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**Report from the Commission to the European Parliament and the Council
on progress in the EU's 2013-2020 Drugs Strategy and 2013-2016 EU Action Plan on
Drugs**

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Drug demand reduction

Objective/Action	Timetable	Responsible party	State of Play
Objective 1: Prevent drug use and, secondly, delay the onset of drug use			
<p>1. Improve the availability and effectiveness of prevention measures that take account of:</p> <p>a) population risk factors such as age; gender; cultural and social factors;</p> <p>b) situational risk factors such as homelessness; drug use in nightlife and recreational settings; the workplace; and driving under the influence of drugs; and</p> <p>c) individual risk factors such as mental health; problem behaviour and psychosocial development; and other factors known to affect individual vulnerability to drug use such as genetic influences and family circumstances</p>	Ongoing	Member States	<p>According to EMCDDA, school students with academic and social problems are one of the groups most frequently targeted by selective prevention strategies. Little is reported about the content of these interventions and very little is therefore known on their evidence base. There are indications, through the National Reports¹, that information, awareness-raising and counselling remain the most common prevention interventions used, rather than approaches with greater evidence of impact such as those focusing on norm setting, environmental restructuring, motivation, skills and decision-making.</p> <p>EMCDDA reports that in 2013, a majority of Member States reported full implementation of smoking bans in schools and less than half of school drug policies. Universal interventions within schools that are based on the provision of information are reported to be widely available, despite the absence of evidence, while evidence-based components such as social and personal skills trainings do not clearly prevail.</p> <p>EMCDDA also reports that early detection mechanisms in school are reported to be extensively or fully provided in less than half of the Member States.</p> <p>All Member States reported having implemented prevention</p>

¹ Commissioned each year by the EMCDDA and produced by the national focal points of the Reitox network, the National reports draw an overall picture of the drug phenomenon at national level in each EU Member state.

		<p>measures in the period 2013-2014. These take account of population risk factors such as age, gender, cultural and social factors; of situational factors such as homelessness, drug use in nightlife and recreational settings; the workplace and driving under the influence of drugs; and of individual risk factor such as mental health, problem behaviour and psychosocial development.</p> <p>A majority of the non-governmental organisations (NGOs) consulted by the Commission also confirmed that prevention measures have been implemented in their countries.</p> <p>A majority of the Member States considered that the availability of these prevention measures has improved or remained stable over the period 2013-2014. Some of the NGOs consider that this was not the case.</p> <p>More than half of these Member States also put in place mechanisms to evaluate the prevention measures implemented. In most EU countries with such mechanisms, evaluations were or are currently being carrying out.</p> <p>The prevention measures implemented by Member States that take account of population risk factors such as age; gender; cultural and social factors included: universal prevention measures that take into account the age of the target group and some of them offering gender specific parts; measures for children with special education needs; implementation of selective interventions targeting specific vulnerable groups such as socially vulnerable families and children; selective and indicative prevention measures implemented in the military setting; selective prevention programmes to support vulnerable groups such as early school leavers, students/soldiers that use legal and illegal substances; prisoners' children; children</p>
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		<p>whose parents face psychological problems, unemployment, addiction; pregnant women that use legal or illegal substances; programmes for psychoactive substance use prevention implemented in schools; programmes for parents focusing on improving parenting and communication skills; prevention activities for the Roma population.</p> <p>The prevention measures implemented by Member States that take account of the situational risk factors such as homelessness, drug use in night life and recreational settings, the workplace and driving under the influence of drugs included: measures for partygoers, festivalgoers; anti-drugs campaign in nightlife settings such as music festivals and club venues; school-based interventions addressed to adolescents who experiment with drugs and students who have psychosocial problems; family and community-based interventions offered to individuals with psychosocial problems possibly associated with drug use; measures for homeless youth, youth in socially disadvantaged neighbourhoods; check-ups of slummy homes, deserted buildings and other places where deprived persons are gathering; set up of harm reduction shelters for men and women specifically catering for drug users who find themselves in crisis related to issues of homelessness, health related risks; campaigns and guidelines on the response to drug use at the workplace; accident avoidance prevention for youth; programmes against driving under the influence of drugs; awareness raising of driving under the influence of drugs as part of the preparation for the driving licence; prevention videos showed in prisons.</p> <p>The prevention measures implemented by Member States that take account of individual risk factors such as mental health; problem behaviour and psychosocial development included: measures</p>
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<p>2. In addition to prevention of drug use, strengthen and better target prevention and diversionary measures to delay the age of first use of illicit drugs</p>	Ongoing	Member States	<p>EMCDDA reports that nearly one-third of the ESPAD² students (31%) had smoked a cigarette at the age of 13 or younger. On average, nearly six in ten students had consumed at least one glass of alcohol at the age of 13 or younger and 12% had been drunk at that age. The use of other substances at such young age is rare, with on average 3% of the students declaring cannabis use.</p> <p>EMCDDA informs that the selective measures with the highest provision are reported to be those targeting families with substance misuse problems, the provision of interventions for pupils with social and academic problems and interventions for young offenders.</p> <p>A large majority of Member States reported having had specific programmes and/or measures aimed at delaying the first use of illicit drugs in the period 2013-2014. Among these measures Member States mainly implemented: universal prevention</p>

² ESPAD is the European School Survey Project on Alcohol and Other Drugs. The overall aim with the project is to repeatedly collect comparable data on substance use among 15–16 year old students in as many European countries as possible.

			<p>programmes in schools, campaigns against drug consumption at music festivals and venues, programmes aimed specifically at preventing the use of cannabis; awareness raising among public of the risks associated with drug use, production and trafficking; awareness raising among young children; primary prevention towards specific target groups, such as the Roma communities; selective and indicated prevention at regional level carried out by NGOs; selective prevention for groups that show higher levels of risks factors; set up of portals to inform parents of their role in prevention of addictive behaviours of children. Just over half of the Member States put in place mechanisms to evaluate these programmes and/or measures and a majority of these conducted or are currently conducting evaluations.</p>
3. raise awareness of the risks and consequences associated with the use of illicit drugs and other NPS	Ongoing	<p>Member States</p> <p>European Commission</p> <p>European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)</p>	<p>In the period 2013-2014, the EMCDDA issued 32 public health alerts and advisories to the Early Warning System Network. Many of these concerned serious adverse events, particularly deaths, and/or hazards that had the potential to cause serious harm.</p> <p>In this period, the Scientific Committee of the EMCDDA conducted seven risk assessments on new psychoactive substances posing health concerns.</p> <p>A large majority of Member States ran awareness initiatives on the risks and consequences associated with the use of illicit drugs and other new psychoactive substances. The target groups of these campaigns were mainly the general population, minors, young people, problem and recreational drug users, children, teachers and parents. A few Member States mentioned targeting the members of the Early Warning Networks. Most of these campaigns were continuous. Their aim in general was to inform, raise awareness, prevent health incidents, reduce risks associated with drug use,</p>

			<p>early detection of new psychoactive substances and their dissemination, promotion of personal responsibility, promote drug treatment services and de-stigmatise drug users,.</p> <p>A majority of the NGOs that provided input for this progress review ran awareness initiatives on the risks and consequences associated with the use of illicit drugs and other new psychoactive substances. Some also knew of other awareness campaigns run by other bodies. The target groups of the campaigns run by the NGOs ranged from the population at large to drug users, health professionals, professionals working in law enforcement, police, and governmental institutions, youth, elderly, parents, women using drugs, young people in the night environment, recreational users. The scope of the initiatives ranged from raising awareness in schools, at the workplace and in families about cannabis, cocaine and antipsychotics, to promotion of a healthy lifestyle, safer sex, reduction of HIV infections, information about the risks of drug use to reduce harm, to increased knowledge and interactive methods for drug prevention, to creating partnerships between the drug users community and state officials in advancing the rights of people who use drugs. Most of these were long-term campaigns, some of which are still ongoing.</p>
<p>4. Enable a more informed response to the challenge of the misuse of prescribed and 'over the counter' opioids and other psychoactive medicines</p>	<p>2014-2016</p>	<p>Member States Horizontal Drugs Group European Medicines Agency (EMA)</p>	<p>The situation in the EU as regards misuse of and dependence on prescribed medicines needs further work and analysis. A majority of Member States estimate that the following categories of medicines would be misused: opioid analgesics and anaesthetics (prescribed and over-the-counter, if applicable); medicines primarily prescribed for their psychoactive effects; and medicines used in the substitution treatment of addiction. However, there is very limited data available in the Member States to obtain a</p>

		EMCDDA	<p>complete estimate of misuse, happening in various contexts, in the whole of the EU.</p> <p>Of those Member States which provided examples of initiatives already implemented at the national level to prevent the misuse of medicines, a majority focused on promotion of appropriate use of prescribed medicines, primarily through awareness raising and education of prescribing physicians as well as on supply controls, such as controls through e-prescription systems, prescription guidelines (e.g. for benzodiazepines) and restrictions on prescription and dispensing of controlled medicines.</p> <p>EMCDDA reports that in terms of misuse of prescription opioids (PO) both monitoring and research has focused on their diversion and/or substitution. The main groups of interest have been methadone and buprenorphine, diverted from opioid substitution treatments and to lesser extent fentanyl, diverted from use as analgesics or produced illicitly. The EMCDDA is collecting the national legislation which covers prescribing, control of diversion and enrolment of medication used for drugs substitution treatment (OST). Substitution registers in each Member State help to avoid problematic double prescriptions through visiting several prescribing doctors in parallel.</p> <p>A 2015 report of the EMCDDA³ shows that benzodiazepines⁴ are often misused by high-risk opioid users and are associated with morbidity and mortality in this group. Around 11 % of the clients entering specialised drug treatment in in Europe in 2013 for opioid problems reported use of benzodiazepines as a secondary drug.</p>
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³ Perspectives on Drugs: the misuse of benzodiazepines among high-risk opioid users in Europe, EMCDDA 2015

⁴ Benzodiazepines are a group of widely prescribed medicines with a range of clinical uses, including treatment of anxiety and insomnia and the management of alcohol withdrawal. Examples of such medicines are: diazepam, clonazepam, alprazolam, oxazepam

			<p>There are particular concerns around the misuse of benzodiazepines in combination with opioids. This combination is associated with elevated risk of drug overdose, in addition to increased risk of HIV infections, psychopathology (anxiety and depression), poorer treatment outcomes and poorer social functioning.</p> <p>The EMCDDA is currently developing a conceptual framework for monitoring the misuse of medicines. This includes methodological work linking different areas of current EMCDDA monitoring activities, constructing a monitoring definition, identifying existing and new data sources and indicators and proposing other methodological developments, which may help in monitoring the situation in Europe in the future.</p> <p>As of 01.07.2015 there is a common EU logo to identify legitimate online retailers of medicine. The use of the logo allows consumers to differentiate between legitimate online pharmacies (and other medicines retailers) from illegal ones, the latter being the main source of prescription-only medicines (including opioids) sold without a prescription and of falsified prescription-only medicines (including opioids).</p>
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Objective 2: Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug- related health and social risks and harms and to support the recovery and social re/integration of problematic and dependent drug users

5. Develop and expand the diversity, availability, coverage and accessibility of comprehensive and integrated treatment services including those which address polydrug use (combined use of illicit and/or	Ongoing	Member States	<p>The EMCDDA reports that in 2013 around 460.000 drug users were reported to have entered treatment for problems related to their drug use in the EU; around 170.000 of them have entered for the first time in their life.</p> <p>Most clients enter treatment for primary use of opioids, especially</p>
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licit substances including alcohol)			<p>heroin, followed by cannabis, cocaine, stimulants other than cocaine and other drugs. Among people entering treatment for the first time in their life, the first reason for entering treatment is cannabis, followed by opioids, cocaine, stimulants other than cocaine and other drugs.</p> <p>In 2013-2014 integrated treatment services were available in all Member States and the coverage was good. In a majority of Member States treatment services were available both in cities and the country-side all over the country or in the main cities and the capital. In a few Member States treatment services were available only in 2-3 main cities and the capital.</p> <p>Half of the Member States considered that no major change intervened in the availability of treatment services in 2013 -2014 in their country. Most of the rest of the Member States found that the availability of treatment services increased. Many NGOs said that the availability of treatment services in their country declined due to budgetary cuts.</p> <p>EMCDDA reports that most drug treatment in Europe is provided in outpatient settings, while a sizeable proportion (1/10th) of drug treatment in the EU is also provided in inpatient settings. The relative importance of outpatient and inpatient provision within national treatment systems varies greatly between countries. Specialised outpatient centres represent the largest provider in terms of drug users reached, followed by general healthcare centres. These include general practitioners' surgeries, reflecting their role as prescribers of opioid substitution treatment in half of the EMCDDA reporting countries. In addition, many Member States have low-threshold services, and although many of these do not provide structured treatment, in some countries, these agencies are</p>
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		<p>considered as an integral part of the national treatment system.</p> <p>EMCDDA also reports that opioid users represent the largest group undergoing treatment in Europe and consume the greatest share of available treatment resources. Substitution treatment (OST) is the most common treatment for opioid dependence. An estimated 700.000 opioid users received OST in the European Union in 2013. Coverage of OST is estimated at more than 50 % of Europe's problem opioid users. At national level, however, large differences still exist in coverage rates. Although less common, alternative treatment options for opioid users are available in all EU countries.</p> <p>In 2013-2014 a wide range of services was accessible and provided to drug users in European treatment facilities. Member States reported the following services: psychotherapy, occupational therapy, medical diagnosis and treatment, voluntary testing for vaccination against infectious diseases, clinical psychology diagnosis, psychosocial advice and individual and/or group counselling, health promotion services such as nutrition, education and health, vocational orientation, detoxification, family therapy, alternative therapy psycho-education of parents and adolescents, low threshold medical care, antiretroviral treatment (ARV), relapse prevention.</p> <p>EMCDDA reports that data from outpatient specialised treatment centres indicate that psychosocial treatment is the most commonly available service to drug users in this type of facility. 24 Member States reported to the EMCDDA that this service is available in more than 50% of all outpatient specialised treatment.</p> <p>According to the EMCDDA, targeted interventions can facilitate access to treatment and ensure that the needs of specific groups are</p>
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			<p>met. The available information suggests that this kind of approach is currently most commonly available to young drug users, those referred from the criminal justice system and pregnant women. Targeted programmes for homeless drug users, older drug users and lesbian, gay, bisexual and transgender drug users are less frequently available, despite many countries reporting that there was a need for this kind of provision.</p> <p>Based on the new EMCDDA Guidelines on treatment demand, polydrug use problems is defined as problematic use of more than one drug at the same time in a way that is very difficult to clearly identify one primary drug. According to data from 16 EU Member States, around 40% of clients entering drug treatment in 2013 were identified as polydrug users. Among all drug clients citing at least one secondary drug opioids, alcohol and cannabis are the most frequently cited secondary substances.</p>
<p>6. Expand the provision of rehabilitation/recovery services with an emphasis on services that:</p> <p>a) focus on providing a continuum of care through case management and interagency collaboration for individuals;</p> <p>b) focus on supporting the social re/integration (including the employability) of problem and dependent drug users; and</p> <p>c) strengthen the diagnostic process and the treatment of psychiatric and physical co-</p>	<p>Ongoing</p>	<p>Member States</p>	<p>Less than half of the Member States said that there was no expansion in the three types of rehabilitation/recovery services in the period 2013-2014.</p> <p>A few Member States mentioned having experienced some changes in rehabilitation/recovery services with an emphasis on services that focus on providing a continuum of care through case management and interagency collaboration for individuals in 2013-2014. Less than half of the Member States reported changes in the rehabilitation/recovery services that focus on supporting social re/integration (including employability) of problem and dependent drug users. Less than half of the Member States reported changes in the rehabilitation/recovery services that strengthen the diagnostic process and the treatment of psychiatric and physical co-morbidity</p>

