

IDPC Advocacy Note

The European Union Drugs Strategy 2013-2020

July 2013

Introduction

The European Union (EU) has had some form of formal drug strategy since the early 1990s. These successive strategies have attempted to articulate a common Europe-wide position, and set out the role for the European Commission (EC) and other agencies in supporting the activities of EU member states given that the main decisions on policy, strategy and resource allocations are made at the national level.

Reviewing successive versions of the EU Drug Strategy, a clear trend of increasing scope, sophistication and clarity can be observed. Over the last 20 years, European governments and institutions have led the way globally in collecting information about the drug problem and government responses;¹ in implementing and learning from the experience of a wide range of supply reduction, demand reduction, and harm reduction activities; and in developing a consensus around a balanced approach to strategy that avoids the more extreme forms of repressive law enforcement, and encourages significant investment in harm reduction and treatment services for people who use drugs.

However, while the 'European approach' to drug policy has to some extent been a positive example to other countries and regions during this period, significant challenges remain – rates of drug use and dependence remain high in many parts of the region, and illicit drug markets continue to diversify and provide billions of Euros of income to organised crime groups, despite all efforts to curtail their activities. Rates of overdose, hepatitis C, and other causes of death amongst people who use drugs remain disturbingly high, as does the level of drug-related crime. Europe's relatively impressive record in reducing HIV transmission through injecting drug use is being put at risk through new outbreaks associated with increasing HIV rates in neighbouring countries (such as Russia and Moldova), and funding cuts to harm reduction services in several member states, in particular in Greece, Romania and Spain, among others.

Finally, the drug market in Europe is rapidly changing. Gone are the days when policy could simply be directed at the main plant-based drugs – heroin, cocaine and cannabis. The 21st century drug market encompasses a huge array of substances, most produced synthetically and increasingly close to the point of consumption, and which come in and out of fashion with bewildering speed.² This rapidly changing

¹ See, for example, the website of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), www.emcdda.europa.eu

² European Monitoring Centre on Drugs and Drug Addiction (2013), *European drug report: Trends and development*, http://dl.dropboxusercontent.com/u/64663568/library/EMCDDA_European_drug_report_2013.pdf

market means that the laws and strategies that have been developed over decades, and indeed the very processes for developing those laws and strategies, run the risk of becoming unfit for purpose very quickly.

To adapt to this changing reality on the ground, the relevant authorities – member states, the European Commission, the European External Action Service, Europol and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) – will have to find strategies and tactics that truly achieve the stated objectives of the 2013-20 Strategy: ‘a reduction in drug demand and drug supply within the EU, as well as a reduction as regards the health and social risks and harms caused by drugs’

Box 1. EU drug strategies: Background and process

EU drug strategies are negotiated through a sub-committee of the EU Council, formally known as the Horizontal Working Group on Drugs, but more commonly known by its previous title – the Horizontal Drugs Group (HDG). The committee consists of representatives of each of the 27 member states, the European Commission Drugs Co-ordination Unit (based in the Justice Directorate), and relevant EU agencies – Europol and the EMCDDA.

Comprehensive EU drug strategies have previously been agreed in 1994, 1999, and 2004. This last strategy ran for an 8-year period divided into two ‘halves’ of four years, each covered by a 4-year Action Plan that set out what areas of activity would be pursued to implement the strategy.³ The 2004 strategy also introduced a mid-term evaluation, in which the HDG would review progress against actions and objectives, and adjust course accordingly through the subsequent Action Plan. As the term of the 2004 strategy explicitly ended in 2012, the HDG used that year to prepare and agree a new strategy for the next 8 years,⁴ and has developed the first 4 year Action Plan under that strategy during the Irish Presidency (January to June 2013).

In this advocacy note, the International Drug Policy Consortium (IDPC) analyses the extent to which the Strategy, and its initial Action Plan, are effective in articulating activities and plans that are appropriate to this challenge, and that reflect the best evidence and experience in this sector. We also comment on the extent to which the process of development of these documents has lived up to the Strategy objective to: ‘Promote and encourage the active and meaningful participation and involvement of civil society... in the development and implementation of drug policies, at national, EU and international level.’

