

*International
cooperation*

*Coordination,
governance
and
implementation*

*Drug supply
reduction:
Enhancing
security*

*Drug demand
reduction:
Prevention,
treatment and
care services*

*Addressing
drug-related
harm*

*Research,
innovation
and foresight*

EU DRUGS STRATEGY 2021-2025



Council of the European Union
General Secretariat

EU DRUGS STRATEGY

2021-2025

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INTRODUCTION

Aim, foundations and approach

1

The EU Drugs Strategy 2021-2025 (hereinafter referred to as 'the Strategy') provides the overarching political framework and priorities for the European Union's drugs policy for the period 2021-2025. The framework, aim and objectives of this Strategy will serve as the basis for the EU Action Plan on Drugs from 2021 to 2025.

2

The Strategy aims to protect and improve the well-being of society and of the individual, to protect and promote public health, to offer a high level of security and well-being for the general public and to increase health literacy. The Strategy takes an evidence-based, integrated, balanced and multidisciplinary approach to the drugs phenomenon at national, EU and international level. It also incorporates a gender equality and health equity perspective.

3

By 2025, the priorities and actions in the field of illicit drugs, coordinated through the Strategy, should have had an overall impact on key aspects of the EU drug situation. The coherent, effective and efficient implementation of measures should both ensure a high level of human health protection, social stability and security, and contribute to awareness raising. Any potential unintended negative consequences associated with the implementation of the actions should be minimised, and human rights and sustainable development promoted.

4

The Strategy is based first and foremost on the fundamental principles of EU law and, in every regard, upholds the founding values of the EU: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. The Strategy is also based on international law, the relevant United Nations (UN) Conventions¹ which provide the international legal framework for addressing the illicit drugs phenomenon, and the Universal Declaration on Human Rights. The Strategy takes into account policy developments at multilateral level, and contributes to the acceleration of their implementation. First and foremost, the EU strongly supports the outcome document of the 2016 UN General Assembly Special Session (UNGASS) on the world drug problem entitled 'Our joint commitment to effectively addressing and countering the world drug problem', which is the most

comprehensive policy document in that respect. It also supports the 2019 Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem, the applicable goals of the 2030 Agenda for Sustainable Development, the UN system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration, and the International Guidelines on Human Rights and Drug Policy. The Strategy has been drafted on the basis of the principles set out in the Lisbon Treaty and taking into account the respective competences of the EU and individual Member States. Due regard is given to subsidiarity and proportionality, as the Strategy intends to add value to national strategies while respecting national needs and legislation. The Strategy should be implemented in accordance with these principles and competencies. Furthermore, the Strategy fully respects the European Convention on Human Rights and the Charter of Fundamental Rights of the EU and is guided by the human right to health, which should apply to everyone regardless of, for example, age or gender. All women, men and children, including people with drug-use disorders, have the right to enjoy the highest attainable standard of physical and mental health, including freedom from violence.

5

Drug policy is of a cross-cutting nature. It is also a national and international issue that needs to be addressed in a global context, by a variety of stakeholders. The Strategy provides a common and evidence-based framework for responding in a consistent manner to the drugs phenomenon, within and outside the EU. It supports and complements national policies, provides a framework for coordinated and joint action and forms the basis and political framework for EU external cooperation in this field. It thereby ensures that resources invested in this area are used effectively and efficiently.

6

The Strategy builds on valuable input from the Commission Communication EU Agenda and Action Plan on Drugs 2021-2025², on the lessons learned from the implementation of previous EU drugs strategies and action plans, including the findings from external evaluation³ and builds upon the EU's achievements in this area. It also takes into account the EU Security Union Strategy for 2020-2025, the Health and Food Safety strategic plan for 2016-2020, and other relevant policy developments and actions at EU and international level in the field of drugs. In addition, the Strategy is informed by an ongoing assessment of the current drug situation, in particular as provided by

the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) and Europol. Finally, it takes into account information provided by civil society.

7

The Strategy addresses existing and evolving challenges, and takes on board evolving evidence-based approaches. Furthermore, given the dynamic and complex nature of the drugs phenomenon, which once again became evident during the COVID-19 pandemic, the Strategy adopts a future-oriented approach in order to anticipate changes. Strategic foresight has been integrated with the intention to increase EU preparedness and ensure an efficient response to future challenges.

8

The Strategy is structured around three policy areas that will all contribute to achieving its aim: (I.) Drug supply reduction: Enhancing Security, (II.) Drug demand reduction: prevention, treatment and care services, and (III.) Addressing drug-related harm; and three cross-cutting themes in support of the policy areas: (IV.) International cooperation, (V.) Research, innovation and foresight; and (VI.) Coordination, governance and implementation. Altogether, the Strategy encompasses 11 strategic priorities.

1. The 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

2. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, EU Agenda and Action Plan on Drugs 2021-2025.
3. Commission Staff Working Document: Evaluation of the EU Drugs Strategy 2013-2020 and EU Action Plan on Drugs 2017-2020, July 2020, SWD(2020) 150.



| DRUG SUPPLY REDUCTION ENHANCING SECURITY

Drug supply reduction includes the prevention of, dissuasion from and disruption of drug-related crime, in particular organised crime, through judicial and law enforcement cooperation, intelligence, interdiction, confiscation of criminal assets, investigations and border management.