<p>morbidity involving drug use</p>		<p>involving drug use.</p> <p>Many of the NGOs reported that in 2013-2014 there was no expansion of rehabilitation/recovery services.</p> <p>EMCDDA reports that in the EU, Case management (CM) is most commonly available to drug users in specialised outpatient treatment centres. 16 Member States reported to the EMCDDA that CM is available in more than 50% of all centres of this type. Within the outpatient treatment systems in the EU, the availability of CM is generally limited within general and mental health care centres and low threshold agencies. Within the inpatient treatment system, CM is available in more than 50% of the three main inpatient treatment providers in only one third of EU countries.</p> <p>EMCDDA reports that the most recent data available (2009-2010) show that employment support interventions specifically targeted at people in drug treatment (or those who have successfully completed treatment) to assist with securing and maintaining paid employment were available in 11 Member States. Employability of people in drug treatment is a regular standard objective (e.g. included in individual treatment care plans) in 15 reporting Member States. Of the 22 Member States reporting the existence of general and/or specific employment support interventions to the EMCDDA, 36 % stated full or extensive coverage of these services when needed and requested by clients in treatment, whereas 64 % reported limited or rare coverage.</p> <p>According to the EMCDDA, in the EU the screening of mental health disorders is most commonly available to drug users within inpatient treatment facilities. A majority of Member States report that mental health screening is available to drug users in more than</p>
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			<p>50% of all hospital based residential treatment facilities (e.g. psychiatric hospitals). Within the EU outpatient treatment systems, the availability of this service is most commonly available in specialised outpatient treatment centres and general and mental health care centres, with more than half of the countries reporting that this service is available to drug users in more than 50% of all facilities of this type.</p> <p>2 projects funded in 2013-2014 from the European Social Fund support social reintegration of drug addicts: one aiming at complete assimilation programme for people on methadone substitution with the aim of labour market and social reintegration (CZ)⁵ and one providing vocational training for former addicts⁶ (DE). The contribution from the European Social Fund was of approx. EUR 1.200.000.</p>
7. Ensure that treatment and outreach services incorporate greater access to risk and harm reduction options to lessen the negative consequences of drug use and to substantially reduce the number of direct and indirect drug-related deaths and infectious blood-borne diseases associated with drug use but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis	Ongoing	Member States	<p>Drug use is one of the major causes of avoidable mortality among young people in Europe, both directly through overdose (drug-induced deaths) and indirectly through drug-related diseases, accidents, violence and suicide. It has been estimated that between 10 000 and 20 000 opioid users die each year in Europe. Overall, opioid users are at least 10 times more likely to die than their peers of the same age and gender.</p> <p>EMCDDA reports that overall, drug overdose continues to be the main cause of death among problem drug users, and over three-quarters of overdose victims are male (78 %). Between 2006 and 2013, a pattern can be observed of decreasing numbers of overdose deaths among younger drug users and increasing numbers among</p>

⁵ Project "[Šance – complete assimilation programme for people on methadone substitution with the aim of labour market and social reintegration](#)"

⁶ Project "[Barking up the right tree](#)"

			<p>older users. This reflects the ageing nature of Europe's opioid-using population, who are at greatest risk of drug overdose death.</p> <p>Drug injection continues to play an important role in the transmission of blood-borne infections such as the hepatitis C virus (HCV) and, in some countries, the human immunodeficiency virus (HIV).</p> <p>Among all HIV cases notified in Europe where the route of transmission is known, the percentage attributable to injecting drug use has remained low and stable (under 8 % for the last decade). Provisional figures for 2013 show 1 458 newly reported cases, compared with 1 974 in 2012, reversing the upward trend observed since 2010⁷.</p> <p>In 2013, the average rate of newly reported HIV diagnoses attributed to injecting drug use was 2.9 per million population in the EU, with the three Baltic States showing rates 8 to 22 times higher than the EU average⁸. In other countries that have experienced periods with high rates of infection in the past, such as Spain and Portugal, rates of newly reported diagnoses continue to decline.</p> <p>Early diagnosis and prompt appropriate treatment are important in preventing progression from HIV infection to AIDS. In 2013, there were 769 notifications of new AIDS cases in Europe attributable to injecting drug use⁹.</p> <p>HIV-related mortality is one of the most documented indirect causes of death among drug users.</p>
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⁷ EMCDDA EU Drugs Report 2015

⁸ Idem

⁹ Idem

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			<p>350.</p> <p>As part of a comprehensive system of harm reduction responses and to address specific harms (e.g. drug-related deaths, public drug use), some EU member states provide highly targeted services such as supervised drug consumption facilities and take-home naloxone programmes. In 2013, a total of 73 drug consumption facilities operated in five EU countries. In 2013, six EU countries reported the existence of community based take-home naloxone programmes, some of them small and time limited.</p>
<p>8. Scale up the development, availability and coverage of health care measures for drug users in prison and after release with the aim of achieving a quality of care equivalent to that provided in the community</p>	<p>ongoing</p>	<p>Member States</p>	<p>EMCDDA reports that substance use is high amongst prisoners compared to the general population. Prisoners who use drugs suffer from high levels of physical and psychiatric disorders, ranging from infectious diseases (HIV, hepatitis B and C, tuberculosis) to psychiatric co-morbidity. Rates of HIV or Hepatitis C (HCV) infection for those who had experienced prison are 3 and 7 times higher compared persons without prison experience. The risk of drug overdose is high among drug using prisoners, particularly in the first period after prison release: compared to the general population the mortality risk is up to 29 times higher for males and 69 for females in the first two weeks after prison release.</p> <p>In 2013 the European Commission published the results of an independent study¹⁰ that assessed the implementation by the Member States of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence¹¹. It showed that while the coverage of opioid substitutions treatment and needle and syringe programmes</p>

¹⁰ Report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries, Gesundheit Oesterreich & Sogeti, 2013

¹¹ OJ L165, 03.07.2003, pp. 31-33

			<p>increased considerably, the latter is far from full coverage in all countries and especially not in prisons. This makes prisons a high risk environment for infections with HIV or hepatitis C.</p> <p>In 2013-2014 most Member States implemented healthcare policies for drug users during their imprisonment. More than half of these countries plan to increase existing measures until the end of 2016. Out of the ones that did not implement such policies a majority plan to do so by the end of 2016.</p> <p>In 2013-2014, in more than half of the Member States prison-based services and community-based services provided continuity of care for drug users with particular emphasis on avoiding drug overdoses. In two countries this was the case only in some prisons.</p> <p>EMCDDA reports that in 2013, opioid substitution treatment is reported to be available in prisons in a large majority of Member States. Two countries reported no cases of treatment, although OST is theoretically available. Restrictions on eligibility may exist however, for example in some countries treatment in prison is limited to those already having a prescription prior to incarceration. The provision of clean injecting equipment is less common, with only four countries reporting its availability in prisons.</p>
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Objective 3: Embed coordinated, best practice and quality approaches in drug demand reduction

9. Agree and commence the implementation of EU minimum quality standards, that help bridge the gap between science and practice, for: a) environmental, universal, selective and	2014-2016	Council Horizontal Drugs Ggroup Member States	<p>In 2013 and 2014 the Council, Commission and the EMCDDA worked on minimum quality standards for drug demand reduction.</p> <p>EMCDDA provided technical assistance to the Greek and the Italian Presidencies on the implementation of EU minimum quality standards. This involved the collection of examples of quality</p>
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<p>indicated prevention measures;</p> <p>b) early detection and intervention measures;</p> <p>c) risk and harm reduction measures; and</p> <p>d) treatment, rehabilitation, social integration and recovery measures</p>		<p>European Commission</p> <p>EMCDDA</p>	<p>standards in Europe and beyond and providing a methodological proposal to extract and analyse information from them in line with the EU Drug Strategy.</p> <p>In 2015 Council Conclusions on minimum quality standards for drug demand reduction were adopted.</p>
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Drug supply reduction

Objective/Action	Timetable	Responsible party	State of Play
<p>Objective 4: Enhance effective law enforcement coordination and cooperation within the EU to counter illicit drug activity, in coherence, as appropriate, with relevant actions determined through the EU policy cycle</p>			
<p>10. Utilise to best effect available intelligence and information-sharing law enforcement instruments, channels and communication tools used to collate and analyse drug-related information</p>	<p>Ongoing</p>	<p>Member States</p> <p>Europol</p> <p>Eurojust</p> <p>Standing Committee on Operational Cooperation on Internal Security (COSI)</p>	<p>According to Europol, the EMPACT¹² projects on synthetic drugs, cocaine and heroin provided the law enforcement services in the Member States with strategic and operational analytical support, organisation of operational meetings, supporting Joint investigation teams, technical, tactical advice, on the spot support, financial support etc. It also provided better conditions for networking of practitioners working in MS and third countries, exchanging best practises and expertise. It has also increased the coordination of actions and intelligence flow between the Member States and Europol.</p> <p>In 2013 drugs remained the most important crime area with 24% of</p>

¹² The Serious and Organised Crime Threat Assessment, developed by Europol, delivered a set of recommendations based on an in-depth analysis of the major crime threats facing the EU. Multi-Annual Strategic Action Plans are developed from the priorities in order to define the strategic goals for combating each priority threat. These are translated into EMPACT (European Multidisciplinary Platform against Criminal Threats) – these projects will set out operational action plans (OAPs) to combat the priority threats.

			<p>all new cases initiated and 27% of all information flow within Europol's Secure Information Exchange Network Application. In 2014, the total number of all cases initiated increased by 87% and drugs remained the dominating crime area with 18% of all information flow. More than 1600 new drug related cases targeting organised crime groups involved in trafficking of cocaine, heroin, synthetic drugs and cannabis were initiated in 2014.</p> <p>In 2013, 116 dump sites, 42 storage sites and 41 illegal laboratories for synthetic drugs were dismantled with Europol's assistance. In addition, Europol assistance has been provided to 94 on-going cases.</p> <p>In 2014 alone Europol has produced more than 50 cocaine related operational analysis reports and supported more than 50 high priority cases.</p> <p>In 2014 Europol supported 23 high profile operations targeting Turkish and Pakistani Organised Crime Groups heavily involved in diverse crime activities including the supply of large quantities of heroin to the EU.</p> <p>During 2013 – 2014 Europol provided support to more than 50 high priority investigations targeting criminal organisations involved in unlawful wholesale cannabis trafficking, cultivation or production.</p> <p>The number of cases of drug trafficking referred to Eurojust has increased during the reporting period, from 248 cases in 2013 to 279 cases in 2014: 37 of these cases also addressed money laundering of drug-related proceeds. A total of 111 coordination meetings were organised, involving prosecutors and investigators</p>
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			in charge of drug trafficking cases, and 21 joint investigation teams (JITs) were initiated in this field.
11. Identify and prioritise the most pressing threats associated with drug-related organised crime	2014	Council COSI Europol Member States European Commission	In 2013, Europol produced the Serious Organized Crime Threat Assessment (SOCTA) report. Based on these findings, the Council approved priority crime areas – these included fighting organized crime networks involved in trafficking of cocaine, heroin and synthetic drugs. Operational Action Plans for 2014 have been approved and consequently implemented. Europol was a participant in a wide range of operational actions, leading in some of those areas.
12. Strengthen CEPOL's training for law enforcement officers in relation to illicit drug production and trafficking, particularly training methods and techniques: a) to combat the use of new communication technologies in illicit drug production and trafficking; b) to enhance asset confiscation; c) to combat money laundering; and d) to detect and dismantle illicit clandestine laboratories and cannabis cultivation sites	2014-2016	Member States European Police College (CEPOL) Europol COSI European Commission	CEPOL has developed, on the basis of the training needs assessment, a training portfolio for law enforcement staff on drug-related issues (including residential training activities, webinars and exchanges), as well as a common curriculum on drug trafficking. With regard to the training assessment needs, CEPOL carried out an annual consultation and prioritisation process with the EU Member States, the results of which is reflected in the number of activities on the specific topics in CEPOL's Annual Work Programme. On the basis of the outcome, CEPOL organised 22 residential training activities and webinars on drug and drug-related issues in 2013 and 2014 for a total of 1.342 participants from the EU MS, associated countries, candidate countries and EU agencies. 15 of those activities were on drug-related topics: they concerned issues that have high relevance in the fight against drug crimes such as informant handling, undercover operations etc., or also activities

			<p>focused on specific regions like the Western Balkans and West Africa. 48 law enforcement officers from EU MS and the European Neighbourhood Partnership -Western Balkan countries participated in the context of the fight against drugs in the European Police Exchange Programme.</p> <p>All activities aim at enhancing the knowledge and skills of law enforcement officers for their daily work in the fight against drug production and supply. Topics such as combatting the use of new communication technologies in illicit drug production and trafficking and enhance asset confiscation were covered within these activities, as well as knowledge on precursors and new psychoactive substances. In 2013 CEPOL and Europol jointly delivered a 2-week training course on dismantling illicit synthetic drug laboratories. In 2014 another advanced training on dismantling synthetic drug laboratories was delivered. Other topics covered by the CEPOL training activities included: Capacity building in Western Africa, Container Shipment Trafficking and Forensics; Western Balkans Organised Crime Links; Money laundering; Fraud and Confiscation of assets; fighting drugs and strategic perspectives in the fight against synthetic drugs; cocaine smuggling; fight against cannabis exploitation.</p> <p>In 2013 CEPOL has updated its Common Curriculum on drug trafficking¹³ as well as its common curriculum on money laundering. In both, a specific focus was put on the cooperation between drug investigators and experts on money flow in the context of the confiscation of assets.</p>
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¹³ Includes as main topics: the practice of drug trafficking; the national and EU legal frameworks for the fight against drug crime; drug investigation methods and special investigation techniques; organised crime groups in the context of drugs; drug-related crimes; international cooperation in the fight against drug crime

<p>13. Improve counter narcotic activities through strengthening and monitoring the effectiveness of regional information-sharing platforms and regional security-sharing platforms with the aim of disrupting and suppressing emerging threats from changing drug trafficking routes</p>	<p>Ongoing</p>	<p>European Commission Member States Europol COSI Regional information sharing platforms Regional security-sharing platforms</p>	<p>Europol reports that there has been a continuous effort to improve the exchange of information with regional information sharing platforms with regular involvement with entities such as MAOC-N¹⁴, CeCLAD-M¹⁵ and the BSTF¹⁶. A Europol officer has been designated as the specific contact point with MAOC-N but issues still remain with the reluctance of the participating Member States to fully integrate Europol in the intelligence exchange process.</p> <p>Outcomes of cross-border cooperation are also reported under Action 10.</p>
<p>14. Strengthen actions to prevent the diversion of drug precursors and pre- precursors for use in the illicit manufacture of drugs</p>	<p>Ongoing</p>	<p>Member States Europol European Commission Customs Union Group (CUG) COSI</p>	<p>In 2013 there were a total of 846 cases of seizures and stopped shipments of drug precursors intended for illicit use. Out of these 342 concerned scheduled substances and 504 non-scheduled substances. In 2014 the total number of cases was 628 of which 461 scheduled substances and 167 non-scheduled substances.</p> <p>Europol has worked closely with law enforcement agencies in the Member States providing both analytical and forensic expertise to investigations involving the smuggling and diversion of pre-cursor used in the manufacture of synthetic. FP Heroin has also provided support to a Joint Investigation Team established to target a</p>

¹⁴ The Maritime Analysis and Operations Centre – Narcotics (MAOC-N) was established in 2007 to create a dynamic operational platform with the co-location of experienced investigators and military attachés from 7 EU Countries and the United States of America. It brigades the naval and military assets of partners to intercept vessels trafficking bulk shipments of cocaine across the Atlantic Ocean. The initiative is funded by the European Commission <http://www.maoc.eu/>

¹⁵ The Mediterranean area anti-drug enforcement coordination centre (CeCLAD-M) is an international anti-drug trafficking agency based in Toulon (France) set up in 2008 to coordinate anti-drug trafficking operations and intelligence in the Mediterranean.