³ The EU Drug Strategy for 2005-2012 is available here:
<http://register.consilium.europa.eu/pdf/en/04/st15/st15074.en04.pdf>

⁴ The EU Drug Strategy for 2013-2020 is available here:
<http://register.consilium.europa.eu/pdf/en/12/st17/st17547.en12.pdf>

The EU Drugs Strategy 2013-2020

In 2012, the HDG received the report of the final evaluation of the 2005-2012 Drug Strategy,⁵ and went through the process of developing a text for the new strategy for the period 2013-2020. This process was managed by the Commission Drug Co-ordination Unit, and the respective presidencies of Denmark and Cyprus.

The Strategy objectives

The resultant document is comprehensive and wide ranging, and continues to refine the attempts of its predecessors to articulate a clear set of objectives. It also sets out a mechanism for robust evaluation in order to assess whether these objectives have been achieved. One criticism of previous strategies was the unclear nature of the objectives, which made evaluation difficult and undermined the assessment of whether specific activities were effective or not. One positive aspect of the new strategy is that its objectives are clearly stated:

- to contribute to a measurable reduction of the demand for drugs, of drug dependence, and of drug-related health and social risks and harms
- to contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs
- to encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level
- to further strengthen dialogue and cooperation between the EU and third countries and international organisations on drug issues
- to contribute to a better dissemination of monitoring, research and evaluation results and a better understanding of all aspects of the drugs phenomenon and of the impact of interventions in order to provide sound and comprehensive evidence base for policies and actions.

These objectives mirror the agreed structure of the Strategy, with two 'substantive' sections ('Demand Reduction' and 'Supply Reduction'), and three 'cross-cutting' themes ('Co-ordination', 'International Co-operation', and 'Information'). Traditionally, efforts to reduce the consequential harms of drug markets and drug use (such as drug-related crime, overdose deaths, or HIV transmission) have been considered under the heading of either demand or supply reduction. Unfortunately, the inclusion of the consequential harms of drug markets and use under the two existing substantive sections is conceptually flawed – many of the activities aimed at reducing these harms do not actually reduce demand or supply, but are very effective at tackling the specific harms at which they are directed.⁶ For example, efforts to identify, motivate and treat people dependent on drugs who are committing drug-related street crimes to

⁵ Culley, D.M. et al (2012), *Assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plans* (RAND Europe), http://ec.europa.eu/justice/anti-drugs/files/rand_final_report_eu_drug_strategy_2005-2012_en.pdf

⁶ IDPC has repeatedly called on the HDG to amend this structure to include a third substantive chapter dedicated to 'Harm reduction'. See, for example: International Drug Policy Consortium (2012), *IDPC Advocacy Note – Proposals for the development of the European Drugs Strategy 2013-2020*, <http://idpc.net/publications/2012/08/idpc-advocacy-note-proposals-for-the-development-of-the-european-drugs-strategy-2013-2020>

fund their dependence have been very effective in reducing property crime rates in many member states, but they do not reduce drug supply. They are nevertheless included in the supply reduction chapter of the strategy, presumably because there is some involvement of law enforcement authorities in their implementation.

There is therefore a mismatch between the overall objectives, and the ordering of activities to achieve those objectives. This is of more than semantic relevance in an era when there are valid debates on the realism and achievability of demand and supply reduction objectives, given the limited progress achieved to reduce the demand or supply of drugs across the globe. In contrast, great progress has been made in reducing consequential harms such as drug-related crime, deaths or blood-borne infections, leading many to argue that these objectives are more achievable, and should receive more attention and priority. By subsuming these considerations under the headings of supply or demand reduction, the Strategy is not only structurally inconsistent, it is making a policy decision to focus on the objectives that are least likely to be achieved, and prioritising actions that are least likely to be effective. Many national drug strategies have resolved this inconsistency by articulating a wider range of overarching objectives – giving more prominence to objectives such as reducing crime, or improving health – or, as with the Swiss national drug policy, taking a ‘four pillar’ approach⁷ that puts the reduction of harms on the same level as reducing supply or demand.

Finally, while there are some positive references to human rights standards and obligations in the strategy text, it is disappointing that the HDG has not taken this opportunity to explore in detail the implications of a commitment to a drug strategy that is based on fundamental rights and freedoms, as represented in the Lisbon Treaty. We know that there are several areas of drug control strategy activity that can potentially cut across the rights and freedoms of citizens, either within the EU, or arising from activities in third countries that are financially or politically supported by the EU. Particularly as the DG Justice is also responsible for ensuring the full implementation of the Lisbon Treaty commitments on human rights, it is important for the HDG to analyse its drug strategy in the context of these commitments.