In the field of drug supply reduction, the objective of the Strategy is to respond, through an evidence-based approach, to the challenging development of European drug markets, which is characterised by a high availability of various types of drugs, ever larger seizures, increasing use of violence and huge profits. The Strategy therefore aims to contribute to the disruption of traditional and online illicit drug markets, the dismantling of organised crime groups that are involved in drug production and trafficking, efficient use of the criminal justice system, effective intelligence-led law enforcement, a reduction in the levels of violence associated with the illicit drug markets, and increased intelligence sharing that will ensure a common approach on the part of all responsible stakeholders.

STRATEGIC PRIORITY 1

Disrupt and dismantle high-risk drug-related organised crime groups operating in, originating in or targeting the EU Member States; address links with other security threats and improve crime prevention.

Priority areas to address

1.1.

Target high-risk organised crime groups active across the EU and cross-border drug markets; set priorities in synergy with the EU policy cycle for organised and serious international crime (EMPACT)⁴; disrupt criminal business models especially those that foster collaboration between different organised crime groups; and address links with other security threats.

1.2.

Track, trace, freeze and confiscate the proceeds of and instruments used by organised crime groups involved in the illicit drug markets.

1.3.

Prevent drug related crime with particular focus on the need to counter violence, limit corruption and address the exploitation of vulnerable groups by addressing the underlying factors that lead to their involvement in illicit drug markets.

The following priorities have been identified

1.1.

High-risk drug-related organised crime groups should be disrupted. Both operations that are large scale in terms of the volume of drugs or profits and those that are smaller scale but particularly harmful due to the nature of drugs concerned, such as new psychoactive substances (NPS), synthetic opioids, heroin, cocaine and methamphetamine, should be a priority target at EU level. In order to ensure efficiency and an evidence-based approach, this should be prioritised in synergy with the EU policy cycle for organised and serious international crime (EMPACT) that identifies, prioritises and addresses threats on a commodity-based approach. Furthermore, both top-level and established mid-level targets important for sustaining the operational continuity of organised crime groups should be a priority in order to disrupt their command structure. All actors in the chain who are experienced enough to provide continuity of criminal operations should be targeted. Links between drug-related criminality and other forms of serious crime need to be addressed.

1.2.

Focus should be given to tracking, tracing, freezing and confiscating the huge criminal assets obtained from drug trafficking and related offences in order to remove organised crime groups' capacity to engage in future crimes and to infiltrate the legal economy. To effectively tackle drug trafficking, we must ensure that illegal profits do not go back into the illicit drug supply chain and do not enable criminal behaviour such as corruption and violence, or other forms of serious and organised crime, such as trafficking in human beings or even terrorism. Furthermore, measures to limit the criminal use of instruments that facilitate the illicit drug trade, such as equipment in drug laboratories used for the purposes of illicit drug production, firearms, falsified documents and encryption technology, should also be considered. Finally, seized and confiscated instruments and the proceeds from offences related to drugs could be used to support measures to reduce drug supply and drug demand, insofar as is permitted by national law.

1.3.

It is important to recognise the impact of drug-related crime, in particular on communities, and to counter the threats posed by these crimes, such as violence and intimidation, corruption and money laundering, and their associated negative effect on the legal economy. It is also necessary to counter the exploitation by organised crime groups of vulnerable groups, including children and young people and those with drug problems, by taking a multidisciplinary approach to the underlying factors which lead to their involvement in illicit drug markets. Countering and preventing these threats and promoting sustainable development is a significant challenge that requires concerted action at EU level and across a number of sectors.

4. <https://www.europol.europa.eu/empact>

STRATEGIC PRIORITY 2

Increase the detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit.

Priority areas to address

2.1.

Counter the smuggling of drugs and drug precursors in and out of the EU by using established legitimate trade channels.

2.2.

Increase monitoring of border crossings that are not part of established trade channels to more effectively prevent illicit or undeclared crossings of the EU external borders.

The following priorities have been identified

2.1.

Major known ports, airports and land entry and exit points in the EU that are used as hubs for the wholesale trafficking of drugs and drug precursors should be put on a high priority list for action targeting drug trafficking. Measures should include improved customs risk analysis of containers and cargo, profiling, intelligence sharing and effective cooperation across and between the competent EU agencies within their respective mandates and law enforcement, customs and border control agencies in Member States and relevant agencies of partner countries. Improved

exchange of information and closer cooperation between customs and police authorities have been identified as critical in the fight against drug smuggling. Attention should also be given to further developing and extending anti-corruption measures in relation to these hubs and to detecting any displacement effects resulting from effective interventions.

2.2.