¹⁶ [The Baltic Sea Task Force on Organised Crime \(TF-OC\)](#) in the Baltic Sea Region was established following a decision of the heads of government of the CBSS Member States at the 1st Baltic Sea States Summit in 1996 in Visby. The aim of the TF-OC is to strengthen member-state capacities to prevent and combat organised crime by facilitating close cooperation among member-state law enforcement agencies. The main fields of activity of the TF-OC are as follows: improved and increased exchange of information; joint concrete and operative measures; judicial cooperation; special surveys, training and other cooperation.

			<p>trafficking organisation involved in the diversion of acetic anhydride assisting in order to map and dismantle the criminal network.</p> <p>Eurojust run a strategic project on drug trafficking, whose goal was to identify the main challenges and related solutions in Eurojust's coordination meetings involving drug trafficking. The results of the Project, concluded in 2014, show that in several Member States, the possibility to open an investigation into the trafficking of (pre)precursors is linked to the presence of these substances in European legal tools or national lists of proscribed substances. Failing this requisite, prosecution is still possible in some Member States if the production of these substances is considered as a 'preparatory act' to the commission of drug offences. As to new psychoactive substances, in some Member States, their prosecution is based on laws (or administrative Acts) regulating medicines.</p> <p>The Commission is a member of the International Narcotics Control Board's (INCB) International Task Force on drug precursors. It actively participated in 2 meetings in 2013 and 2 in 2014. The European Anti-Fraud Office (OLAF) facilitated an EU coordinated approach in the operations launched by the Task Force.</p> <p>In 2013 there have been 5 joint follow-up meetings linked to the prevention of the diversion of precursors and pre-precursors: two with the ANDEAN¹⁷ countries, with China, Mexico and US. In 2014 3 such meetings took place: with the ANDEAN countries, with China and the US.</p>
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¹⁷ The Andean Community is a [customs union](#) comprising the [South American](#) countries of [Bolivia](#), [Colombia](#), [Ecuador](#), and [Peru](#).

			<p>The International Narcotics Control Board (INCB) reports that the number of Pre-Export Notifications (PEN) Online System increased in 2014 compared to 2013 both regarding the number of PENs received and submitted by EU Member States. In 2013 EU Member States received 1432 PENs and submitted 4502. In 2014 they received 1836 and submitted 6374.</p> <p>The use of the Precursors Incident Communication System (PICS) has also increased in the reporting period. In 2013 there were 41 incidents reported in PICS where EU Member States were countries of incident and there were 72 incidents reported in 2014.</p>
15. Counter cross-border drug trafficking and improve border security notably at EU seaports, airports and land border crossing points through intensified efforts, including information and intelligence sharing, by relevant law enforcement agencies	Ongoing	<p>Member States</p> <p>Europol</p> <p>Customs Cooperation Working Party (CCWP)</p> <p>COSI</p>	<p>Less than half of the Member States had Memoranda of Understanding (MoUs) in force between law enforcement agencies and/or Customs Authorities and relevant bodies such as airlines, air express couriers, shipping companies, harbour authorities, chemical companies and third countries to fight against cross-border trafficking in 2013-2014.</p> <p>Some of those Member States that said they did not have such MoUs in place mentioned that there is good cooperation between law enforcement units and relevant bodies on permanent basis.</p> <p>Where MoUs exist, the countries find them very effective in achieving: accurate and immediate information sharing; prevention of diversion of chemicals and detection of many illicit laboratories; better use of resources, working methods and an improved level of protection; effective control of post and express courier parcels.</p> <p>In 2013-2014 a majority of the Member States set in place initiatives to counter cross-border trafficking and improve security</p>

			<p>with other Member States.</p> <p>The initiatives carried out by the Member States included: participation in the EMPACT projects, in the Joint Action Days and other initiatives organised with Europol; bilateral cooperation with immediate neighbours; cross-border regional operations targeting drugs smuggling; cooperation with neighbouring countries aimed at enhancement of exchange of information and operation actions; joint actions with the financial intelligence units of the national banks regarding money laundering; patrolling along the coastline, passenger controls at the national airport, controls of ships and cargo in the harbours; exchange of information and cooperation with international organisations; joint training actions and exchanges of customs officers between different Member States' customs administrations to exchange and implement best practices; capacity building, in the framework of TAIEX¹⁸, in the neighbouring countries; participation in World Customs Organisation and United Nations Office on Drugs and Crime (UNODC) programmes.</p> <p>Europol has regularly participated in Action Days aimed at discouraging the phenomenon of cross border drug trafficking, deploying Mobile Offices and other technical support to operations.</p>
16. Develop and progressively implement key indicators on drug supply by standardising, improving and streamlining data collection in this field, building on currently available data	2014-2016	European Commission Member States	<p>In October 2013 the Council of the EU adopted Conclusions on improving the monitoring of drug supply in the European Union. It was agreed that, in order to help assess the drug situation, the dynamics of the illicit drug market, the burden of drug-related</p>

¹⁸ [TAIEX is the Technical Assistance and Information Exchange instrument of the European Commission](#). TAIEX supports public administrations with regard to the approximation, application and enforcement of EU legislation as well as facilitating the sharing of EU best practices.

		<p>Council</p> <p>Horizontal Group</p> <p>Drugs</p> <p>EMCDDA</p> <p>Europol</p>	<p>crime and the effectiveness of supply-orientated policies, it was necessary that accurate, reliable, comparable and high-quality data on supply would be necessary.</p> <p>The EMCDDA reports that the conceptual framework for the indicators established with the agreement of the Member States involves monitoring in three areas: drug markets, drug supply reduction and drug-related crime, with sub-indicators contributing to one or more of the areas.</p> <p>A key element supporting the development of these indicators has been the Reference Group on Drug Supply Indicators set up in 2013. The Group assists EMCDDA with the development of the drug supply reduction indicators. In 2014, the Seizures and Drug Law Offences data collections were reviewed, the list of substances extended, wholesale and retail levels introduced, drug precursors and the misuse of medicines incorporated, harmonised with the International Classification of Crimes, and information on methodology increased. Pilot data collection takes place in 2015.</p> <p>In 2013, the EMCDDA published a report on specialist drug law enforcement in the EU, quantitatively describing the drug supply reduction activities of the Member States. Work also progressed on the sub-indicators on drug seizures, drug prices, drug law offences, dismantled synthetic drug production sites and dismantled cannabis production sites as well as drug purity. In 2014, a feasibility study on drug seizures was finalised and a mapping exercise was launched. Meanwhile, in 2014, a data collection tool for monitoring synthetic drug production sites was developed in partnership with Europol and piloted successfully with the Member States providing data for 2013. The data</p>
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			<p>collection tool for monitoring cannabis sites will be finalised in 2015 and one for so-called secondary cocaine extraction sites where cocaine is chemically recovered from other materials will also be developed.</p> <p>The EMCDDA reported in 2015 on the implementation of the above-mentioned Council conclusions. Data collection tools were developed and guidelines were produced for a number of drug supply sub-indicators, including "drug seizures", "drug law offences", "synthetic drug production facilities dismantled" and that data collection already was taking place or pilot projects being launched. In 2015 the EMCDDA would develop market size estimates for the main drugs, using a demand-side approach to estimate the size of the EU illicit drug market. These would be published in the Second EU Drug Markets Report in early 2016.</p>
Objective 5: Enhance effective judicial cooperation and legislation within the EU			
17. Strengthen EU judicial cooperation in targeting cross-border drug trafficking, money laundering, and in the confiscation of the proceeds of drug-related organised crime	2013-2016	Council European Commission Member States Eurojust	Eurojust ran a strategic project on drug trafficking, whose goal was to identify the main challenges and related solutions in Eurojust's coordination meetings involving drug trafficking. The results of the Project, concluded in 2014, show that differences in both substantive and procedural rules in the Member States constitute a major obstacle in investigations of drug trafficking and in the identification, tracing and recovery of assets stemming from cross-border organised criminal activities. Among the obstacles foreseen in the execution of the cross-border operation, the following have been mentioned: (i) the complexity of the case, involving many jurisdictions; (ii) reluctance to execute requests for placing a vehicle tracking device and, in some Member States, even the

			<p>absence of legislation for using such devices in controlled deliveries; (iii) difficulties related to the deployment of undercover officers, including the need, in some Member States, for their testimony in court and the differences among the Member States with regard to their status; and (iv) cooperation with third States could be problematic.</p> <p>The results of the project show a very limited use in drug trafficking cases of freezing and confiscation orders based on Council Framework Decision 2006/783/JHA of 6 October 2006 and Council Framework Decision 2003/577/JHA of 22 July 2003. Further, the identification and tracing of assets require the execution of mutual legal assistance (MLA) requests that often touch upon sensitive issues (e.g. access to banking data, interception of communications). Moreover, assets are often hidden in countries outside the European Union that might not share the same level of focus and commitment to retrieving such assets and might not be responsive to requests for legal assistance.</p> <p>The Directive 2014/42/EU on the freezing and confiscation of the instrumentalities and proceeds of crime was adopted in April 2014 and should be transposed by the Member States by 4 October 2016.</p>
<p>18. Introduce and adopt new EU legislative measures to address the emergence, use and rapid spread of new psychoactive substances</p>	<p>2013-2016</p>	<p>European Commission</p> <p>Council</p> <p>Horizontal Drugs Group</p>	<p>In September 2013 the Commission adopted a legislative package made of the Proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances and the Proposal for a Directive of the European Parliament and of the Council amending Council Framework Decision 2001/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking, as regards the definition of drugs. The aim was to enable the EU to act swifter and more effectively to address</p>

		Member States	<p>new psychoactive substances.</p> <p>The European Parliament endorsed the new legislative package in plenary on 17 April 2015 with 507 votes in favour.</p> <p>The Council of the EU has not yet adopted a position on this legislative package that is being discussed in the Horizontal Group on Drugs, a Council Working Party in charge of drug issues.</p>
19. Strengthen EU legislation on drug precursors to prevent their diversion without disrupting lawful trade	Ongoing	Council European Commission Member States	<p>The EU legislation on trade in drug precursors was amended in 2013 to strengthen controls, on the one hand, over ephedrine and pseudoephedrine contained in medicinal products in trade between the EU and third countries and, on the other hand, over acetic anhydride in trade within the EU. Not only do these measures help block access to the necessary chemicals for narcotics producers, but they also create greater legal security for legitimate EU businesses. Additionally, the powers of the competent authorities to tackle the diversion of non-scheduled substances have been strengthened.</p> <p>The legislation also established a European Database on Drug Precursors, to ensure more efficient data collection on seizures, and to keep a list of EU licensed and registered businesses, and introduced a quicker reaction mechanism to allow authorities to react to new diversion trends of non-scheduled substances.</p> <p>These amendments entered into force on 30 December 2013¹⁹.</p>
20. Combat the use of certain pharmacologically active substances (as defined in Directive	Ongoing	Member States	<p>Only a few Member States reported on the number and quantity of seizures of active substances used as cutting agents for illicit drugs</p>

¹⁹ Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors amended by Regulation (EU) No 1258/2013 of the European Parliament and of the Council of 20 November 2013; Council Regulation (EC) No 111/2005 of 22 December 2004 laying down rules for the monitoring of trade between the Community and third countries in drug precursors (managed by the European Commission's Directorate General for Taxation and Customs Union), amended by Regulation (EU) No 1259/2013 of the European Parliament and of the Council of 20 November 2013

2011/62/EU) as cutting agents for illicit drugs		<p>European Commission</p> <p>EMA</p> <p>EMCDDA</p> <p>Europol</p>	<p>in 2013-2014. Many of the other countries reported that they did not have such figures. One Member State explained cutting agents are not seized because their importation is not illegal. Another, which provided figures for 2013, explained that it stopped collecting such data.</p> <p>EMCDDA reports that no data collection exists at EU level for systematically monitoring the use of pharmacologically active substances as cutting agents for illicit drugs. However, from 2015 Member States have the ability to report seizure information related to other significant substances causing concern at national level, including pharmacologically active cutting agents in the revised drug seizures sub-indicator. Furthermore, the EMCDDA uses the existing mechanism established by Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk-assessment and control of new psychoactive substances to monitor the situation. The Early warning system established by this Council Decision is coordinated by the EMCDDA and Europol and it comprises an expert network, of which many are forensic scientists engaged in the analysis of illicit drugs. Hence, this mechanism is used to identify unusual cutting agents and where risks are identified, these are communicated to the network.</p> <p>As of July 2013 new rules on importation of active substances (active pharmaceutical ingredients or APIs) are applicable. The delegated Regulation on good manufacturing practice (GMP) for APIs was published in November 2014²⁰ and the guidelines of</p>
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²⁰ Commission Delegated Regulation (EU) No 1252/2014 of 28 May 2014 supplementing Directive 2001/83/EC of the European Parliament and of the Council with regard to principles and guidelines of good manufacturing practice for active substances for medicinal products for human use OJ L337/1 of 25/11/2014