Progress made in supply reduction

An observation (and criticism) made in the reviews and evaluations of previous EU drugs strategies was that there was little information or evidence presented on whether the stated objective of reducing the illicit supply and availability of controlled drugs was being achieved.

The theory behind supply reduction activities is that actions to prevent the cultivation and production of drugs, to interdict their distribution into and around Europe, and to disrupt retail sales to consumers, would have the effect of making them less available (i.e. hard for potential users to get access to them), or less attractive (through raising the price or reducing the quality), and therefore reducing levels of use.

A number of flaws in this ‘logical framework’ have become apparent over the years – for example, it has not been possible to shut off the production of plant-based drugs; when one distribution route is successfully disrupted, traffickers simply move to a new route (this is commonly referred to as the ‘balloon effect’); drugs are increasingly produced in laboratories and small-scale growing operations close

⁷ Csete, J. (May 2010), *From the Mountaintops - What the World Can Learn from Drug Policy Change in Switzerland* (Open Society Foundations), <http://dl.dropboxusercontent.com/u/64663568/library/csete-from-the-mountaintops-english-20101021.pdf>

to the point of consumption; when a shortage of a particular substance is achieved, users tend to switch to other substances (often with greater risks to health and security); and successful operations to push up price or push down quality can actually lead to greater social harms.⁸ For example, fluctuations in the purity or content of illicit drugs, arising from supply reduction operations, can lead to increased overdoses or other toxic reactions.

Efforts to reduce drug supply have been at the forefront of successive EU drugs strategies, and have been allocated the majority of available drug policy resources at national and EU level, so it is important to understand the impact of these activities on markets, and ultimately on whether the objective of ‘a measurable reduction in the availability of illicit drugs’ is being achieved. It has therefore been one of the weaknesses of successive strategies that no concrete action has been pursued to understand the scale and nature of the European drug market, and how it is affected by national and cross-border drug control activities.

There seems to be at least some signs of greater attention to this issue in the 2013-2020 Drugs Strategy. In addition to the usual calls on member states and EU institutions to improve data gathering and analysis, paragraph 32.4 makes a specific call for the development of ‘policy relevant and scientifically sound’ indicators on supply reduction. This intention has been backed up with increased work, led by the EMCDDA over the past two years, to bring together a range of research methods and indicators to better understand the scale, shape and trends within EU illicit drug markets.⁹

While these efforts are welcome, there are concerns that the central policy question – the effectiveness of various supply reduction activities and strategies in achieving the policy objectives – still receives very little attention at the HDG, or any other EU policy setting. The Action Plan is also damaging in this regard, as will be explained in further detail below.

New psychoactive substances

Policy makers across Europe have correctly identified that the rapid emergence and widespread use of a wide range of new psychoactive substances (NPS – 280 separate compounds have been listed by the EMCDDA as having been reported in Europe in the last four years¹⁰), presents a real threat to citizen health and wellbeing, and a new challenge to the process of creating and implementing drug control strategies. Reflecting this concern, the EC and member states have designated this as a priority topic for European cooperation.

Already, several member states have implemented legislative or procedural amendments, or pursued specific strategies (for example, closing down websites or retail outlets, passing legislation to ban newly emerging substances, or taking action against the distribution of precursor chemicals) to deal with the proliferation of NPS within their borders. These measures have had mixed results, as they all come up

⁸ Global Commission on Drug Policy (2011), *War on drugs*, <http://idpc.net/publications/2011/06/war-on-drugs-report-of-the-global-commission-on-drug-policy>

⁹ For more information, please visit the website of the EMCDDA: <http://www.emcdda.europa.eu/indicators/drug-markets-crime-and-supply-reduction>

¹⁰ European Monitoring Centre on Drugs and Drug Addiction & Europol (May 2013), *New drugs in Europe, 2012 – EMCDDA-Europol 2012 Annual Report on the implementation of Council Decision 2005/387/JHA*, <http://www.emcdda.europa.eu/publications/implementation-reports/2012>

against the twin problems of distribution and substance displacement. As soon as one method of distribution of a particular substance is closed down, an alternative method is developed. Similarly, as soon as action is taken to tackle a substance causing particular concern, another similar substance (sometimes creating greater health harms) appears on the market. As this process is repeatedly played out in different parts of the continent, the overall trend is for an increasing number of substances being available, used by an increasing number of citizens, and with a limited level of understanding of their effects and harms.