It is important to monitor maritime, land and air borders to prevent illicit crossings relating to the drug trade. Within this scope, situational awareness activities should be reinforced for all EU external borders, including within Frontex in cooperation with Member States. Priority should be given to air and maritime borders due to their inherent vulnerabilities, the limited monitoring, and the strategic importance of the general aviation⁵ space, as well as the Atlantic Ocean and the Mediterranean Sea. During the COVID-19 pandemic, maritime shipping continued relatively unimpeded and trafficking opportunities remained available to organised crime groups involved in the wholesale transportation of drugs to Europe⁶. Activities such as those conducted by the Maritime Analysis and Operation Centre – Narcotics (MAOC (N)), e.g. monitoring vessels and aircrafts of interest carrying illicit drugs on the high

seas and in the air space surrounding the known abused EU maritime borders and airspace with the aim of intercepting them before or when they reach their first EU port of entry, should be strengthened and extended. The general aviation space also poses a risk to the EU's security and is increasingly used by drug traffickers, while remaining under-monitored.



5. Aviation encompasses scheduled air transport, including passenger and cargo flights operating on regularly scheduled routes, and general aviation, which includes all other commercial and private civil flights.

6. EMCDDA and Europol, EU Drug Markets – Impact of COVID-19, May 2020.

STRATEGIC PRIORITY 3

Tackle the exploitation of logistical and digital channels for medium- and small-volume illicit drug distribution and increase seizures of illicit substances smuggled through these channels in close cooperation with the private sector.

Priority areas to address

3.1.
Tackle digitally enabled illicit drug markets.

3.2.
Target drugs trafficking via postal and express services.

3.3.
Reinforce monitoring and investigation methods for cross-EU rail and fluvial channels and the general aviation space.

The following priorities have been identified

3.1.
Focus should be given to tackling the increased sales of illicit drugs, including NPS, via social media platforms, apps and internet/darknet market places, and the use of online payments (including cryptocurrencies) and encrypted digital communication. Engagement with the private sector should be enhanced in this regard.

3.2.
Trafficking of drugs via postal and express services should be targeted, also paying attention to the impact of the COVID-19 pandemic. In this context stricter monitoring of shipments containing illicit substances is needed in close cooperation with postal and express services. The role of new technologies and artificial intelligence in improving controls and procedures including the risk assessment of postal items⁷ can be examined, with the possibility of fully implementing advanced electronic data on all items that come from source countries (international and EU).

3.3.
Cross-border rail transport connections and fluvial channels and the general aviation space can be exploited as possible drug trafficking channels and are currently insufficiently monitored by law enforcement. Greater awareness is needed in order to reinforce monitoring and targeted risk-based investigations at smaller sea harbours and fluvial ports, small or local airfields and train stations.

7. Postal item: an item addressed in the final form in which it is to be carried by a postal service provider. In addition to items of correspondence, such items also include, for instance, books, catalogues, newspapers, periodicals and postal parcels containing merchandise with or without commercial value.

STRATEGIC PRIORITY 4

Dismantle illicit drug production and counter illicit cultivation; prevent the diversion and trafficking of drug precursors for illicit drug production; and address environmental damage.

Priority areas to address

4.1.
Counter illicit production of synthetic drugs and illicit cultivation of drugs.

4.2.
Tackle the diversion and trafficking of drug precursors and the development of alternative chemicals⁸.

4.3.
Address environmental crime related to illicit drug production and trafficking.

The following priorities have been identified

4.1.
Further efforts of law enforcement authorities are needed to detect and dismantle illicit synthetic drug laboratories and to stop exports of illicit drugs produced in the EU. Law enforcement authorities and other competent bodies should also strengthen measures to tackle illicit cultivation of drugs.

4.2.
Issues related to the diversion and trafficking of drug precursors and the development of alternative chemicals need to be addressed at European and international level.

4.3.
Environmental crime related to illicit drug production and trafficking needs to be targeted. As regards environmental damage, it is crucial to address the environmental impacts, hazards to health and costs associated with the chemical waste generated by illicit synthetic drug production, as also recognised in EMPACT. In this context, aspects related to the handling and destruction of seized illicit drugs, precursors and other chemicals and equipment used in illicit drug production, as well as the ecological disposal of the resulting waste should also be considered.

8. The term alternative chemicals covers the wide range of substances variously referred to in both official and unofficial reports as 'designer precursor', 'masked precursor', 'pre-precursor' or 'masked drug', EMCDDA, Drug Precursor Development in the European Union, 2019, page 2.



II DRUG DEMAND REDUCTION PREVENTION, TREATMENT AND CARE SERVICES

Drug demand reduction consists of a range of equally important and mutually reinforcing measures, including prevention (environmental, universal, selective and indicated), early detection and intervention, counselling, treatment, rehabilitation, social reintegration and recovery.

In the area of drug demand reduction, the objective of the Strategy is to contribute to the healthy and safe development of children and young people and to a reduction of the use of illicit drugs. It also aims to delay the age of onset, to prevent and reduce problem drug use, to treat drug dependence, to provide for recovery and social reintegration through an integrated, multidisciplinary and evidence-based approach and by promoting and safeguarding coherence between health, social and justice policies.

STRATEGIC PRIORITY 5

Prevent drug use and raise awareness of the adverse effects of drugs.

Priority areas to address

5.1.

Provide, implement and, where needed, increase the availability of evidence-based environmental and universal prevention interventions and strategies for target groups and environments, in order to increase resilience and strengthen life skills and healthy life choices.