			<p>good distribution practice (GDP) for APIs were published in March 2015²¹. The new rules on importation of active substances are part of the implementation for the Falsified Medicines Directive²² (FMD). The act and guidelines mentioned are also deliverables of the FMD. They reinforce the regulatory framework for APIs in the EU by, inter alia, (1) ensuring the quality of APIs manufactured in the EU or imported into the EU and (2) securing the API distribution and supply chain and improving traceability, hence making more difficult the diversion of APIs for illicit use.</p>
<p>21. Member States to provide, where appropriate and in accordance with their legal frameworks, alternatives to coercive sanctions (such as education, treatment, rehabilitation, aftercare and social integration) for drug-using offenders</p>	2015	Member States	<p>In 2013-2014 the legal system in most Member States provided for alternatives to coercive sanctions for drug-using offenders. Almost all Member states where alternatives for coercive sanctions were possible provided for treatment and rehabilitation; half provided for education, aftercare and social integration.</p> <p>The conditions for applying alternatives to coercive sanctions to drug-using offenders range from a decision of the judge to the decriminalisation of drug use. Many countries mention that the alternatives are only possible when there is no suspicion of drug trafficking and mainly for minor offences. A few countries mention special provisions for young users/minors/juveniles. In most countries that mentioned a possible suspension of the sentence, this must be accompanied by an agreement of the person to undergo treatment.</p>
<p>Objective 6: Respond effectively to current and emerging trends in illicit drug activity</p>			

²¹ Guidelines of 19 March 2015 on principles of Good Distribution Practice of active substances for medicinal products for human use OJ C95/1 of 21/03/2015

²² Directive 2011/62/EU of the European Parliament and of the Council of 8 June 2011 amending Directive 2001/83/EC on the Community code relating to medicinal products for human use, as regards the prevention of the entry into the legal supply chain of falsified medicinal products OJ L174/74 of 01/07/2011

<p>22. Identify strategic responses to address the role of new communication technologies and the hosting of associated websites, in the production, marketing, purchasing and distribution of illicit drugs, including controlled new psycho- active substances</p>	<p>Ongoing</p>	<p>Council European Commission Horizontal Drugs Group Member States Europol COSI</p>	<p>More than half of the Member States reported that in the period 2013-2014 their law enforcement authorities targeted specifically drug-related crime via Internet. A few Member States mentioned specifically the target of websites where synthetic drugs are being sold.</p> <p>In 2014 Europol produced the Internet Organised Crime Threat Assessment (iOCTA). This document was aimed at informing decision makers about on-going developments and emerging threats together with recommendations on how law enforcement targeted actions can be better deployed to address emerging threats as well as those associated with the internet as a facilitating factor for drug trafficking and distribution.</p> <p>In November 2014, law enforcement and judicial agencies around the globe undertook a joint action against dark markets running as hidden services on Tor network. The joint operational efforts of 16 European countries together with the USA brought down several marketplaces as part of a unified international action spearheaded from Europol’s operational coordination centre in The Hague. Eurojust and the Joint Cybercrime Action Taskforce (J-CAT) also supported the operation. The action aimed to stop the sale, distribution and promotion of illegal and harmful items, including weapons and drugs, which were being sold through online dark marketplaces. As a result, 17 arrests of vendors and administrators running these online marketplaces and more than 410 hidden services were successfully taken down. 13 search warrants were also served. Additionally, bitcoins worth approximately USD 1 million, EUR 180 000 in cash, drugs, gold and silver were seized, alongside hardware and digital media devices.</p> <p>The dark market Silk Road 2.0 was also taken down by US</p>
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			<p>authorities and the operator arrested. As a consequence, a considerable amount of actionable intelligence was analysed at Europol and subsequently investigation packages delivered to MS's across Europe.</p> <p>Eurojust supported some actions targeting drug-related crimes via the internet. A particularly successful operation ('Operation Onymous') was concluded in November 2014 and targeted online marketplaces operating in the Tor network²³.</p> <p>In 2014, Eurojust held a strategic seminar on cybercrime with practitioners, which highlighted the need to improve cooperation in these cases. The meeting will be followed up in 2015 by concrete initiatives, such as the creation of a network of prosecutors specialised in these matters.</p>
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Coordination

Objective/Action	Timeline	Responsible party	State of Play
Objective 7: Ensure effective EU coordination in the drugs field			
23. Enhance information sharing between the HDG and other relevant Council Working	Ongoing	Council Presidency	Presidencies of the Council's Horizontal Drugs Group (HDG) reported that they put efforts to establish closer links and information sharing between the HDG and other Council working

²³ Tor, an acronym for The Onion Router, is a free network designed to anonymise your real Internet Protocol (IP) address by routing your traffic through many servers of the Tor network. Tor is used by a variety of people for both illicit and licit purposes.

Groups		Council EEAS Horizontal Drugs Group	<p>groups, including with the Standing Committee on Operational Cooperation on Internal Security (COSI), Customs Cooperation Working Party (as regards the initiative of CCWP to conduct a survey on improving capacities of law enforcement agencies in the fight against new psychoactive substances), Working party on Customs Union (as regards the Proposals for Regulations of the European Parliament and of the Council on Drug Precursors and CND resolution on Raising awareness on the diversion of non-scheduled substances as substitutes for scheduled substances in international trade for the illicit manufacture of narcotic drugs and psychotropic substances), the Working Party on Substantive Criminal Law (DROIPEN, as regards the NPS Directive²⁴), the United Nations Working Party (CONUN, as regards the preparation for UNGASS 2016), the Working Party on Pharmaceuticals and Medical Devices (as regards misuse of and dependence on prescribed medicines) and the Working Party on Latin America and the Caribbean (COLAC, as regards the High Level meetings of the EU-CELAC Cooperation and Coordination Mechanism on Drugs).</p> <p>This cooperation took various forms, including presentations/participation of HDG representatives at the meetings of other Working Parties, as well as presentations/participation of the representatives of other Working Parties at the HDG meetings. Possibilities were explored to organise joint sessions between HDG and COLAC.</p>
24. Each presidency may convene meetings of the National Drugs Coordinators, and of other	Biannually	Council Presidency	Emerging trends and related policy developments were discussed during the National Drug Coordinators' meetings organised three times in 2013 and 2014. The topics approached were the misuse of

²⁴ Doc. 13865, Directive of the European Parliament and of the Council amending Council Framework Decision 2004/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking, as regards the definition of drug

<p>groupings as appropriate, to consider emerging trends, effective interventions and other policy developments of added value to the EU Drugs Strategy and to MS</p>		<p>Member States</p>	<p>and dependence on prescribed medicines (2013, Vilnius); the fight against drugs and new psychoactive substances sales on internet, especially to minors (2014, Rome); the impact of economic crisis on drugs use and its consequences for public health (2014, Athens). Preparation for UNGASS 2016 was covered during the meetings in Vilnius and Rome and the development of minimum quality standards in drug demand discussion was examined during the meetings in Athens and Rome.</p> <p>A large majority of Member States found that the frequency of the National Drug Coordinators' (NDC) meetings and their agendas reflected developments, trends and new insights in policy responses and provided for improved communication and information exchange in 2013-2014. A few Member States found this was not the case. It was pointed out that the discussions were rather academic and theoretical rather than factual, on problems that NDCs are confronted with. Another point revolved around the fact that no space is reserved for NDCs to exchange information on the latest developments in their national policies and discuss about future challenges. One country felt that the PRES organising the NDC should focus more on the core issues of the implementation of the EU Action Plan on Drugs, at the preconditions and obstacles for implementing it at national level. One country felt that there were too many meetings and it would be better to have only one a year.</p> <p>Several countries pointed out that the informal character of these meetings facilitates participation and makes discussions and debates more interesting.</p> <p>Some of the suggestions to make NDC meetings more effective included: the preparation of the meeting should be done differently to increase the efficiency of the meetings: the Presidency of the</p>
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<p>25. The HDG will facilitate: (a) monitoring of the implementation of the Action Plan through thematic debates; and (b) an annual dialogue on the state of the drugs phenomenon in Europe</p>	<p>Bian- nually Annually</p>	<p>Council Presidency Horizontal Drugs Group Member States European Commission EMCDDA Europol</p>	<p>A large majority of Member States found that the monitoring of the implementation of the Action Plan on Drugs was carried out in a timely and satisfactory way at the Horizontal Group on Drugs (HDG) in 2013-2014. A few Member States found this was not the case. Some of the issues encountered were related to the fact that discussions in the group focused on the new legislation for new psychoactive substances, relations with third countries, CND and UNGASS and specific actions of the Action Plan on Drugs were discussed on a less systematic basis and not in their entirety. Some countries felt that more time should have been taken in the group to discuss the monitoring of the Action Plan and that the preparation and evaluation of the EU Drugs Strategy and Action Plan should have been more inter-linked so that the evaluation is done mainly via the information exchange flows and additional questionnaires are not necessary.</p> <p>The rotating Presidency of the Council pointed out that in 2013-2014 the topics most often addressed at the HDG were the new</p>

			<p>psychoactive substances (including the discussion on the draft Regulation on new psychoactive substances), misuse of and dependence on prescribed medicines, development of drug supply indicators, developments of minimum quality standards in drug demand reduction, preparation for the CND and UNGASS sessions as well as cooperation with third countries. A dialogue on research was also held annually. Misuse of and dependence on prescribed medicines and new psychoactive substances were the most common topics for thematic debates held during the experts meetings on drugs with third countries. The EMCDDA presented in the HDG its European Drugs Report that gives an overview of the drugs situation in the EU in 2013 and 2014. Member States delegations also used HDG meetings to update each other on drug situation and policy developments in their countries.</p>
<p>26. Ensure consistency and continuity of MS and EU actions across presidencies to strengthen the integrated, balanced and evidence-based approach to drugs in the EU</p>	<p>Bianually</p>	<p>Council Presidency Council Presidency Trio Member States European Commission Horizontal Drugs Group EMCDDA Europol</p>	<p>The rotating Presidency of the Council reported that a number of issues were examined across Presidencies with close coordination between the outgoing, current and incoming Presidencies. Such issues included the discussion on the draft Regulation on new psychoactive substances, misuse of and dependence on prescribed medicines, development of drug supply indicators, developments of minimum quality standards in drug demand reduction, preparation for the CND and UNGASS sessions as well as cooperation with civil society and cooperation with third countries.</p>
<p>27. Ensure coordination of EU drugs policies and responses, to support international cooperation between the EU, third countries and</p>	<p>Ongoing</p>	<p>European External Action Service European</p>	<p>Cooperation between the HDG and COLAC has been intensified, especially as regards sharing the information on the High Level meetings of the EU-CELAC Coordination and Cooperation</p>

international organisations		<p>Commission</p> <p>Horizontal Drugs Group</p> <p>Member States</p>	<p>Mechanism on Drugs, with the presentations/participation of the representatives of HDG in COLAC meetings and the participation of COLAC representatives at the HDG meetings. Also possibilities were explored to organise joint sessions between HDG and COLAC.</p> <p>The EU drug situation was also continuously presented at all experts meetings on drugs held with relevant third countries, including the US, Central Asia, Western Balkans, Russia and Eastern partnership countries.</p> <p>As one of the EU's external cooperation programmes in the area of drugs, the Heroin Route Programme (HRP) and Cocaine Route Programme (CRP), funded by the European Union's Instrument contributing to Stability and Peace (IcSP), are in line with the priorities of the EU programming instruments as well as the main EU policies and strategic documents such as the European Security Strategy (2003), the EU Drugs Strategy (2013-2020) and its Action Plan (2013-2016), as well as the European pact to combat international drug trafficking - disrupting cocaine and heroin routes (2010). Overall, the Programmes are designed to think strategically about illicit flows and ensure an integrated response to the challenges presented by both organised crime and drug trafficking along the heroin route. As such, they are designed to reinforce the capacities of law enforcement agencies in better addressing drug-related organised crime and to support them in engaging effectively in international cooperation in the fight against heroin and cocaine trafficking along the countries of the so-called "Heroin Route" which commences in Afghanistan and of the so-called Cocaine Route, from producing countries in Latin America to Europe via transit countries in Latin and Central America, the Caribbean, and</p>
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			<p>Africa, essentially West Africa, while ensuring compliance with human rights and the rule of law.</p> <p>The Cocaine Route Programme (CRP) underwent an independent mid-term review in the first semester of 2013. The review concluded that the CRP constitutes a response to a problem and to needs that have been widely recognized as urgent by stakeholders in the EU and in partner countries, notably the threats posed by transnational organized crime and drug trafficking and their impact on security and development, and provides the EU with a valuable and innovative tool to tackle them effectively.</p> <p>COPOLAD, a Regional cooperation programme on Drugs policies between Latin America and the EU, aims at improving the coherence, balance and impact of Drugs policies in Latin America as well as the EU-CELAC policy dialogue on Drugs. Specifically, it aims at strengthening capacities and encouraging the different stages of the drugs policies development process in Latin American countries. It does this by improving the dialogue, the exchange of mutual experiences, and reinforcing the co-operation of the national agencies and other actors responsible for Drugs policies in Latin American and EU countries. COPOLAD is fully coherent with the priorities of the EU programming instruments and the EU Strategy on Drugs and Action Plan.</p> <p>CADAP, the Central Asia Drug Action Programme, which began in 2001, is assisting the gradual adoption of EU and international good practices by Central Asian nations to reduce demand for drugs. CADAP 5 achieved institutionalization of annual drug reporting and compilation of country drug situation summaries, introduction of modern methods of treatment in prisons and communities, institutionalization of modern facilities for treatment, and launching</p>
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			of a local campaign on prevention.
28. Achieve a coordinated and appropriate level of resources at EU level and Member State level to fulfil the priorities of the EU Drugs Strategy	Annually	<p>Member States</p> <p>European Commission</p> <p>European External Action Service</p> <p>Council</p> <p>Horizontal Drugs Group</p>	<p>The EMCDDA reports that the information available on drug-related funding both at the European and national level remains sparse. For the 19 countries that have produced estimates in the past 10 years, drug-related public expenditure is estimated at between 0.01% and 0.5% of gross domestic product, with health interventions representing between 24% and 73% of all drug-related expenditure. Differences in the scope and quality of the estimates make it difficult to compare drug-related public expenditure between countries.</p> <p>Just under half of the Member States pointed out that they did not have specific funding for supply reduction. Many Member States also mentioned that they did not have specific funding for demand reduction. In many cases this funding is integrated in other relevant fields (e.g. health care, education, welfare, criminal police, etc.). Therefore, it is difficult to make an estimate of the drug-related expenditure at EU level including all the Member States.</p> <p>In 2013-2014 the EU funding in the field of drugs mainly came from the Prevention of and Fight against Crime Programme (ISEC), the Drug Prevention and Information Programme (DPIP) and the Justice Programme, which together had a budget of approximately EUR 11 million for drug-related actions in the reference period. Under the Socio-Economic Sciences and Humanities programme of the Seventh Framework Programme for Research (FP7), the Commission also provided funding of almost EUR 10 million to research projects.</p> <p>In addition, the EU funds several projects in partner projects, such as COPOLAD in Latin America which received a total contribution</p>