The EU Strategy refers to the positive work done by the EMCDDA and Europol to set up warning mechanisms to collate and disseminate information on NPS, and the EC is working hard to attempt to frame some EU legislation that meaningfully strengthens the ability of member states to tackle the phenomenon. However, this process is slow and difficult, serving to illustrate the difference between the cumbersome legislative and strategy process, and the ability of those who create and distribute the substances to rapidly change patterns of production and distribution. The architects of the draft EU legislation have to go through complex legal advice, the procedures of the European Commission, Council and Parliament, and the diverse views and priorities of the 27 member states in order to pass legislation. The process of discussion of EU legislation in this area has been running for 2 years now, and seems unlikely to be concluded in the coming year. Meanwhile, new substances and methods of distribution will continue to come in and out of fashion with bewildering speed.

The EU Action Plan 2013 – 2016

As described above, the Strategy is divided into two periods of four years, with an Action Plan developed for each period that articulates specific activities, timelines, responsible bodies, and objectives and indicators beneath the broad strategic principles outlined in the strategy. The first Action Plan for the 2013-2020 Strategy was negotiated through the Irish Presidency (January to June 2013), and covers the period 2013-2016, at which point a mid-term evaluation will be conducted, and a second Action Plan developed. The process of mid-term evaluation, which will take place through 2015 and 2016, presents a good opportunity to review the extent to which the activities pursued by EU institutions and member states are achieving the clearly stated objectives, and introduce refinements and amendments for the next four-year period, and to inform the EU positions at the 2016 UN General Assembly Special Session on drugs (UNGASS).

The current Action Plan¹¹ is a broadly comprehensive and coherent document that mirrors the structure of the Strategy, and lays out 54 specific actions to be undertaken by a mixture of member states, EC, EMCDDA, Europol, EEAS, European Parliament and civil society. Unfortunately, many of these 'actions' remain quite broad in nature (reflecting the strategic level of the document), which will make it difficult to be specific in evaluating whether or not they have been effectively implemented. Both the Strategy and the Action Plan make very little reference to the crucial issue of how current or future EU financial resources will be used, and the extent to which these allocations are consistent with the principles and priorities of the Strategy. Various EU agencies and funds spend hundreds of millions of Euros between them on activities relevant to the Drug Strategy, but the extent to which these expenditures are impacting

¹¹ Available at: <http://idpc.net/publications/2013/06/european-union-action-plan-2013-2016>

(or are even intending to impact) on the objectives described in the Strategy is unclear. There is a welcome reference in the Action Plan to the intention to conduct an audit of these expenditures. It is important that this audit is completed quickly and transparently.

Civil society involvement

There is a welcome and growing written commitment in both the Strategy and Action Plan to the meaningful involvement of civil society in the EU processes for discussing and deciding upon drug policy, strategy and actions. The Strategy includes a clear objective to: 'Promote and encourage the active and meaningful participation and involvement of civil society... in the development and implementation of drug policies, at national, EU and international level'.

Meanwhile, the Action Plan has a commitment to:

- ensure timely dialogues between the EU Civil Society Forum on Drugs (CSF)¹² and the HDG during each Presidency period
- engage the CSF in reviewing the implementation of the Action Plan
- Increase the level of involvement of civil society in member states and EU drugs policy developments and implementation with particular regard to the involvement of people who use drugs, clients of drug-related services and young people
- Hold timely dialogues between the scientific community (natural and social sciences) and the HDG.

The Commission has continued to work on the development of the CSF so it can be used as a mechanism for structuring formal engagement between interested civil society groups and networks, and the various government and EU actors. This has been a positive process, with the CSF now encompassing 39 diverse Europe-based organisations as members, and developing operating procedures for its own internal work, and for engagement with the EC and the HDG. The CSF receives a small amount of funding from the EC Drug Coordination Unit for meetings and travel. Despite the fact that it is still the case that the EC does not provide any financial support for the administration of the work of the CSF, its members have worked hard in the past 2 years to build up a cooperative and constructive mechanism to debate drugs issues and present integrated positions to the EC and the HDG. The Irish Presidency has also introduced a very welcome initiative, inviting a national NGO to present to the meeting of national drug policy co-ordinators at their meeting in Dublin.