5.2.

Provide, implement and, where needed, increase the availability of evidence-based targeted prevention interventions for young people and other vulnerable groups.

5.3.

Provide, implement and, where needed, increase the availability of evidence-based early intervention measures.

5.4.

Disseminate the latest scientific evidence on prevention to decision makers and practitioners and provide them with training.

5.5.

Address drug-impaired driving.

The following priorities have been identified

5.1.

The wide implementation of evidence-based environmental and universal prevention interventions and strategies, including those that build resilience, increase health literacy and promote life skills and opportunities to choose healthy lifestyles, is important for achieving health, welfare and well-being for all individuals. In addition, evidence-based programmes targeting families should also be further implemented, where needed.

5.2.

Evidence-based measures should be available and implemented to support people experiencing particular and multiple disadvantages and who may be more vulnerable to the risks associated with drug use, including NPS use, and to developing risky drug-use patterns. Effective prevention should be appropriate to the local social context and to the needs of the target population, be informed by scientific evidence, and be safe and effective. In order to reach young people, full use should be made of new and innovative digital communication channels. The measures implemented should be evidence-based and should support positive relationships with peers and with adults. An important target group for prevention activities will be young people in multiple settings, including schools, families, night life, the workplace, the community and internet and social media. Special attention should also, however, be given to those groups that have been

identified as particularly vulnerable to drug use in European, national and local research.

5.3.

Provide and, where needed, increase the availability of effective measures to prevent the development of severe drug-use disorders through appropriately targeted early interventions for people at risk of such progression, also by facilitating collaboration between all stakeholders, including parents and families, those working in education or family support, networks, youth services, student unions, sporting organisations and networks of people who use drugs. It is essential to make better use of primary healthcare professionals in order to improve the identification of problematic use and offer short early interventions.

5.4.

The European drug prevention quality standards (EDPQS), the UNODC/WHO International Standards on Drug Use Prevention and the European Prevention Curriculum (EUPC) compile the latest scientific evidence. It is important to disseminate these tools and advocate for evidence-based prevention and training among decision makers, opinion leaders and practitioners and to allocate sufficient funding to such measures.

5.5.

Focus should be given to the prevention of drug-impaired driving and accidents caused by drug-impaired persons. In particular, awareness raising is required to highlight the risks of driving while impaired by drugs. This area requires further research and development to identify and evaluate effective policy and operational responses, including the development of more accessible roadside testing methods for drug detection.



STRATEGIC PRIORITY 6

Ensure access to and strengthen treatment and care services.

Priority areas to address

6.1.
Ensure voluntary access to treatment and care services that work in close coordination and collaboration with other health and social support services.

6.2.
Promote peer work.

6.3.
Identify and remedy the barriers to accessing treatment and ensure and, where needed, extend coverage of treatment and care services based on individual needs.

6.4.
Reduce stigma.

6.5.
Widely implement treatment and care addressing the specific needs of women.

6.6.
Implement models of care that are appropriate for groups with special care needs.

6.7.
Provide and, where needed, improve access to, availability and appropriate use of substances for medical and scientific purposes.

The following priorities have been identified

6.1.
Ensure voluntary and non-discriminatory access to a broad range of effective evidence-based services, including professional counselling, psychosocial, behavioural and medication-assisted treatment, including person-centred opioid maintenance therapy, rehabilitation, social reintegration and recovery support programmes. These services need to be well coordinated and need to work hand in hand with other social, health, employment and youth services in order to provide the full continuum of care and be both as effective as possible and focused on individual needs and existing comorbid disorders.

Training for staff should be developed on the basis of evidence-based measures. Counselling and evidence-based treatment addressing poly drug use and the specific needs of young people who use drugs and their families should be implemented.

6.2.
Peer-led outreach and peer group work should be recognised as a key component of the care plan of a person who uses drugs, promoting autonomy, empowerment and recognising the peer's expertise and experience. Peer-led work should be promoted as a way of sharing information, providing support and increasing awareness of relevant information among the community of people who use drugs.

6.3.
Barriers to accessing support services and treatment need to be addressed and it must be ensured that healthcare and social services are both sufficiently available, sufficiently funded and appropriate to the needs of their client groups, and that they take into account the gender perspective. This may also include e-health offers, especially in the context of the COVID 19 pandemic. Barriers to access should also be reduced with respect to the key characteristics of the target group, such as demographic factors (e.g. age, gender, education, cultural background), situational factors (e.g. poverty, family circumstances, social circle, homelessness, migration, imprisonment), and personal factors (e.g. physical and mental health, disabilities, psychological well-being).

6.4.
The stigmatisation linked to drug use and drug-use disorders needs to be addressed, especially as this stigma may have a detrimental effect on the mental and physical health of people who use drugs and could also act as a barrier to seeking support. In this regard, the inclusion of people that have experienced drug-related stigma should be particularly taken into account when developing policies.