			<p>of approximately EUR 17 million for its two phases; CADAP, the Central Asia Drug Action Programme to which the EU allocated EUR 20.7 million for the period 2001-13; the Cocaine Route with a budget of approximately EUR 50 million for the period 2009-2014 and the Heroin Route with a budget of approximately EUR15, 5 million for the period 2008-2014.</p> <p>The EU also allocated EUR 450.000 million for the EMCDDA-European Neighbourhood countries (Morocco, Israel²⁵, Armenia, Azerbaijan, Georgia, Moldova, Ukraine and foresees other Eastern Neighbourhood Partner countries) first technical cooperation project towards a gradual improvement of ENP countries capacity to monitor and to meet drug-related challenges. The project covers the period 2014 – 2016.</p> <p>In 2013-2014, a few Member States also allocated funds to support alternative development programmes in regions where illicit crop cultivation was taking place or which are at risk of illicit crop cultivation and to support third countries to tackle drug-related organised crime, including drug trafficking. Less than half of the Member States supported third countries, including civil society in those countries to develop and implement risk and harm reduction initiatives.</p> <p>For the external dimension of the EU Drugs Strategy and Action Plan, the European Union is a long-standing supporter of UNODC projects and programmes. In fight against drug trafficking, the EU finances several projects and programmes. The total amount of the drug related projects is EUR 73m.</p>
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Objective 8: Ensure effective coordination of drug-related policy at national level			
29. Coordinate actions on drugs policy between government departments/ministries and relevant agencies at MS level and ensure appropriate multi-disciplinary representation on, or input to, HDG delegations	Ongoing	Member States	<p>Almost all of the Member States reported that their country's positions that are presented in the EU Council Working Parties on drug-related issues are coordinated with all relevant parties at national level. A large majority also confirm that their national drug coordination body structurally involves all governmental units and departments that are active in the 5 areas of the EU Action Plan on Drugs (coordination, drug demand reduction, drug supply reduction, international cooperation and research/monitoring and evaluation).</p> <p>The EMCDDA informs that, in parallel with the development of national drug strategies, countries have also set up mechanisms to coordinate the implementation of their drug policy. At national level, most countries now have an inter-ministerial committee on drugs, supplemented by a national drug coordination body, which is responsible for the day-to-day management of activities.</p>
Objective 9: Ensure the participation of civil society in drugs policy			
30. Promote and support dialogue with, and involvement of, civil society and the scientific community in the development and implementation of drugs policies at MS and EU levels	Ongoing	Member States European Commission Horizontal Drugs Group Council Presidency	<p>All Member States say that civil society organisations were involved in the development, monitoring and/or evaluation of their national drugs policy in 2013-2014.</p> <p>The categories of civil society organisations involved are: professional drug service providers, other non-governmental organisations active in the field of drugs policy, non-governmental organisations representing the interests of individual stakeholders in the field of drugs (drug users/family members etc.), and scientific community.</p>

			<p>Civil society organisations and the scientific community are usually involved in the following areas of the national drugs policy: the development of the national drug policy documents; the implementation of the national drug policy; coordination and advisory bodies; the evaluation of national drug policies; the monitoring of the implementation of the national drugs policy.</p> <p>Civil society organisations confirmed having been involved in the development, monitoring and or evaluation of the drug policy in their country in 2013-2014; however, some also said that there was no structured dialogue for this. Many of the civil society organisations considered that the kind of cooperation they had at national level was useful. A few representatives mentioned that there is no role for the civil society in shaping drugs policies in their countries.</p>
International Cooperation			
Objective/Action	Timeline	Responsible party	State of Play
Objective 10: Integrate the EU Drugs Strategy within the EU's overall foreign policy framework as part of a comprehensive approach that makes full use of the variety of policies and diplomatic, political and financial instruments at the EU's disposal in a coherent and coordinated manner			
31. Ensure policy coherence between the internal and external aspects of the EU drugs policies and fully integrate drugs issues within the political dialogues and framework agreements between the EU and its partners and	Ongoing	European Commission European External Action Service	<p>The Strategy Paper 2014-20 and Multi-Annual Indicative Programme 2014-2017 of the Instrument contributing to Stability and Peace²⁶ includes trans-regional actions against illicit drugs and related organised crime.</p> <p>Security challenges figure as one of the priority topics in the EU-</p>

²⁶ Regulation (EU) No 230/2014 of the European Parliament and of the Council of 11 March 2014 establishing an instrument contributing to stability and peace OJ L77/1 of 15/03/2014

<p>in the EU advocacy on global issues or challenges</p>		<p>Council Presidency Horizontal Drugs Group MS</p>	<p>Central Asia strategy. A High Level Security Dialogue was introduced as a new platform for exchange on security issues including drugs. Issues of security, border management, including illicit trafficking of drugs and updates on drug-related issues and EU programmes, are a permanent issue on political dialogue with Central Asia countries (cooperation councils; cooperation committees; justice, freedom and security dialogues).</p> <p>The drugs issue is included on the agenda of bilateral dialogues between the EU and partner countries from Latin America, the Caribbean and Central Asia at different levels (High Level Dialogues, ministerial level and possibly summit level).</p> <p>Drugs are an important chapter of the EU-CELAC (Community of Latin America and Caribbean States) relations and bi-annual Action Plan. That is why the EU has developed a comprehensive set of political, operational and technical exchanges and cooperation with Latin America and the Caribbean on this issue, including: a specific cooperation mechanism on drug precursors with seven Latin American countries²⁷; and the EU Citizen Security Strategy in Central America and the Caribbean and its Action Plan adopted in June 2015, which includes drug issues.</p> <p>The objectives of COPOLAD (a Regional cooperation programme on Drugs policies between Latin America and the EU) are meant to be achieved through activities in four major intervention areas, including one specifically dedicated to "Consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs". The</p>
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²⁷ The EU has signed agreements on drug precursors control with Bolivia, Chile, Colombia, Ecuador, Mexico, Peru and Venezuela. The EU meets jointly with six of them (all except Mexico, with whom there is a specific bi-lateral consultation mechanism) in the framework of the Joint follow-up group on precursors, on an annual basis.

			final evaluation highlighted that the programme has contributed positively to the reinforcement of the CELAC coordination mechanism and shows a positive impact in terms of regional networking and regional dialogue on Drug policies.
<p>32. Ensure that the policy priorities and the balance between demand and supply reduction are well reflected in policy options and in the programming and implementation of external assistance, particularly in source and transit countries, through projects involving:</p> <p>a) development of integrated, balanced and evidence-based drug policies;</p> <p>b) supply reduction;</p> <p>c) the prevention of the diversion of drug precursors and pre-precursors;</p> <p>d) drug demand reduction; and</p> <p>e) alternative development measures</p>	Ongoing	COM MS EEAS	<p>Policy options, programmes and external assistances were implemented in and by a majority of the Member States in line with the balanced approach between drug demand and drug supply reduction in 2013-2014.</p> <p>Via their own assistance and cooperation programmes some Member States fund third countries, such as the region of Sahel²⁸, which fights against crime and trafficking. Other fund several bilateral and multilateral programmes and projects in the field of alternative development in Peru, Bolivia, Colombia, Myanmar, Laos.</p> <p>One Member State mentions having made voluntary contributions to UNODC, which are distributed among the programmes for drug demand reduction, drug supply reduction, fighting against precursors, alternative development.</p> <p>One country points out that its law enforcement agencies supported international meetings and workshops regarding the misuse of chemicals and the cooperation with the chemical industry and conducted several training courses in various countries to support their capacities in law enforcement and as a consequence thereof, reducing drug supply.</p> <p>The EU is UNODC's major partner in West Africa and Latin</p>

²⁸ The Sahel covers parts of (from west to east) Senegal, southern Mauritania, central Mali, northern Burkina Faso, extreme south of Algeria, Niger, extreme north of Nigeria, central Chad, central and southern Sudan, and northern Eritrea.

			<p>America, including a comprehensive EU-funded programme in Nigeria consisting of 5 UNODC projects to the value of EUR 100m, supporting the justice, anti-corruption and drugs sectors. The EU also provides funding to support the ECOWAS²⁹ regional action plan on illicit drug trafficking, related organised crime and drug abuse in West Africa (EUR 11.7m).</p> <p>In the fight against drug trafficking, the EU finances several projects and programmes – Container Control Programme along the Heroin Route, Regional Programme for Afghanistan and Neighbouring countries, Alternative Development Programme (Lao PDR, Myanmar), Prevention of the Diversion of Drugs Precursors (Latin America and Caribbean region), Support to Drug Demand Reduction in the Andean Community (PREDEM), Response to Drugs and Related Organized Crime in Nigeria (EUR 34.5m), AIRCOP (Air Communications, West Africa, Latin America Caribbean – cocaine route).</p> <p>The EU Citizen Security Strategy in Central America and the Caribbean and its Action Plan adopted in June 2015 aims to address drug trafficking in a balanced manner (supply and demand reduction), under a preventive, comprehensive approach with a focus on root causes</p>
<p>33. Improve capacity and strengthen the role of EU Delegations to enable them to proactively engage on drugs policy issues</p>	<p>2013-2016</p>	<p>European External Action Service European Commission</p>	<p>Some EU delegations reported on the following drug-related action: the EU Delegation in Mexico follows drug issues and has good contacts with UNODC office; sporadic local coordination between international partners takes place in El Salvador; good coordination takes places between the EU Delegation and Member States in Bolivia and Peru, where Member States are involved in the</p>

²⁹ Economic Community Of West African States

		Member States	implementation of EU-financed projects; the staff of the EU Delegation in charge to follow up the implementation of the drug-related strategies and projects in Central Asia countries developed some specific drugs-related capacities, especially the EU Delegation in Kyrgyzstan. The Delegation covering Barbados, Antigua & Barbuda, Dominica, Grenada, St Lucia, St Kitts and Nevis, St Vincent and the Grenadines discusses drug-related issues in meetings with the two Member States present in these 7 countries.
34. Ensure an appropriate level of EU and MS funding and expertise to further strengthen and support third countries' efforts in addressing and preventing illicit drug crop cultivation, through rural development measures, in order to deal with the challenges to public health, safety and security	Ongoing	Member States European External Action Service European Commission	<p>Only a few Member States funded rural development projects and programmes in regions where illicit crop cultivation is taking place or in regions at risk of illicit crop cultivation in 2013-2014. The main beneficiaries were Afghanistan, Myanmar, Laos, Bolivia, Colombia, Peru, and Ecuador.</p> <p>In the fight against drug trafficking, the EU finances several projects and programmes, including on alternative development, together with UNODC or in the context of programmes such as COPOLAD or the Cocaine Route programme at a regional level or bilaterally in countries such as Bolivia or Peru, with good cooperation between the EU and Member States.</p>
35. Promote and implement the EU approach to alternative development (consistent with the EU Drugs Strategy 2013-2020; the EU Approach to Alternative Development and the United Nations Guiding Principles on Alternative Development 2013) in cooperation with third countries, taking into account human rights,	Ongoing	Member States European Commission European External Action Service	<p>Only a few Member States funded projects on alternative development for illicit crop cultivation in drug producing countries in 2013-2014. The main beneficiaries were Afghanistan, Myanmar, Laos, Bolivia, Colombia, Peru, and Ecuador.</p> <p>In the fight against drug trafficking, the EU finances several projects and programmes, including on alternative development, in the context of programmes such as COPOLAD (it has organised</p>

<p>human security and specific framework conditions, including:</p> <p>a) incorporating alternative development into the broader agenda of Member States, encouraging third countries that wish to do so to integrate alternative development into their national strategies;</p> <p>b) contributing to initiatives that aim to reduce poverty, conflict and vulnerability by supporting sustainable, legal and gender sensitive livelihoods for people who were previously, or are currently, involved in illicit drug production</p>			<p>several regional meetings to discuss alternative development) or together with UNODC or in the context of programmes such as COPOLAD.</p>
<p>36. Support third countries, including civil society in those countries, to develop and implement risk and harm reduction initiatives particularly where there is a growing threat of transmission of drug-related blood-borne viruses associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis</p>	<p>Ongoing</p>	<p>Member States European Commission European External Action Service</p>	<p>In 2013-2014 less than half of the Member States supported third countries, including civil society in those countries, develop and implement risk and harm reduction initiatives. The main beneficiaries were Latin America, Central and South-East Asia, African countries, Western Balkans, South Mediterranean and Eastern European countries.</p> <p>The EU supports a wide range of programmes across the world following a comprehensive approach encompassing both demand and supply reduction.</p> <p>For example, as the majority of drug users in Central Asia are injection drug users, the issue of infection diseases, such as HIV and hepatitis C, was mainstreamed into the CADAP. Through a prison reform programme, the EU supported civil society organisations providing rehabilitation and re-socialization services</p>

			<p>to released prisoners with specific focus on drug-users.</p> <p>As regards the EU support to the ECOWAS Action Plan on Drugs, the overall expected results are: strengthen the ECOWAS Commission Drug Unit advocacy, monitoring and coordination capacity; harmonised information on drug abuse epidemiology and data collection are available; good practices on drug prevention and treatment are identified and disseminated; improved law enforcement against transnational organised crime related to drugs.</p> <p>COPOLAD supported capacity building both in the reduction of drug demand and drug supply. According to Latin American national drugs agencies, COPOLAD has helped to enhance changes in the way drugs policies are perceived and it has helped emphasise the need for a balanced approach between drug demand reduction and drug supply reduction and introduced acceptability for harm reduction approaches, which were massively rejected before.</p>
<p>37. Support third countries to tackle drug-related organised crime, including drug trafficking, by:</p> <p>a) intelligence sharing and the exchange of best practices;</p> <p>b) strengthening counter-narcotics capacity and developing expertise of source and transit countries;</p> <p>c) working with international partners to tackle the enablers of drug trafficking such as corruption, weak institutions, poor governance</p>	<p>Ongoing</p>	<p>Member States</p> <p>European External Action Service</p> <p>European Commission</p>	<p>Only a few Member States funded projects and/or programmes that tackled drug-related organised crime in third countries in 2013-2014. The main beneficiaries were the African countries, the Caribbean, South America, the Western Balkans, Central Asia and Eastern Europe.</p> <p>Regarding regional cooperation, the EU funds one project in Central America - Support to the Central America security strategy dealing with:</p> <ul style="list-style-type: none"> - intelligence sharing and the exchange of best practices - strengthening counter-narcotics capacity and developing expertise of source and transit countries