However, the experience of CSF members in trying to engage with the process of development of the current EU Drug Strategy (through 2012) and the first Action Plan (through the first 6 months of 2013) have left civil society organisations wondering whether there is indeed a commitment from HDG members to 'meaningful participation and involvement of civil society'.

For the strategy drafting process, the CSF held a number of meetings and consultations through the year

¹² See, for more information: http://ec.europa.eu/justice/anti-drugs/civil-society/index_en.htm

that resulted in a unified publication, *The Civil Society Forum on Drugs proposal to the EU member states and the European Commission for inclusion in the new EU Drugs Strategy and Action Plan*¹³, that summarised civil society views on the strategy contents and made a series of recommendations. Procedurally, this was a difficult task, as the CSF had to produce their contribution before a first draft of the strategy was even made available. The recommendations of the CSF could therefore not focus on specific proposals emerging from the HDG. However, after the CSF report was published, the Forum received a greater shock – the document was never formally tabled for any discussion at any HDG meeting and, when the CSF did an informal survey at the end of the year, most HDG members spoken to admitted that they had never read the document.

This first attempt at a formal engagement, however regrettable, could admittedly be explained in terms of learning new procedures. However the CSF had a similar experience with the development of the Action Plan for 2013-2016. In January 2013, and conscious of the frustrations created during the previous process, a procedure for CSF input to the Action Plan process was discussed between the EC, the Presidency, and the Chair of the CSF. It was agreed that the CSF membership would go through a process of collating member views and suggestions, and submit them formally to the EC and the Irish Presidency. This process was duly followed by the CSF membership, and a summary of the collated contributions was presented to the HDG meeting held on 26 February 2013. This was followed up with a letter on 7 March that comprehensively listed the CSF recommendations¹⁴ to amend what was at that stage (we learned later) already an almost final draft of the Action Plan. The expectations of CSF members were that these recommendations would be circulated to all HDG members, time allocated for their discussion at HDG meetings, and each recommendation either incorporated into the Action Plan, or a response given explaining why it was being rejected. In the event, and despite repeated emails and calls from CSF members to the Commission, the Presidency and other HDG members, there was no further discussion of the CSF letter, and no response on the extent to which its contents had been incorporated into the developing Action plan text.

Finally, in May 2013, and in response to a complaint from the CSF, the EC and the Presidency wrote to the CSF Chair attempting to explain that, with so many member state and EU agency positions to collate, as well as the CSF recommendations, it was inevitable that no stakeholder could have all their wishes satisfied. Although this may be true, the response also tried to argue that many of the CSF recommendations were in some way incorporated in the final draft of the Action Plan. This is demonstrably not the case in two of the key substantive areas of the CSF submission (see below for more information). Unconvinced by this response, the CSF subsequently wrote to all HDG members asking them to delay the adoption of the final draft of the Action Plan pending a proper discussion with civil society. Despite initial noises from some members that they were willing to take this course of action, the HDG meeting held on 23 May 2013 adopted the final text of the Action Plan with no further discussion of the CSF recommendations.

This process has been disappointing, in particular since there has been clear positive progress in the creation of a meaningful structure for civil society engagement with EU policy making procedures –

¹³ Available at: http://efus.eu/files/2012/05/CSF-drugs_recommendations_final_March2012-1.pdf

¹⁴ To access the CSF recommendations, see: <http://idpc.net/alerts/2013/03/civil-society-forum-comments-on-eu-draft-action-plan-for-2013-2016>

representatives of the CSF were invited to give a short presentation at the February HDG meeting, and a two-hour long consultation was held on the day before the June 2013 HDG meeting. The commitments in the Action Plan for subsequent presidencies to organise regular dialogues, and involve the CSF in reviewing implementation of the Action Plan, are very welcome. However, these commitments will be hollow if, when the CSF actually makes substantive recommendations, they are ignored, or discussion of them is avoided.

