorses all seven new areas of additional competences. Regrets that the information provision, awareness-raising campaigns, actions to help resolve addictions and preventive measures were not articulated in a clearer way and that the involvement of CSOs, with their added value and the synergies they create, are not included in the proposal.

5.2.3 The EUDA's competences shared with EMA concerning medical prescription should also be extended with regard to the design of training for physicians who prescribe a category of medicinal products that are classified as illicit drugs under EU law.

5.2.4 The EESC proposes to add some elements to each of the seven specific objectives, as follows:

- in order to address better and focus on monitoring multi-drug use, i.e., the addictive use of other substances when linked to drug use, the EUDA should consider multi-substance use to be widespread among drug users and to have a detrimental impact on public health. Tackling this phenomenon effectively requires close cooperation at regional and local level and the direct involvement of CSOs;
- national contact points need extra support to develop threat assessments and tools to inform workers in contact with people who use drugs of new developments concerning illicit drugs

¹¹ 2018/19 European Commission evaluation as per EC SWD Impact Assessment.

¹² From 2005.

that could negatively impact public health, safety and security, as they are at the front line in helping to boost the EU's preparedness to react to new threats;

- set up a network of forensic and toxicological laboratories, bringing together national laboratories. The network would foster the exchange of information on new developments and trends and would support the training of forensic drug experts. To achieve economies of scale, the EESC welcomes the idea of a network of virtual laboratories, which could also be built by clusters of Member States, on the basis of their geographical proximity, or similar drug importing and spreading risk profiles;
- REITOX's role should be strengthened to provide a solid database for shaping effective information and prevention strategies, and should be enabled to issue alerts in the event that particularly dangerous substances become available on the market. The EESC sees an opportunity to optimise the process of data collection by the Member States, by introducing a unified scientific methodology, including an automated process of data provision by the Member States, and also by connecting up the relevant registries and databases;
- develop EU-level prevention and awareness-raising campaigns relating to illicit drugs, allowing the EUDA to act on the basis of the analyses it produces. The EUDA should also be able to support Member States in preparing national campaigns and may, in close cooperation with the EMA, design standard visual indications, which should be obligatory on the packaging of medicines containing drug substances;
- provide research and support, not only on health-related issues, but also on drug markets and drug supply, thus addressing the drugs issue more comprehensively;
- play a stronger international role and support the EU's leadership role on drug policy at the multilateral level.

5.3 Pathways to ensure the smooth operation of the EUDA

5.3.1 The new EUDA must revise the allocation of Member States' budgetary resources, and these should be assessed on the basis of the availability and capacity of recognised and recommended services in the area of drugs. To be able to deliver on the extended mandate, the national contact points should have the certainty that they will receive sufficient financial resources, in a predictable and stable manner, rather than having to compete for grants.

5.3.2 Information and prevention as emphasised in Article 168(1), third subparagraph, TFEU, should be extended to specific activities by local communities and should promote the creation of a supportive environment for people who use drugs, so that they can receive help locally to overcome their addiction. It is important that local communities receive work plans and substantive support from the authorities and the EUDA.

5.3.3 The EESC stresses the fact that drug addictions are strongly related to mental health problems, and to past trauma; therefore, in the fight against these addictions, the root causes should be addressed and the EUDA's action plan should be constructed on the basis of psychological work in groups at risk of addiction.

5.3.4 Data show that, in addition to the population requiring psychological support due to previous traumatic experiences, there is also a group of people who, had they not been infected with COVID-19, would probably not have become addicted. Therefore, the EESC recommends that

EUDA's competences be extended to cover this significant increase in people's susceptibility to addiction due to severe long-term effects of COVID-19.

5.3.5 At the same time, the effective enforcement of the ban on illicit drugs requires efficient work at the foundations of society, so that people with addictions are not left alone, but are supported in their choice not to turn to drugs again. Despite the increasing public funds being spent on fighting drug trafficking, the problem of helping people overcome addiction is still huge. Therefore, the EUDA, taking into account the best experiences of the EU Member States, could redirect a more significant part of its work towards the psychological causes of drug abuse.

5.3.6 Taking a global and regional approach to the drugs market in the EU requires tracing and closely monitoring the developments in drug and illicit substances production in regions that traditionally pose risks, such as South America, Afghanistan, Africa, China, Turkey and the Western Balkans. The active and constantly changing role of OCGs in changing the dynamics of drugs supply and in trafficking requires constant and coordinated efforts by all relevant bodies, and especially those engaged in enforcement and border control, at international level. Only intense cooperation can help map drugs corridors in order to effectively cut them off.

5.4 National Contact Points

5.4.1 The role and functions of the NCPs should be expanded. Their work in the different EU countries varies considerably. Some NCPs carry out informative, analytical, scientific research, expert consultancy and publishing activities. The main objectives of NCPs activities should include more methodological monitoring, standardised data collection, evaluation and classification, and the processing, storage, analysis and dissemination of information in the field of drug demand and supply in the EU. NCPs should develop drug policy and active responses to the situation in that field. They should work on the provision of information, supporting the activity of national governments and the formulation of national policy on drugs and drug addiction.

5.4.2 NCPs are key to delivering effectively and promptly on the implementation of the EUDA's new mandate. Only a stronger and well-coordinated network of NCPs can provide relevant data – not only retrospectively, but most importantly – on the emergence of new harmful substances, their detection and identification, possible distribution channels, etc. As this requires building serious laboratory capacity, regional unions and clusters should be promoted – grouped in high-risk zones, e.g. at the EU's external borders, close to typical drug-importing routes, etc.

5.4.3 NCPs should be supported and equipped as effectively as possible with common guidelines and methodologies to be able to gather comparable data and indicators, on which to base the shift towards safety and security issues rather than just fighting the spread of drugs and illicit substances.

5.4.4 Member States should be encouraged to provide NCPs with more resources – including information, technology, funding, etc. Every effort should be made to help NCPs strengthen their capacity to deliver on the new, expanded mandate and play a greater role.

5.4.5 It should be remembered that, in addition to creating community mechanisms to fight addiction, the EUDA should, in cooperation with the Member States, build national systems of cooperation to create and support joint support programmes for groups potentially at risk of drug addiction. Only a strong bond developed within local communities can help reduce drug use. As an example of such solutions that have already resulted in positive solutions, the EUDA could use the solutions already implemented by the Portuguese Government.

5.4.6 The EESC sees an opportunity to improve the reporting system of NCPs, to avoid investing additional time and resources in double reporting – as they are currently required to report to both the future EUDA and the UN.

Brussels, 18 May 2022

Christa Schweng

The president of the European Economic and Social Committee