<p>and lack of financial regulatory controls;</p> <p>d) strengthening cooperation in the field of asset identification and recovery, in particular through the creation of dedicated national platforms; and</p> <p>e) intensifying regional and intraregional cooperation</p>			<p>- working with international partners to tackle the enablers of drug trafficking such as corruption, weak institutions, poor governance and lack of financial regulatory controls</p> <p>- strengthening cooperation in the field of asset identification and recovery, in particular through the creation of dedicated national platforms:</p> <p>2517 police officers, attorney office and judges were trained in 13 regional seminars on (among others): intelligence, organized crime, asset seizure and reconversion.</p> <p>Regional cooperation with Latin America in the period 2014-2020 (EUR 805M) includes four focal sectors, of which one, the 'security and development nexus' (EUR 70M), tackles directly drugs-related issues, such as security, justice, rule of law, human rights and migration. The sub-regional component (Central America) of the same programme (EUR 120M) includes three focal sectors and support measures, with one sector focusing on 'security and rule of law' (EUR 40M).</p> <p>On the Caribbean side, the 11th European Development Fund Regional Indicative Programme for the period 2014-2020 includes three focal sectors, including one related to 'Crime and Security' (EUR 44M) encompassing crime prevention, risk reduction and enhancement of restorative justice, citizen and border security, compliance with international norms on financial crimes, terrorism financing and corruption, with a focus on combatting root causes and the enabling environment of crime. The bilateral cooperation programmes for Guatemala, Honduras and El Salvador in Central America and Jamaica in the Caribbean for the period 2014-2020 also include support to the Rule of Law, the sector of justice and</p>
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		<p>security and mitigation of violence for a total of EUR 183 M.</p> <p>Political dialogue is also relevant at all levels. At the regional level, discussions take place within fora such as the EU-CELAC Summits. At the sub-regional level, they are carried out with relevant institutions, namely the Central American Integration System (SICA) for Central America or CARIFORUM for the Caribbean. And national level regular political meetings take place with the authorities.</p> <p>Regional support to Central Asia is provided through the Heroin Route Programme and through support to the Central Asian Regional Information and Coordination Centre for combating the illicit trafficking of narcotic drugs, psychotropic substances and their precursors (CARICC).</p> <p>In the context of the Heroin Route Programme (HRP) which is one of the actions in the EU's external cooperation toolbox with third countries in the area of drugs, the main focus of the actions undertaken relate to enhancing the capacities of law enforcement authorities in adopting an intelligence-led, evidenced-based response to tackling drug trafficking. Regional cooperation can provide the key for the long-term development and an effective architecture for addressing security, economic and drugs problems. As such, past and ongoing projects of the Heroin Route Programme focus on supporting intelligence sharing mechanisms, promotion of EU best practices and support for regional and trans-regional cooperation in the fight against drugs.</p> <p>The ongoing "Information Networks along the Heroin Route" project has been specifically aiming at enhancing the capacities of Central Asian Regional Information and Coordination Centre</p>
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		<p>(CARICC) to serve as a regional centre of excellence and promote inter-regional operational cooperation and information exchange amongst Central Asian states as well as with neighbouring countries and regions.</p> <p>Moreover, the Heroin Route Programme has been providing technical assistance to the countries along the "route" in areas such as risk / data analysis, controlled deliveries and joint investigation teams with a view to sustainable capacity building and promoting EU best practice of intelligence-led approach to investigations, coupled with the principles of rule of law and human rights safeguards.</p> <p>The Cocaine Route Programme is also providing a good basis for regional cooperation. Working mainly with law enforcement and judiciary authorities ("supply side") from almost 40 partner countries in Latin America, the Caribbean and Africa, essentially West Africa, as of 2009 and with a budget so far of almost 50 MEUR, the Cocaine Route Programme is composed of eight self-standing projects which intervene in three main broad areas: illicit production of drugs via chemical precursors and their interception at selected airports and seaports (PRELAC, AIRCOP and SEACOP projects); fight against money laundering and encouraging asset recovery (AML/WA and GAFILAT-EU projects); information sharing (AMERIPOL-EU; WAPIS and CORMS projects). A new area (criminal investigation and criminal justice cooperation is expected to be added). Most of the projects have come a long way in building up local and regional capacities by forming, training, equipping, in encouraging inter-agency cooperation and information sharing, in adapting national legal frameworks when needed, in promoting an intelligence-led approach to investigation, and in</p>
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		<p>enhancing regional, and to a certain extent trans-regional, cooperation.</p> <p>In 2013-2014 2255 officials were trained, 351 were mentored, 15 joint operations were organised, 523 arrests were made and the following seizures were made: Cocaine: 1029,55 kg; Liquid cocaine: 400 litres; Heroin: 84,42 kg; Methamphetamine: 221 kg; Cannabis: 2022 kg; Cocaine paste: 1751,92 kg; Macerated Coca leaves: 9.840 kg; Cash: USD 16.547.689 and EUR 160.000; Ethylic acetate: 10.000 litres; Sulphuric acid: 500 litres; Potassium permanganate: 100 kg; Urea: 1.500 Kg.</p> <p>Regional support to the Eastern Partnership (EaP) countries is provided via TAIEX, which funds numerous regional events, seminars with all EaP countries. The EU "Heroin Route Programme" (Instrument contributing to Stability and Peace) is being implemented, with fora on trans-regional law enforcement cooperation and information exchange. Phase II (from 2013) includes activities in Black Sea region. The Eastern Partnership Cooperation Programme (2014-2018; EUR 5 Mil budget) aims at increasing police cooperation related to cross-border crime. It includes both regional and bilateral partnerships and allows all EaP states to participate. Trainings and seminars target drug trafficking too, as well as money laundering, trafficking of humans, terrorism, cybercrime. The flagship initiative IBM, started in 2011, is implemented by Frontex in partnership with a number of international organisations. It concerns exchange of best practices, training and capacity building. Smuggling of drugs is one of the key thematic areas under is Training project/segment.</p> <p>Europol continues to seek opportunities to engage with strategically important third countries and organisations in order to improve the</p>
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			<p>coordination of cross-border drug trafficking achieving Operational agreements with Albania and Serbia in 2013 and exploring avenues for cooperation with a number of other strategically important countries. Europol participates in the PARIS Pact, especially in respect of Heroin trafficking and has also contributed to activities under Interpol's Operation Lionfish. Lionfish 1 (2013) and Lionfish 2 (2014) saw Europol deploy officers and a mobile office in Martinique to support this Interpol initiative which in 2014 saw the seizure of 27.5 tonnes of drugs in an operation targeting the illicit trafficking of drugs and firearms by OCGs across Central America and the Caribbean.</p> <p>Europol also signed an operational cooperation agreement with Colombia.</p>
<p>38. Reinforce cooperation and update and implement dialogues, declarations and EU Drugs Action Plans with partners, including:</p> <p>a) acceding countries, candidate countries and potential candidates;</p> <p>b) European Neighbourhood Policy countries;</p> <p>c) United States of America, the Russian Federation;</p> <p>d) other countries or regions of priority notably: Afghanistan and Pakistan, Central Asian republics,</p>	Ongoing	<p>Council Presidency Trio</p> <p>European Commission</p> <p>European External Action Service</p> <p>Member States</p>	<p>The rotating Presidency of the Council informed that in 2013 and 2014 a number of expert meetings on drugs were organised with third countries, including US, CELAC, Russia, Eastern partnership countries, Western Balkans, Central Asia and Brazil. The EU-Central Asia Action Plan on Drugs 2014-2020 was endorsed at the EU-Central Asia Senior Officials' Dialogue on Drugs held on 12 November 2013. The Joint Declaration on enhancing cooperation on drugs and renewing the commitments of the EU-Western Balkans Action Plan on Drugs (2009-2013) was endorsed at the EU-Western Balkans ministerial meeting held on 19-20 December 2013 in Budva. The Quito declaration and Athens declaration on EU-CELAC cooperation on tackling drugs were endorsed respectively at the EU-CELAC High Level meeting held in Quito on 13-14 June 2013 and EU-CELAC High Level meeting held in Athens on 17-18 June 2014.</p>

<p>China, Latin American and the Caribbean (CELAC), Africa, in particular West Africa</p>			<p>Regular updates on the Cocaine Route Programme are provided to the CELAC, specific African countries and to the US during the Dialogues conducted with these countries. Information meetings with representatives of beneficiary states are regularly organized during missions in the field as well as in Brussels. Regular updates on the Cocaine and Heroin Route Programmes are also provided to the Dublin Group Meetings as well as to other EU MS Platforms (i.e. the Fontanot Group) or other international platforms (i.e. the G7+ Rome-Lyon Group) and dialogues with third countries or regions (such as the EU-US Drug Dialogue and the EU-Central Asia Drug Dialogue). Information sharing and coordination is also undertaken in the context of mini Dublin Group meetings where EU Delegations provide input on ongoing activities, achieved results and plans.</p> <p>In 2013-2014 half of the Member States entered in bilateral agreements, cooperation strategies and/or action plans that included cooperation in the field of drugs with third countries. Most of these bilateral cooperation agreements covered 4 areas of the drug policy (coordination, drug demand reduction, drug supply reduction, information, evaluation, research and monitoring) or only drug supply reduction. For one country it covered all areas except for drug demand reduction; for one it covered only information, evaluation, research and monitoring and for other only coordination and drug supply reduction. One country mentions that it did not enter any new agreements but continued actions through a series of long-running agreements.</p>
<p>39. Improve the Dublin Group consultative mechanism through intensified EU coordination and participation, better implementation and</p>	<p>Ongoing</p>	<p>Dublin Group European</p>	<p>The Dublin Group performs informal consultative and coordination tasks in drug supply and demand reduction, at regional and country level, along the guidelines established by the contracting parties</p>

<p>dissemination of the recommendations of the Mini Dublin Group reports</p>		<p>Commission European External Action Service Member States</p>	<p>(7641/1/06). Regional Dublin Group chairs, in cooperation with Mini Dublin Groups provided detailed and extensive reports on the state of the drugs problem, focusing on selected countries.</p> <p>Two Member States report on implementing Dublin Group recommendations in 2013-2014, including: the involvement of the media and of the civil society in promoting the information about the risks and consequences of illegal drug trafficking and drug consumption; adjustment and harmonization of the existing legal framework and of the new legislation projects in correspondence with the international agreed standards in this area; enhancement of the partnership between governments and civil society; provision of adequate resources to counter drug trafficking and reduce domestic demand. Improving the collection of thorough and detailed statistics, that cover all social strata and which would be conducive to a better understanding of the drug phenomenon; ensuring external support and assistance to the Easter Partnership countries. One Member State points out that Dublin Group reports were taken into account when forming strategic goals and operational activities of the law enforcement.</p> <p>One Member State pointed out that reports of the Dublin Group or the mini-Dublin groups have not tended to influence directly its engagement with third countries because the recommendations tend to not put forward proposals for concrete actions or activities. They would be more useful if focused on identifying capacity gaps and vulnerabilities and made specific recommendations about what needs to be done to address them and how they ought to be implemented.</p> <p>Some Member States hold the Presidency of the mini Dublin</p>
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			<p>Groups.</p> <p>The EU Delegations in South America and in Panama, Nicaragua, Mexico, Barbados, Antigua & Barbuda, Dominica, Grenada, St Lucia, St Kitts and Nevis, and St Vincent and the Grenadines participated in mini-Dublin groups meetings held locally.</p>
40. Hold an annual dialogue on EU and MS drugs-related assistance to third countries accompanied by a written update	From 2014	<p>European Commission</p> <p>European External Action Service</p> <p>Member States</p>	This dialogue did not take place in 2014
41. Ensure that the promotion and protection of human rights are fully integrated in political dialogues and in the planning and implementation of relevant drugs-related programmes and projects including through the development of a human rights guidance and impact assessment tool	Ongoing	<p>European Commission</p> <p>European External Action Service</p> <p>Member States</p>	<p>The EU external cooperation programmes in the area of drugs aim at tackling the issue within a policy framework balancing supply and demand approaches through measures that promote and protect human rights. As such, measures are implemented in accordance with international law, including international human rights and humanitarian law, and incorporate a clear human rights perspective on the basis of the "Tool-box for a Rights-based Approach, encompassing all human rights, for EU development cooperation" (2014) as well as relevant advice provided under the "Human Rights Due Diligence for Drug Control: An Assessment Tool for Donors and Implementing Agencies" (2012) prepared by Harm Reduction International with financial assistance by the EU. Moreover, the European Commission has been developing further operational guidance aimed specifically at ensuring that human rights are taken into consideration in the design and implementation of the measures in the fight against organised crime, terrorism, and</p>

			<p>cybercrime (2015).</p> <p>The EU applies a due diligence throughout the lifespan of drug-related actions. A risk assessment and situational analysis is undertaken prior to any engagement with particular focus on the application of the drug penalty for drug offences and fair trial procedures. During implementation, close monitoring of activities allows for undertaking mitigating measures in cases of concerns, whilst regular evaluations feeds into the overall assessment of these projects and future engagement in this area.</p> <p>The EU has also been delivering regularly statements and demarches condemning the death penalty, including for drug offences. Such are issued, for example on a regular basis in Indonesia, but also in numerous other countries. The Statements and demarches were issued at different levels: by the High Representative herself or by the EU Delegation on spot.</p>
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Objective 11: Improve cohesiveness of EU approach and EU visibility in the United Nations (UN) and strengthen EU coordination with international bodies related to the drugs field