Drug dependence treatment and harm reduction

CSF members made several recommendations around harm reduction in the development of the Action Plan. They acknowledged that, despite the resistance of a small number of member state delegations, the Strategy and Action Plan both had clear references to the need for member states to develop comprehensive packages of public health measures to reduce the risk of HIV, hepatitis and other health conditions associated with drug use. The use of the phrase 'harm reduction', so often contested by political authorities in international debates, was used prominently in both texts. However, in order to achieve this clarity, the drafters of the Action Plan were forced to incorporate references to these measures in more general references to drug dependence treatment and recovery interventions.

On one level, this integration is positive – it is important at a delivery level that activities to identify and treat people dependent on drugs, to help them find pathways to recovery, and to provide them with services and support to protect their health and wellbeing, are integrated and mutually reinforcing within a comprehensive treatment system. However, subsuming harm reduction activities within a broad definition of drug dependence treatment, within a chapter on drug demand reduction, does underplay the core objectives of these activities – which are not to treat drug dependence or reduce drug demand, but to reduce drug-related blood-borne infections and prevent overdose deaths (objectives that they are very effective at achieving).

To be reflective of reality, and to give due prominence in the Action Plan to the objectives of reducing infections and overdoses, harm reduction strategies and programmes should have their own separate section. Of course, reference should also be made to the importance of integrating the various interventions targeted at people dependent on drugs, but this should not be made by relegating this crucial and successful area of the strategy to a subsection of drug dependence treatment.

The CSF also recommended a specific area of action under the harm reduction heading that did not find its way into the Action Plan – to review the EU public health threat arising from increasing HIV and hepatitis risks and outbreaks in some Eastern European and Central Asian countries. This recommendation arose from two related concerns:

- The recent 'spikes' in HIV prevalence in a small number of member states (for example Greece and Romania),¹⁵ observed over the last two years, that are reversing the general trend of low and declining rates of HIV transmission through injecting drug use in the EU. This is mainly because of

¹⁵ Malliori, M., Terzidou, M., Paraskevis, D. & Hatzakis, A. (2012), *HIV/AIDS among IDUs in Greece: Report of a recent outbreak and initial response policies*, <http://idpc.net/publications/2012/07/greek-report-on-the-hiv-outbreak-in-drug-injectors> ; European Monitoring Centre for Drugs and Drug Addiction & European Centre for Disease Prevention and Control (2012), *Joint EMCDDA and ECDC rapid risk assessment – HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania*, <http://idpc.net/publications/2012/01/hiv-iud-increase-of-cases-greece-romania>

austerity and budget cuts measures that are leading to reductions in the provision of HIV prevention services in some countries.

- The worrying increases in HIV and hepatitis prevalence in some countries to the east of the EU (for example in the Russian Federation)¹⁶ where there is a significant pool of infections amongst people who use drugs and very poor coverage of harm reduction services, leading to an increasing risk of rising prevalence through migration to and from EU countries.

The CSF request to the HDG was to include specific actions in the Action Plan to better understand the nature of these potential risks, and to engage diplomatically and technically with the governments of affected countries to explore ways of minimising these risks. In the final version of the Action Plan, no mention was made of either issue and no specific action was included.

Law enforcement indicators

As described above, successive EU drugs strategies have failed to address the need to develop an understanding of the scale and nature of European drug markets, and to develop indicators that can cast light on whether the efforts of governments and law enforcement authorities are achieving supply reduction objectives. This Strategy and Action Plan are at least trying to get to grips with this issue, committing to develop ‘policy relevant and scientifically sound’ indicators to report against the objective of achieving ‘a measurable reduction in the availability of illegal drugs’.

IDPC has been pushing for many years for work to be done to create clear indicators of effectiveness for the EU Drugs Strategy. It was therefore welcome that an annex was added to the Action Plan listing what are referred to as ‘Overarching indicators for the EU Action Plan on Drugs 2013-2016’. This list of 15 indicators covers the established mechanisms for assessing progress in reducing drug use prevalence, problematic drug use, and associated harms (such as drug-related deaths and infections). They also incorporate some process indicators on the quality of co-ordination and international co-operation.