6.5.
Measures need to be taken to better identify and address the barriers that women face in engaging with and pursuing counselling, treatment and rehabilitation services. These barriers include domestic violence, trauma, stigma, physical and mental health issues, pregnancy and childcare issues, all of which may be aggravated by demographic, socio-economic, situational and personal factors. Effective service delivery should be sensitive to the specific needs and life experiences of women with drug-use problems and should recognise that patterns of drug use

and problems may differ from those experienced by men. Women-only service options should be developed, as should services that take care of accompanying children and that offer other forms of specialist care, such as close working partnerships with care providers and with services working with vulnerable women and victims of domestic violence.

6.6.
The diversity evident among people who use drugs should be recognised and steps should be taken to provide services that can address this diversity and reflect the needs of different groups in relation to problem drug use. Specific groups of people who use drugs and who have drug-use disorders that involve potentially more complex or specific care needs include: children and young people, older people with a history of long-term drug use and dependence, people with comorbid mental health problems, LGBTI, people with poly drug use, people who use drugs and are also parents, people with disabilities, ethnic minorities, migrants, refugees, asylum seekers, people who engage in sex work and prostitution and homeless people. Effective engagement with these groups also requires models of care that recognise the need for cross-service partnerships between healthcare, youth and social care providers, and patients/carers groups.

6.7.
The lack of access to and availability of controlled substances for medical and scientific purposes is a cause of unnecessary human suffering and not in line with international agreements and respect for human rights. At the same time, there is a real risk of misuse and diversion of these substances. The appropriate use of these substances is therefore imperative. A balanced approach that focuses both on the systemic, legal and financial issues and on the provision of capacity-building and awareness-raising activities needs to be promoted and implemented.



III ADDRESSING DRUG-RELATED HARM

The use of drugs may cause health and social harm to users but also to their family and the wider community. This chapter therefore focuses on measures and policies that prevent or reduce the possible health and social risks and harm for users, for society and in prison settings. National needs and national legislation must be taken into account when implementing these measures and policies.

Prisoners are more likely to have used drugs compared with the general population, and they are also more likely to have engaged in risky forms of use, such as injecting drug use. Up to 70 % of European prisoners have used an illicit drug⁹. Drug problems can worsen in prison settings due to the difficulties in coping with incarceration and the availability of drugs, including NPS. At the same time, imprisonment can provide an opportunity for treatment and rehabilitation.

9. EMCDDA 'Prison topics page',
www.emcdda.europa.eu/topics/prison_en.

STRATEGIC PRIORITY 7

Risk- and harm-reduction interventions and other measures to protect and support people who use drugs.

Priority areas to address

7.1.
Reduce the prevalence and incidence of drug-related infectious diseases and other negative health and social outcomes.

7.2.
Prevent overdoses and drug-related deaths.

7.3.
Promote civil society participation and ensure sustainable funding.

7.4.
Provide alternatives to coercive sanctions.

The following priorities have been identified

7.1.
The availability, accessibility and coverage of risk- and harm-reduction services need to be maintained and, where needed, improved. Training on evidence-based measures should also be implemented. These services should be guided by the minimum quality standards for drug demand reduction interventions in the EU. It is necessary to further prevent and treat blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and to reach high-risk populations and put them in touch with care and other support services. Needle and syringe programmes, linked to low threshold social and health care services, opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions are implemented by EU Member States to prevent blood-borne infections among people who inject drugs. In addition, Member States have applied various innovative risk- and harm-reduction measures to reach high-risk populations, e.g. supervised drug consumption facilities, to reduce risks and harm and put the most vulnerable groups in touch with care services. In addition, low threshold services, outreach work and co-operation with people who use drugs and their families are also essential for reducing the negative health and social impacts of drug use.

7.2.
Effective measures to prevent drug overdoses are missing from current responses. The use of the opioid antagonist naloxone, including take-home naloxone programmes, should therefore be further investigated and implemented as a way of responding to or intervening in opioid overdoses. In addition, further evidence is needed on supervised drug consumption facilities which aim to prevent drug-related deaths. Drug services also have an important role in preventing drug-related mortality. New measures should be considered. For example, innovative approaches should be developed and tested for people who use stimulant drugs and for young people who go to nightclubs and parties. In addition, the effective and positively evaluated innovations in harm-reduction services seen in some Member States as a result of the COVID-19 pandemic should be maintained. The monitoring and reporting of overdose deaths across the EU needs further improvement. Overdose deaths should be a key indicator for measuring progress in implementing the Strategy.

7.3.
To be most successful in reducing the risks and harm associated with the use of drugs, it is crucial to promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations, young people,

people who use drugs, clients of drug-related services, the scientific community and other experts in the development and implementation of drug policies. It is also imperative that an appropriate level of resources be provided for all drug services at local, regional and national level.

7.4.
Although all Member States employ at least one alternative to coercive sanctions¹⁰, for drug-using offenders and for people arrested, charged with or convicted for drug-related offences or people found in possession of drugs for personal use, stepping up efforts and mainstreaming the implementation of effective measures¹¹ should be progressed. In this regard, drug consumption and/or drug possession for personal use or possession of small amounts do not constitute a criminal offence in many Member States, or there is the option to refrain from imposing criminal sanctions. More comprehensive and in-depth data and exchange of best practices between Member States is needed in this area.