<p>42. Contribute to shaping the agenda on international drugs policy, including through:</p> <p>a) action by EU and MS Delegations at the UN General Assembly and the Commission on Narcotic Drugs (CND);</p> <p>b) preparation, coordination and adoption of EU common positions and joint resolutions in the UN General Assembly and the CND and ensuring that the EU speaks with one strong</p>	Ongoing	<p>European External Action Service</p> <p>Council PRES</p> <p>Member States</p> <p>European Commission</p> <p>Council</p>	<p>The rotating Presidencies of the Council of the EU were responsible in 2013-2014 for preparing and coordinating EU positions ahead of and during the sessions of the Commission on Narcotic Drugs (CND). When relevant for this preparation and coordination, representatives from the EU Representations and the EU Delegations in Vienna participate in meetings of the Horizontal Drugs Group in Brussels. In general, EU statements for the CND were prepared and negotiated by the EU Delegation in Vienna, while resolutions were either drafted (in the case of EU initiatives) or discussed in the HDG in Brussels prior to the CND meetings. At</p>
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<p>voice in these and other international fora;</p> <p>c) the mid-term review process of the 2009 UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem; and</p> <p>d) the 2016 UN General Assembly Special Session on Drugs</p>		<p>Horizontal Drugs Group</p>	<p>their request, the EU Presidencies can be supported by other EU Member States and by the EU Delegation in Vienna during these proceedings.</p> <p>The EU prepared and presented its positions during the negotiations on the Joint Ministerial Statement endorsed at the High Level Segment of the 57th CND session in 2014. The High-Level Segment adopted the “Joint Ministerial Statement of the 2014 high-level review by the Commission of Narcotic Drugs of the Implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards and Integrated and Balanced Strategy to Counter the World Drug Problem.” All the EU benchmarks (reference to the three international drug conventions, human rights, international law, alternative development, civil society, balanced and comprehensive approach), but one (reference to death penalty), were reflected in the text. The EU and its Member States, and 30 aligning countries representing different regions, expressed their regret that the Joint Ministerial Statement did not include language on the death penalty (explanation of position). The term "risk and harm reduction" was not mentioned in the text, but the concept was reflected in the Joint Ministerial Statement.</p> <p>After the adoption of the Joint Ministerial Statement at the High Level Segment of the 57th CND session in 2014, the EU presented a statement urging the United Nations’ Member States to respect the international minimum standards on the use of death penalty and impose a moratorium on its use as a step towards its final abolition. A number of countries aligned with this statement, including Yugoslav Republic of Macedonia, Montenegro, Iceland, Serbia, Albania, Bosnia and Herzegovina, Liechtenstein, Ukraine,</p>
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		<p>the Republic of Moldova, Armenia, Andorra, Switzerland, San Marino, Monaco, Chile, El Salvador, Costa Rica, Mexico, Uruguay, Australia, Haiti, Panama, Uzbekistan, Argentina, Colombia, New Zealand and Kazakhstan.</p> <p>EU was active in submitting resolutions for the CND sessions. During the 56th CND session in 2013 the EU submitted the proposals for CND resolutions on enhancing International cooperation in the identification and reporting of new psychoactive substances; on promoting the development and use of the international electronic import and export authorization system for licit international trade in narcotic drugs and psychotropic substances; on promoting the sharing of expertise and knowledge in forensic drug profiling; on raising awareness on the diversion of non-scheduled substances as substitutes for scheduled substances in international trade for the illicit manufacture of narcotic drugs and psychotropic substances; on intensifying our efforts to reduce HIV/AIDS effects for achieving the targets of the 2011 Political Declaration on HIV/AIDS and on enhancing International cooperation to combat illicit drug trafficking and other criminal activities related to drugs in West Africa.</p> <p>During the 57th CND session in 2014 the EU submitted the proposals for CND resolutions on protecting public health by ensuring adequate services for drug abusers regardless of limited resources and on education and training on drug use disorders.</p> <p>During the 56th CND session in 2013 the EU also organised a side event to present the new EU Drugs Strategy 2013-2020. During the 57th CND session in 2014 a side event on a new EU tool - EU policy cycle for organised and serious international crime was</p>
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			<p>organised.</p> <p>The EU also prepared and presented the EU positions for the meetings related to UNGASS 2016 preparation, including for the intersessional meeting held on 23 October 2014 and the Special segment on the preparations for the UNGASS held on 3 December 2014.</p>
43. Strengthen partnerships with the UNODC, WHO UNAIDS and other relevant UN agencies, international and regional bodies and organisations and initiatives (such as the Council of Europe and the Paris Pact Initiative)	Ongoing	<p>Council</p> <p>European External Action Service</p> <p>European Commission</p> <p>Council Presidency</p> <p>Horizontal Drugs Group</p>	<p>The EU is very much involved with international organisations. However, despite the entry into force of the Lisbon Treaty, the EU is not yet recognised as an official representative entity in the UN system as negotiations on its status continue. In different international organisations the EU position is coordinated through the Presidency of the Council or through one of its Member States that acts as coordinator.</p> <p>The representative of the UNODC was invited to the HDG meeting in November 2014 to present the preparation for UNGASS 2016.</p> <p>The Commission, through the Directorate General for Health contributes twice a year to the discussions of the WHO mechanism on Substandard/spurious/falsely-labelled/falsified/ counterfeit medical products (SSFFC).</p>
Objective 12: Support the process for acceding countries, candidate countries, and potential candidates to adapt to and align with the EU <i>acquis</i> in the drugs field, through targeted assistance and monitoring			
44. Provide targeted technical assistance, and other assistance and support as necessary, to	Ongoing	European Commission	The enlargement countries are on the main drug trafficking routes to the EU (mainly on the heroin route) and they are important

<p>accessing countries, candidate countries, and potential candidates to facilitate their adaptation to and alignment with the EU <i>acquis</i> in the drugs field</p>		<p>Member States EMCDDA Europol Eurojust Frontex European External Action Service</p>	<p>storage and transit countries between Asia and Western Europe.</p> <p>The emergence and development of national drug strategies in line with the EU Drug Strategy and Action Plans, as part of the approximation to the EU, represent significant progress in the right direction. Some countries even started to evaluate their strategies in order to design the new ones. At the same time, drawing up new and more comprehensive strategies makes the need to build consensus between the main stakeholders and the importance of securing adequately human and financial resources on the long term more visible.</p> <p>In 2013 new/updated strategies have were adopted in Turkey (2013-2018) and Montenegro (2013 -2020). In 2014 a new strategy was adopted in the former Yugoslavia Republic of Macedonia (2014-2020) and in Serbia.</p> <p>Cooperation with candidate and potential candidate countries continued in 2013-2014 within the framework of the Instrument for Pre-Accession Assistance³⁰ (IPA) 4 technical assistance project. Seven IPA beneficiary countries (Albania, Bosnia and Herzegovina, Montenegro, Kosovo*, Serbia, the former Yugoslav Republic of Macedonia and Turkey) were provided with capacity-building and technical support in order to prepare them for their participation in the work of the EMCDDA.</p> <p>An important component of the project was capacity development. In 2014, this was mainly achieved through several multi-country or national Reitox Academies implemented by the EMCDDA on Drug law, the effectiveness and efficiency of drug use prevention programmes or on the implementation of European standards in</p>
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³⁰ http://ec.europa.eu/enlargement/policy/glossary/terms/ipa_en.htm

			<p>developing strategic guidelines in the field of drugs.</p> <p>Furthermore, experts from the beneficiary countries attended various EMCDDA meetings held during the year. These included the key indicators annual expert meetings, the annual EWS network meeting, the annual meeting of the legal correspondents, the third extended Reitox Week, and the ESPAD coordination meeting.</p> <p>General population surveys were implemented in line with EMCDDA methodology for the first time in Serbia, Albania and Kosovo. In addition, a pilot GPS was carried out in Montenegro.</p> <p>The Commission is also supporting short-term targeted activities (study seminars, education and awareness initiatives, expert meetings and conferences) under the TAIEX and TWINNING Programmes³¹.</p> <p>Eurojust has established 32 judicial contact points with third States to facilitate operational cooperation in cross-border cases. These contact points cover several countries from the Balkan area (Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro, Serbia) and also other third States that are located along the trafficking routes into Europe(e.g. Turkey, Ukraine, Georgia, Moldova).</p>
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³¹ Twinning is a European Union instrument for institutional cooperation between Public Administrations of EU Member States (MS) and of beneficiary countries (BC). It was originally designed in 1998 to help candidate countries of the time to acquire the necessary skills and experience to adopt, implement and enforce EU legislation.

Information, research, monitoring and evaluation

Objective/Action	Timetable	Responsible party	State of Play
Objective 13: Ensure adequate investment in research, data collection, monitoring, evaluation and information exchange on all aspects of the drug phenomenon			
45. Promote appropriate financing of EU- level drug-related multi-disciplinary research and studies including through EU related financial programmes (2014-2020)	2014-2016	Member States European Commission EMCDDA	<p>In 2013-2014, under the Socio-Economic Sciences and Humanities programme of the Seventh Framework Programme for Research (FP7), funding of almost EUR 10 million was provided to two drug-related projects: Addictions and Lifestyles in Contemporary Europe (ALICE RAP) and the European Research Area Network on Illicit Drugs (ERANID).</p> <p>Eight further FP7 research projects were launched in 2013-2014, encompassing pathophysiological mechanisms of addiction, innovative treatment options such as brain imaging-based neuro-feedback and improvement of detection technologies for illicit drugs. This specific effort amounts to some EUR 18 million. The overall FP7 support to research on illicit drug amounts to some EUR 60 million, including also studies on injecting drug users in hepatitis cohorts and HIV-infected pregnant women.</p> <p>Horizon 2020, the EU Framework Programme for Research and Innovation (2014-2020) launched at the end of 2013, offers a wide range of possibilities to pursue previous research efforts. Since the launch of the first Horizon 2020 calls, some EUR 14 million have been allocated to research projects addressing biological mechanisms underlying addiction and development of technologies for drug detection, including synthetic drugs.</p> <p>Finally, the EU provided more than EUR 1.5 million to research–</p>

			related projects in the area of drugs using other financial programmes ³² .
<p>46. Ensure that EU-supported projects:</p> <p>a) take account of the priorities of the EU Drugs Strategy and Action Plan on Drugs;</p> <p>b) take account of gaps in policy formulation;</p> <p>c) deliver clear added value and ensure coherence and synergy; and</p> <p>d) avoid duplication with research under other programmes and bodies;</p> <p>e) take account of the importance of behavioural research and neuroscience</p>	2014-2016	European Commission EMCDDA	<p>An annual dialogue on research takes place at the Horizontal Drugs Group meetings. The EMCDDA Scientific Committee provided recommendations on research priorities at these meetings in 2013 and 2014.</p> <p>The drugs-related research priorities set in the European Commission's calls for proposals in the framework of the Prevention of and Fight against Crime Programme (ISEC), Drug Prevention and Information Programme (DPIP), Justice Programme and the 7th Framework Programme for Research and Innovation are always in line with the priorities of the EU Drugs Strategy and Action Plan.</p> <p>The EMCDDA organises annually 1) a Reitox Forum on Research, during one of the Heads of Focal Point meetings, to promote the exchange of information on relevant drug-related topics and 2) a scientific paper award to select and recognise high quality research related to illicit drugs concerning the EU (http://www.emcdda.europa.eu/activities/scientific-paper-award) in the fields of (a) Basic biological, neurobiological and behavioural research (including aetiological and addictive behaviour research); (b) Population based and clinical epidemiology (including site surveys and ethnographic studies); (c) Demand reduction (including prevention, treatment, harm reduction, reintegration and clinical treatment research); (d) Supply, supply reduction and crime and (e)</p>

³² The Prevention of and Fight against Crime Programme (ISEC), Drug Prevention and Information Programme (DPIP) and Justice Programme funded the following projects: LEADER on enhancing economic analyses of illicit drugs (Clinic Biomedical Research Foundation, Barcelona), HCV treatment and prevention research (University of Bristol), CASSANDRA on research on NPS supply chain and diffusion (King's College London), PREDICT – Predicting risk of emerging drugs with in Silico and clinical toxicology (Maastricht University).

			Drug policy (including laws, economic issues and strategies).
47. Promote scientific evaluations of policies and interventions at national, EU and international level	2013-2016	European Commission Member States EMCDDA	<p>According to the EMCDDA, in recent years, an increasing number of Member States have performed a final evaluation of their drug strategy or action plan.</p> <p>The aim is generally to assess the level of implementation achieved, as well as the changes in the overall drug situation, in order to inform the development of the next strategy. Across Europe, most evaluations are internal, performed by the agency or institution responsible for the plan, but an increasing number of countries have commissioned joint or external evaluations. Currently, most European countries have plans to undertake a final evaluation of their ongoing drug strategy.</p> <p>The EMCDDA Scientific Committee is also preparing a contribution on the evaluation of national drug policies. The working document is being drafted around the topics of: 1. Evolving towards a scientific evaluation of policies; 2. What scientific evaluation of drug policies is about; 3. Defining key indicators for scientific evaluation purposes and 4. Overview of existing evaluation methods. In addition, the EMCDDA launched a study in 2015 to design EU guidelines for the evaluation of national drug strategies and action plans.</p> <p>Regarding the evaluation of the EU policies in the area of anti-drugs, the EU has run an independent evaluation of the EU Drugs Strategy 2009-2012 and of the two Action Plans that accompanied it. It will do the same for the evaluation of the EU Drugs Strategy 2013-2020 and its accompanying Action Plans, with the mid-term assessment of the Strategy and the final assessment of the Action Plan 2013-2016 due in 2016.</p>

<p>48. In collaboration with relevant parties as appropriate, continue to provide comprehensive analyses of:</p> <p>a) the EU drugs situation;</p> <p>b) the dynamics of drug use within general populations and target groups; and</p> <p>c) responses to drug use</p>	<p>Ongoing</p>	<p>EMCDDA Europol Member States</p>	<p>In 2013 a revised annual overview of the European drug situation, called the European Drug Report (EDR) was produced for the first time. This fresh information package was more timely, interactive and interlinked than its predecessor. The EDR package included the Trends and developments report — a top-level overview of the drug phenomenon in Europe (3); a new series of online analyses on specific topics called Perspectives on drugs; national data in Country overviews; the Statistical bulletin; and Health and social responses profiles. The second EDR was launched in May 2014, accompanied by a revised statistical bulletin and 6 new analyses (PODs)³³.</p> <p>A strategic analysis, the first EU drugs market report was produced jointly by the EMCDDA and Europol in 2013³⁴ at the European Commission's request. An essential reference tool for law enforcement professionals, policymakers, the academic community and the general public, the report combines the EMCDDA's ongoing monitoring and analysis of the drug phenomenon with Europol's strategic and operational understanding of trends and developments in organised crime. The next report is due to be launched in 2016.</p> <p>The EDR and markets report draw on the full range of data collected by the EMCDDA and Reitox network. The EMCDDA data collections on drug demand provide information on the prevalence of use of a range of drugs in both the general population (both in use and highly problematic use) and the prison setting. Information on treatment demand, drug-related deaths and infectious diseases focus on the consequences of drug use, and</p>
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³³ <http://www.emcdda.europa.eu/edr2015>

³⁴ downloadable at <http://www.emcdda.europa.eu/publications/joint-publications/drug-markets>

			<p>indirectly reflect the level of demand, in particular of high risk drug use. On drug supply, information is available on seizures, offences, prices, purity and potency. The data collection instruments are reviewed as necessary to respond to changes in drug use, and the responses from the Members States are collected and reviewed annually.</p> <p>Related to demand reduction, a substantial development occurred in the collection of data on entrants into treatment as a result of a comprehensive review, involving Member States, experts and coordinated by the EMCDDA, culminating in a new protocol (TDI 3.0) in 2013 and data submission in 2014. Entrants into treatment are also used as an indirect measure of trends in high risk drug use. Reflecting the diversity of drugs used currently, the main break variable has become drug rather than sex, improvements have been made in the collection of information on the patterns of drug use, information on methodology has been enhanced and where possible categories harmonised with international practice. The majority of Member States submitted the new data collection in 2014. In addition EMCDDA collects information on demand reduction activities, such as the total number of people in treatment, and on treatment and prevention availability in Member States, in a more qualitative way.</p>
49. Enhance training for those involved in responding to the drugs phenomenon	2014-2016	Member States EMCDDA CEPOL	<p>Training and capacity building activities are used by the EMCDDA to disseminate knowledge and best practice. In 2014, an Options paper on an Integrated training strategy for external audiences was completed, exploring three main areas for further development: (a) exchange knowledge and practices on monitoring drug situation; (b) promote best practice relevant to responding to drug problems; (c) the integration into academic training programmes on addictions for</p>