In addition, they include, for the first time, an articulation of indicators of progress in the supply reduction field. Although this is welcome, these indicators are unfortunately largely unhelpful – that is, they focus primarily on the number of drug law arrests and drug seizures. Originally, drug strategies relied heavily on the idea that, the more people arrested and the more drugs seized, the smaller the illicit drug market, and the lower the consequential harms. It is now clear that this is not the case – in this demand driven commodity market, seizures (even of large amounts) are quickly replaced, arrests of key dealers simply lead to new actors taking over the trade, and the arrest of people who use drugs does not lead to fewer consumers, but largely increases the harms they face.

The level of arrests and seizures may be a relevant *process* indicator of law enforcement operational activity, but are unsuitable as measures of *policy effectiveness* in reducing the scale of the market, the availability of drugs to EU citizens, or the harms associated with drug markets and use. Of greater

¹⁶ See: Merkinaitė, S. (2012), *A war against people who use drugs: The costs* (Eurasian Harm Reduction Network), <http://idpc.net/publications/2012/03/the-war-against-people-who-use-drugs-the-costs> ; Ocheret, D., Golichenko, M., Teplinskaya, I. & Latypov, A. (2011), *HIV and the law in Eastern Europe and Central Asia* (Eurasian Harm Reduction Network), <http://idpc.net/publications/2011/12/hiv-and-the-law-in-eastern-europe-and-central-asia>

relevance would be indicators focusing on reductions in market-related harms, such as violence, money laundering, corruption, poverty and social marginalisation.

The EU has been at the forefront of the search for balanced and evidence-based drug policy. It is therefore surprising that there is such a resistance to moving towards more appropriate indicators for supply reduction. A wide range of excuses have been articulated over the years for retaining arrest and seizures as the main indicators, and the latest reason seems to be that they are the only areas of supply reduction indicators where data can be collected through existing mechanisms. This may be true, but it is inappropriate for a high-level regional strategy to be using such indicators, which perpetuate an out-of-date view of drug law enforcement, simply because they are easier to count.

Conclusions and recommendations

European member states and the EU have pursued many timely and effective drug policy reforms over the years, and the new EU Drugs Strategy and Action Plan contain a broadly balanced and evidence-based set of commitments from member states and EU institutions. This advocacy note, however, has pointed out some specific areas where the documents are deficient. There is also a wider concern – as the limitations of traditional drug control policies and strategies become more apparent, and the debate on alternative strategies is accelerating in many other parts of the world, the region with probably the most diverse experience and evidence is not playing a sufficient role in this debate. The EU Drugs Strategy is an example of a competent piece of work, but conducted within the tight framework of existing policy, and with very little scrutiny or involvement of political leaders or the general public. This is a time for European leadership and creativity in drug policy – in the search for a reformed set of strategies and programmes that are fit for purpose in rising to the challenges posed by 21st drug markets and patterns of use.

IDPC therefore makes the following recommendations for the coming year, to strengthen the contribution of the EU to humane and effective drug policy development:

- **That the HDG holds a debate on how best to categorise activities that do not seek to reduce demand for or supply of drugs, but that focus on reducing one or more harmful consequences of drug use and markets.**
- **That the Lithuanian Presidency organises a full meeting between civil society representatives and the HDG members (or national drug co-ordinators) in the second half of 2013.**
- **That a key agenda item for this meeting should be the implications of the human rights commitments in the Lisbon Treaty for EU drugs strategies and activities.**
- **That the Greek Presidency establishes a clear and transparent process to incorporate the views of the CSF (UNGASS Working Group) in to the process for developing EU positions for the 2014 UN Mid-term review of the 2009 Political Declaration and Action Plan.**
- **That the HDG holds a joint meeting with the Public Health Directorate (SANCO) and the EEAS on the subject of new and emerging public health threats relating to injecting drug use, which**

results in concrete actions to address these concerns, including through a revised SANCO Communication on HIV.

- That urgent action is taken to review the supply reduction indicators used in the Action Plan, and to come up with a process for articulating and reporting on indicators that truly address the relevant EU strategy objectives.
- That the EEAS develop clear guidance for its delegations on drug policy matters, encouraging them to engage proactively with drug policy debates in their countries and regions.
- That the EMCDDA produces regular (perhaps once in each presidency period) updates for the HDG (that are also published) on the emergence and extent of use of new psychoactive substances.

The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert consultancy services to policy makers and officials around the world.

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