10. The term "alternatives to coercive sanctions" can, according to the national legislation of the Member States, also refer to alternatives that are used instead of or in addition alongside the traditional criminal justice measures for drug-using offenders.

11. Alternatives to coercive measures are defined as measures that have some rehabilitative element or that constitute a non-intervention (for example, deciding not to charge or prosecute), and those used instead of prison or other punishment (for example, a suspended sentence with drug treatment). See the Council conclusions of March 2018 on promoting the use of alternatives to coercive sanctions for drug using offenders (6931/18).

STRATEGIC PRIORITY 8

Address the health and social needs of people who use drugs in prison settings and after release.

Priority areas to address

8.1.
Assure equivalence and continuity of healthcare provision in prison and by probationary services.

8.2.
Implement evidence-based measures in prison settings to prevent and reduce drug use and its health consequences, including measures to address the risk of drug-related deaths and the transmission of blood-borne viruses.

8.3.
Provide overdose prevention and referral services to ensure continuity of care on release.

8.4.
Restrict the availability of drugs in prisons.

The following priorities have been identified

8.1.
Drug treatment services, including opioid agonist treatment, rehabilitation and recovery for drug using offenders as well as provisions to reduce stigma need to be provided in male and female prisons and after release, in addition to supporting social reintegration. Developing a continuum of care model appropriate for each Member State and prison setting and probationary service is essential for allowing prisoners to access the range of support they need in order to achieve their personal recovery goals while entering prison and while in prison. Equally, after release prisoners should be supported by providing access to healthcare and social services, employment, housing and support for reintegration into society. It is essential to provide continued access to evidence-based drug services, equivalent to that provided in the community.

8.2.
Preventing the use of drugs and the transmission of blood-borne infections within custodial settings through both evidence-based preventive measures and risk- and harm-reduction measures, implemented by well-trained staff or peers is part of a comprehensive strategy. Providing access to testing and treatment for blood-borne infections and other measures that reduce the health risks associated with drug use should be considered for prison settings in the same way as is done in the community.

8.3.
Upon release, overdose awareness trainings in combination with the distribution of take home naloxone might be made available where possible, in order to reduce overdoses and drug-related mortality.

8.4.
Disrupting the channels that supply illicit drugs and NPS into prisons should be a priority. Better use of the existing instruments such as cooperation with law enforcement agencies, sharing and processing information, tackling corruption, using intelligence and drug testing could form the basis for effective intervention.





IV

INTERNATIONAL COOPERATION

STRATEGIC PRIORITY 9

Strengthening international cooperation with third countries, regions, international and regional organisations, and at multilateral level to pursue the approach and objectives of the Strategy, including in the field of development. Enhancing the role of the EU as a global broker for a people-centred and human rights-oriented drug policy.

Due to the global nature of the drug phenomenon, the internal and external dimensions of the EU's drug policy are increasingly interconnected. International cooperation is therefore necessary to pursue the Strategy's approach and objectives. It should reflect the integrated, multidisciplinary, balanced and evidence-based EU approach outlined in the Strategy. It also contributes to the acceleration of the implementation of the commitments made by the EU at international level. The Sustainable Development Goals of the Agenda 2030 should guide the development of international drug policy.

The EU's external relations in the field of drugs are based on the principles of shared responsibility, multilateralism, the promotion of a development-oriented approach, respect for human rights and human dignity, the rule of law and respect for the international drug control conventions.

The acceleration of the implementation of the 2016 UNGASS Outcome Document and the 2030 Agenda for Sustainable Development should be strongly supported. The UN system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration, as well as the International

Guidelines on Human Rights and Drug Policy, are important guidelines for international drug policy. Likewise, the continued involvement of civil society and the scientific community is of high importance to the EU, as they play a crucial role in assessing and addressing the world drug situation.

Furthermore, the integration of the Strategy and its objectives 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 should be guaranteed. This requires in particular that international cooperation in the field of drugs be integrated within the overall political relations and framework agreements between the EU and its partners, both at national and/or regional level. Where appropriate, and with a view to enhancing knowledge of the threat assessment, forms of cooperation with Common Security and Foreign Policy (CSFP) instruments (such as Common Security and Defence Policy (CSDP) missions and operations) should be used, within the framework of existing EU policies. The High Representative, supported by the European External Action Service (EEAS), should facilitate this process.

Priority areas to address

- 9.1.**
Continue shaping the international and multilateral agendas on drug policy.
- 9.2.**
Ensure a sustainable level of dialogue and information sharing on the strategies, aims and relevant initiatives with third countries or regions.
- 9.3.**
Foster international cooperation by further involving competent EU agencies within their respective mandates.
- 9.4.**
Continue, and establish new, cooperation programmes with third countries or regions and other partners based on regular evaluations of such programmes.
- 9.5.**
Address all the policy aspects of the Strategy in international cooperation, including in the fields of security and judicial cooperation as well as the health-related aspects of drugs issues.
- 9.6.**
Strengthen the commitment to development-oriented drug policies and alternative development measures.
- 9.7.**
Protect and promote adherence to international human right standards and obligations in global drug policies.