			<p>graduate and post-graduate students.</p> <p>In 2013 and 2014, the annual summer school ‘Drugs in Europe: Demand, Supply and Public Policies’, was co-organised by the EMCDDA and Instituto Superior das Ciências do Trabalho e da Empresa – Instituto Universitário de Lisboa (ISCTE-IUL). Further ties were built with several academic institutions across the EU to support their graduate education programmes within the framework of EU projects.</p> <p>In 2013 EMCDDA was involved in 11 training events and in 2014 15, in collaboration to European Projects on training such as the A European Masters in Drug and Alcohol Studies (http://emdass.org/); The European Society for Addiction Prevention and the SEWPROF ITN (http://sewprof-itn.eu/).</p> <p>In the framework of Reitox Academy training programme, which is the main vehicle for the EMCDDA targeted training for the MS, the following residential courses were provided:</p> <ul style="list-style-type: none"> • In 2013- 4 training activities (Contemporary approaches to drug monitoring; Prevention of drug related infectious diseases; best practices in harm reduction; Best practice in prevention) • In 2014 – 4 training activities were organised (Early warning system; Prevention of drug use; Harm reduction in prisons; Supply reduction and indicators) <p>The EMCDDA responded to the needs of the MS by taking part in the training activities organised by the National Focal Points or Member States, as well as other EU agencies.</p>
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			<p>In 2014 the EMCDDA drafted a Training Strategy that is expected to be published in 2015.</p> <p>The EMCDDA has a longstanding collaboration with the European Masters on Drugs and Alcohol Studies, a programme which was developed through the European Commission's Lifelong Learning Programme and brings together 3 different European Universities: Århus (Denmark), Universidad Miguel Hernández de Elche (Spain) and Piemonte Orientale 'A. Avogardo' (Italy).</p> <p>CEPOL's training activities in the field of drugs in the period 2013-2014 are reported under action 12.</p> <p>In 2013-2014 almost all Member States initiated/implemented initiatives to train professionals in aspects of drug demand and supply reduction.</p> <p>The type of initiatives provided included: annual conferences on addiction prevention; quality circles and conferences on addiction treatment; webinars; distant learning in the framework of exchange programmes and international forums; national conferences; awareness raising; regional drug seminars on cannabis; yearly seminars on addiction medicine; yearly seminars on drugs for law enforcement; information session for foreign trainees; workshops; expert meetings; lectures; trainings.</p> <p>A wide variety of topics were covered in the trainings, including: combatting of drug trafficking; identification and recognition of new drug substances and precursors; detection, identification and seizure of drug substances carried by passengers; methamphetamine in Europe; passengers profiling control; combatting synthetic drugs and precursors diversion; evidence-based drug treatment methods;</p>
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			<p>course of investigation on drugs trafficking; course of expertise in investigations on precursors; investigations on drugs precursors and inspection activities; prospective intelligence applied to the fight against organised crime; methodology of the police investigation of money laundering; deepening knowledge of social workers while working with persons in social risk who are suffering addictions and their family members; provision of low-threshold services, including needle-syringe programmes; the role of social workers in strengthening of self-help groups of individuals with substance dependence; prevention of psychoactive substances abuse; addicts rehabilitation programme, addiction, complex addiction and violence; addiction treatment in prisons; addiction prevention methods; OST: training and supervision group for OST prescribers; training in sample taking teams and mobile chemical laboratories in taking and identifying the toxic chemical substances; training in manipulation of narcotic drugs and psychotropic substances; gaining expert abilities in handling explosives; personal and emotional development; counselling skills for working with teenagers; programme for effective drug prevention in schools and school facilities.</p> <p>The professionals targeted by the training initiatives included: general practitioners; psychologists, drug addiction coordination units and staff of addiction services; customs officers and customs dogs; police officers; NGOs; professionals in the field of drug demand reduction; managers of programmes for treatment with opioid agonists and agonists-antagonists; people directly involved in the implementation of harm reduction programmes; managers of psychosocial rehabilitation programmes; social workers; substance abuse therapists; health professionals; social professionals; military; volunteers; diplomats; researchers and policy-makers; teachers;</p>
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			judges; attorneys; prison administration; MDs who are OST prescribers; educators; risk analysts; maritime authority and maritime police; priests.
<p>50. Enhance data collection, research, analysis and reporting on:</p> <p>(1) a) drug demand reduction;</p> <p>(2) b) drug supply reduction;</p> <p>(3) c) emerging trends, such as poly-drug use and misuse of prescribed controlled medicines, that pose risks to health and safety;</p> <p>(4) d) blood-borne viruses associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis;</p> <p>(5) e) psychiatric and physical co-morbidity;</p> <p>(6) f) drug problems among prisoners and the availability and coverage of drug demand reduction interventions and services in prison settings; and</p> <p>g) other drug-related consequences</p>	Ongoing	<p>Member States</p> <p>European Commission</p> <p>EMCDDA</p> <p>Europol</p> <p>European Centre for Disease Prevention and Control (ECDC)</p> <p>EMA</p>	<p>In 2013-2014 half of the Member States initiated/implemented initiatives to train professionals related to data collection and reporting of drug demand reduction and drug supply reduction.</p> <p>The type of initiatives provided included: e-guides, Reitox Baltic Academy; trainings.</p> <p>The topics of the trainings included: conducting surveys, data analysis and collection of information; how to report to the national database of drug treatment abuse; how to use data collection for evidence-based treatment methods; indicators gathering; Reitox training on drug data collection; implementation of the treatment demand indicator (TDI) standard protocol 3.0; national information system on addictions; monitoring information systems of persons who apply to healthcare institutions for mental and behavioural disorders and use of narcotic and psychotropic substances users.</p> <p>The professionals targeted by the training initiatives included: police officers; substance abuse therapists; social workers; professionals participating in projects under the programme of evidence based treatment methods; regional and city experts; Reitox network members; treatment centres' managers and employees; therapeutic communities; services for mental health and addiction prevention; healthcare professionals; psychologists; data reporting providers.</p> <p>In 2013-2014 new key research was carried out in the Member States mainly on drug demand reduction and on blood borne</p>

		<p>diseases associated with drug use. These were followed by research on poly-drug use and the misuse of prescribed controlled medicines and on drug problems among prisoners and the availability and coverage of drug demand reduction interventions and services in prison settings. Research on drug supply reduction, psychiatric and physical co-morbidity was also carried out in less than half of the Member States.</p> <p>The EMCDDA data collections on drug demand provide information on the prevalence of use of a range of drugs in both the general population (both on use and highly problematic use) and the prison setting. Information on treatment demand, drug-related deaths and infectious diseases focus on the consequences of drug use, and indirectly reflect the level of demand, in particular of high risk drug use. On drug supply, information is available on seizures, offences, prices, purity and potency. The data collection instruments are reviewed as necessary to respond to changes in drug use, and the responses from the Members States are collected and reviewed annually.</p> <p>The EMCDDA has been developing a range of data sources and methods capable of identification and reporting on emerging trends such as poly-drug use and misuse of prescribed controlled medicines. This includes wastewater monitoring in collaboration with the SCORE³⁵ group, internet monitoring as well as trend spotter studies.</p> <p>The EMCDDA reports that in 2013 a study on psychiatric co-</p>
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³⁵ The SCORE (Sewage Analysis Core Group in Europe) is a European consortium consisting of University of Antwerp, University Jaume I (Spain), Mario Negri Institute (Italy), KWR Watercycle Institute (the Netherlands), University of Bath (United Kingdom), EAWAG (Switzerland) and NIVA (Norway). The aim of this consortium is to plan and coordinate European initiatives on sewage analysis. They maintain contacts with the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) and the United Nations Office on Drugs and Crime (UNODC) and seek funding to keep the European research going <http://sewprof-itn.eu/>

		<p>morbidity in the European countries was carried out, including a discussion on the definitions, concepts and diagnostic instruments to identify psychiatric co-morbidity, an analysis of epidemiological data from different target groups, a description of available treatment for patients suffering from psychiatric co-morbidity in Europe and recommendations for treatment.</p> <p>The EMCDDA’s “Methodological Framework on Drugs and Prison. Towards the development of indicators to monitor drug use, drug-related health problems and drug services in European prisons” promotes a standardised approach to monitoring drug use and drug-related health responses in prison. In 2014, a common European Questionnaire on Drug Use among Prisoners (EQDP) was published, to promote the harmonisation of the collection of data across EU countries.</p> <p>Emergencies related to drug use are increasingly monitored by the EMCDDA. In 2014, a review of the health consequence of cocaine use in Europe was published, pointing to a heavy burden of these cases on emergency settings, and to the potential for referral of some patients. This report was also a review of the monitoring of drug-related acute emergencies in 30 European countries. It showed the limitations but also the potential of this indicator to monitor morbidity related to drug intoxication.</p> <p>In cooperation with the EMCDDA and Member States, Europol has elaborated a tool for data collection on illicit synthetic drug laboratories - ERISSP (European reporting on illicit Synthetic Substances production). In March 2014 a training course was delivered within the EMPACT Priorities 2014 (co-financed) by Europol and the ERISSP tool has now been delivered to all Member</p>
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			<p>States.</p> <p>Europol, in cooperation with the EMCDDA also elaborated on a reporting tool relating to Illicit Cocaine Laboratories along with the explanatory guidelines which has been made available to Member States.</p>
<p>51. Improve the capacity to detect, assess and respond effectively to the emergence and use of new psychoactive substances and monitor the extent to which such new substances impact on the number and profile of users</p>	<p>Ongoing</p>	<p>European Commission</p> <p>Member States</p> <p>EMCDDA</p> <p>Europol</p>	<p>In 2013-2014, the number of new psychoactive substances (NPS) appearing on the market continued the upward trend started in previous years; moreover, these substances raised more public health concerns than ever before.</p> <p>In this period, a total of 182 NPS were identified, which represents two fifths of the total number of NPS which have been identified, formally notified to and monitored by the Early Warning System to date since 1997 (i.e. around 450 NPS); and seven risk assessments were carried out at the request of the Council, that is twice the number of risk assessments requested during the period 2010–2013.</p> <p>Seizure data from law enforcement also confirm the growth and importance of the new drugs market. Between 2008 and 2013 there was a seven-fold increase in the number of seizures reported across Europe. An EMCDDA-Europol report on the implementation of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances is published annually³⁶.</p> <p>The rapid emergence of NPS creates difficulties for the control and public health authorities in the Member States, for identification and detection of these substances by customs and forensic laboratories, and also for collection of data regarding their health</p>

³⁶ The [implementation reports](#) can be retrieved online

			<p>effects. These problems are regularly presented in meetings and workshops of customs and forensic laboratories (e.g. Customs Laboratory European Network (CLEN) and European Network of Forensic Science Institutes (ENFSI)).</p> <p>The European Commission has undertaken actions to set up scientific and analytical support to Customs laboratories to help them to faster identify NPS.</p> <p>Following a pilot and feasibility study run in 2013, in October 2014, an Administrative Arrangement was made for the EU's Joint Research Centre (DG JRC) to provide a regular analytical support to the European Customs laboratories, to build-up of a spectral repository of NPS and to develop and establish harmonised analytical methods for identification of NPS.</p>
52. Strengthen efforts to share forensic science data, including laboratory reference standards, on new psycho- active substances, by enhancing cooperation through existing networks, such as the Drugs Working Group of the European Network of Forensic Science Institutes in the framework of the JHA Council conclusions on the vision for European Forensic Science 2020	2016	European Commission Member States EMCDDA	<p>The EMCDDA's Early Warning System (EWS) is responsible for collecting data from the forensic and toxicology laboratories through the national Early Warning Systems. In order to issue a formal notification on a new psychoactive substance to the EWS Network, a complete analytical dataset that ensures the unequivocal identification of the substance is required. The number of NPS detected each year (81 in 2013 and 101 in 2014) is the minimum estimate for the number of complete datasets received in those two years. In addition, the EU EWS collects updated analytical information on substances notified in previous years, including data from the scientific literature, and provides technical assistance to the labs when requested.</p>
53. Improve the ability to identify, assess and respond at MS and EU levels to (a) behavioural	Ongoing	Member States EMCDDA	<p>A regional risk assessment, carried out in response to sharp increases in human immunodeficiency virus (HIV) notifications among people who inject drugs (PWID) in two Member States in</p>

<p>changes in drug consumption and (b) to epidemic outbreaks</p>		<p>ECDC EMA</p>	<p>2011 was updated in 2013 by ECDC and EMCDDA³⁷. Employing a set of established indicators, a report was produced which identifies areas where scale-up of evidence-based preventive measures is needed to avoid further outbreaks.</p> <p>In the period 2013-2014, the EMCDDA issued 182 formal notifications on NPS and 32 public health alerts and advisories to the Early Warning System Network. Many of the latter concerned serious adverse events, particularly deaths, and/or hazards that had the potential to cause serious harm.</p> <p>In this period, the Scientific Committee of the EMCDDA conducted seven risk assessments on new psychoactive substances posing health concerns.</p> <p>The EMCDDA also provides technical assistance, advice and feedback to the Member States on a daily basis and is engaged in many training activities. In 2014, the EMCDDA participated in 7 training activities focused on new psychoactive substances.</p>
Objective 14: Enhance dissemination of monitoring, research and evaluation results at EU and national level			
<p>54. Member States continue to support EU monitoring and information exchange efforts, including cooperation with, and adequate support for, Reitox national focal points</p>	<p>Ongoing</p>	<p>MS EMCDDA</p>	<p>In 2013, due to budgetary constraints, the EMCDDA's Management Board adopted new measures including a substantial reduction of the maximum amount available for EU Member States for the Grant Agreements as part of the co-financing system of the National Focal Points (NFPs). The decision also underlined that the co-financing system was directed only to the tasks of the NFPs that were related to their role towards the EMCDDA, without prejudice of their national tasks, nor the financing of data collection which is the responsibility of Member States.</p>

³⁷ see *Eurosurveillance paper*: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20648>

			<p>Following a consultation of all NFPs by the Reitox Spokespersons in 2014 about the impact of those measures on the operational capacity of the NFPs, the conclusion is: there is an impact for all NFPs, to a lesser or greater extent:</p> <ul style="list-style-type: none"> • lower capacity to implement tasks for the EMCDDA and/or their countries. • direct impact on the NFP staff, potentially leading to redundancies or reallocation of staff to other tasks, i.e. not NFP activities. • lowering of the operational budget of NFPs, (role in the field of research and monitoring and implementation of the key epidemiological indicators and other standards), and which also emphasises the national role of the NFP. • fewer research projects and expert reports, and reduction of the NFP's capacity to commission part of the work or complementary studies to external experts/institutions. • reduction of national contributions, which means that in some countries budget cuts might affect regional cooperation. perception of the role and position of the NFP at national level to: become more a simple observer/provider of data rather than a key actor contributing to the analysis and understanding of the situation.
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