The following priorities have been identified

- 9.1.**
Shaping the international and multilateral agendas on drug policy in line with the Strategy's approach and objectives should be continued. This includes strategic cooperation with international organisations, in particular with UNODC as the leading entity within the UN system for addressing and countering the world drug situation, as well as the EU's participation in UN policy processes, in particular the Commission on Narcotic Drugs (CND) as the principal policymaking body of the UN with prime responsibility for drug control matters, as well as in other UN fora focusing on health, human rights and development.
- 9.2.**
A sustainable level of policy dialogue and information sharing on the strategies, aims and relevant initiatives through the dialogues on drugs with international partners, both at regional and bilateral level, should be ensured. These forms of dialogue are a key element of the EU's approach to international cooperation. Partners with which to continue or launch dialogues on drugs are identified on the basis of their relevance in addressing the global drug situation and taking into account the EU's overall relations with those partners. These dialogues should be complementary to, and consistent with, other external cooperation structures and their impact and, where appropriate, should provide a forum for discussing cooperation priorities and progress on EU-funded projects.

9.3.

International cooperation in the field of drugs should be fostered by further involving EU agencies, especially Europol and the EMCDDA, within their respective mandates, in synergy with the work of international actors, and by providing them with the relevant resources needed to strengthen their role and fulfil their obligations in line with the Strategy.

9.4.

Cooperation initiatives and programmes are key to further strengthening and supporting third countries' efforts to address drug issues in an evidence-based, integrated, balanced and multidisciplinary manner and in full compliance with international human rights obligations. These include programmes aimed at addressing challenges in the fields of public health, development, safety and security. An appropriate level of funding and expertise (provided by the EU and its Member States), including by reinforcing coordination, monitoring and evaluation of financial and technical support, should be ensured.

This should also include support for candidate and potential candidate countries, and the countries of the European Neighbourhood Policy, focusing on capacity-building on both supply and demand reduction and evidence-based, effective and balanced drug policies, through strengthened cooperation, including the sharing of EU best practices.

9.5.

International cooperation in the field of drugs should address the whole range of policy aspects of the Strategy, including the intertwined security-, development- and health-related aspects of the drugs issues.

This should include drug-related crime prevention, law enforcement and judicial cooperation, as well as addressing possible links to terrorism and other forms of transnational crime, as defined in the UN legal framework. Addressing the production of drugs in partner countries, in full compliance with international human rights obligations, contributes significantly to reducing the supply and availability of drugs on the domestic EU market. In promoting and supporting international judicial and law enforcement cooperation, as well as cooperation between drug observatories, and the capacity-building of relevant authorities, measures under this priority should continuously seek to address the root causes and main drivers of organised crime and enhance the resilience of local communities.

This should also include addressing health-related aspects of drug use, in particular the impact of demand and supply reduction interventions on people who use drugs and the public. This implies the promotion of prevention, treatment, risk and harm reduction and alternatives to coercive sanctions and social reintegration in line with human rights obligations. Furthermore, increased access to and availability of controlled substances for medical and scientific purposes should be promoted.

9.6.

The cultivation of illicit drugs in third countries with possible implications for the EU, in particular opium poppies for heroin production and coca plants for cocaine production as well as cannabis, should also be addressed by a renewed and strong commitment to alternative development measures¹²: tackling the root causes of illicit drug economies through an integrated approach combining efforts on rural development, poverty alleviation, socio-economic development, the promotion of access to land and land rights, environmental protection and climate change, the promotion of the rule of law, security and good governance, within the framework of the 2030 Agenda for Sustainable Development and in full compliance with international human rights obligations and a commitment to gender equality. These development cooperation efforts should adhere to the OECD-Development Assistance Committee's (DAC) guidelines and standards.

Those measures should also adhere to the principles of non-conditionality, non-discrimination, and proper sequencing, while the success of these interventions should be measured using socio-economic indicators which go beyond an exclusive focus on illicit drug crop monitoring indicators, ensuring ownership among target communities.

12. See the Council conclusions of November 2018 on Alternative Development: "Towards a new understanding of Alternative Development and related development-centered drug policy interventions - contributing to the implementation of UNGASS 2016 and the UN Sustainable Development Goals" (14338/18).

13. 'In countries which have not abolished the death penalty, sentence of death may be imposed only for the most serious crimes' which are 'intentional crimes with lethal or other extremely grave consequences': UN Economic and Social Council (ECOSOC) Resolution 1984/50 of 25 May 1984.

14. International Guidelines on Human Rights and Drug Policy (www.humanrights-drugpolicy.org/site/assets/files/1/hrdp_guidelines_2019_v19.pdf).

This includes acknowledging development-centred drug policy interventions as a legitimate means of addressing phenomena such as drug trafficking and urban drug markets in developing countries.

9.7.

The protection and promotion of human rights should be fully integrated into, and a specific objective of, the EU's external action on drugs issues, including engagement at multilateral level, political dialogues and the implementation and delivery of relevant programmes and projects in the field of drugs. This includes upholding the principle of an adequate, proportionate and effective response to drug-related offences, as highlighted in all UN documents on drug policy. The EU is strongly and unequivocally opposed to the use of the death penalty at all times and under all circumstances. Capital punishment violates the inalienable right to life and is incompatible with human dignity. It does not serve as a deterrent to crime and makes any miscarriage of justice irreversible. The application of the death penalty for drug-related offences also violates Article 6 of the International Covenant on Civil and Political Rights¹³. Human rights are universal, inalienable, indivisible, interdependent, and interrelated, including in the contexts of drug policy, development assistance, health care, and criminal justice¹⁴.



V
**RESEARCH,
INNOVATION AND
FORESIGHT**

STRATEGIC PRIORITY 10

Building synergies to provide the EU and its Member States with the comprehensive research evidence base and foresight capacities necessary to enable a more effective, innovative and agile approach to the growing complexity of the drugs phenomenon, and to increase the preparedness of the EU and its Member States to respond to future challenges and crises.

The scope of the cross-cutting field of research, innovation and foresight covers both the health and security aspects of the drugs phenomenon, and recognises that they are intrinsically linked. Its objective is to contribute to a better understanding of all aspects of the drugs phenomenon and of what constitute effective interventions, so as to provide a sound evidence base for necessary policy development and practice. It will ensure that maximum value is derived from investment in this area by fostering synergies and the efficient allocation of

resources. Furthermore, in recognition of the growing dynamism and complexity of the drugs phenomenon, it will encourage a future-oriented approach that allows new trends and developments to be more rapidly identified, and evidence-based responses to be more rapidly put in place. This requires the development of the technological capacity necessary to allow the EU and its Member States to be better prepared to anticipate and respond to new challenges or future crises that have the potential to impact the drugs situation.

Priority areas to address

10.1.
Strengthen and broaden research capacities and encourage the greater sharing and use of results.

10.2.
Foster innovation, so that policy and actions shift from a reactive to a proactive mode.

10.3.
Develop strategic foresight and a future-oriented approach.

10.4.
Strengthen coordination and synergies, and support the central role of the EMCDDA, Europol and the Reitox network of national focal points in research, innovation and foresight.

10.5.
Ensure adequate financing for drug-related research, innovation and foresight.

The following priorities have been identified

10.1.
It should be a priority to strengthen and broaden capacities in information gathering, monitoring, evaluations, modelling and analysis and to encourage the greater sharing and use of the results on the various aspects of the drug phenomenon and on responses. This should take into account the expertise of the scientific community and civil society. In this context, it is necessary to ensure consistency and coherence with similar initiatives at international level as well as efficiency and cost-effectiveness, and to avoid any unnecessary additional administrative burden, in particular related to data collection by the EMCDDA and UNODC.

10.2.
It is important to strengthen the capacity to respond proactively rather than reactively to new challenges and emerging threats by innovation and the development and use of new methods and technologies and opportunities for interventions arising from digitalisation. In particular, efforts should be intensified to develop, adopt and use early warning approaches, and forensic and new technologies, to better monitor, model, analyse and respond to new challenges and emerging threats to public health and security. There is a need for an improved and coordinated monitoring and analysis of the threats posed by digitalisation, in particular the accessibility of illicit drugs via social media platforms, apps, internet/darknet market places, as well as the use of online payments (including cryptocurrencies) and encrypted digital communication.



10.3.

There is a need to develop strategic foresight and a future-oriented approach to increase preparedness to identify and respond to potential future challenges, helping to create institutional resilience and fostering more agile responses. This should include research to better understand the links between the drugs phenomenon and other important policy issues such as violence, health and societal problems, and environmental damage.

10.4.

Research, innovation and foresight should result from the coordinated efforts of the various stakeholders at EU and national level, thus entailing synergies and complementarity to ensure that investment in research delivers maximum value. The Member States should increase and coordinate their efforts in data collection, monitoring, modelling and analysis, research, innovation and foresight on all relevant aspects of the drug phenomenon, including by further supporting the existing data collection and interface role of the Reitox network of national focal points. Within their respective mandates, the EMCDDA, Europol and the Reitox network of national focal points should have the means, including financial resources, to play their central supporting role in early warning, threat and risk assessment, research, innovation and foresight, in order to provide timely and sound evidence for policy makers and to support Member States in building their national policy and actions on evidence-based information. Based on the early signals identified, modelling and the analysis of current data and information, competent agencies, especially the EMCDDA and Europol within their respective mandates,

should lead at European level scientific risk assessments and strategic and operational threat assessments to inform and stimulate research, innovation and foresight on both controlled illicit drugs and NPS.

10.5.

The EU and its Member States should ensure adequate financing for drug-related research, innovation and foresight in line with the implementation of the Strategy. This should include the use of the Internal Security Fund, the EU4Health programme, the security research part of Horizon Europe, Cohesion Policy Funds, the Digital Europe programme and the Rights and Values programme, in line with the requirements of the Strategy and the Action Plan to deliver clear EU added value, ensuring coherence and synergies while avoiding duplication.





VI

COORDINATION, GOVERNANCE AND IMPLEMENTATION

STRATEGIC PRIORITY 11

Ensuring optimal implementation of the Strategy and of the Action Plan, coordination by default of all stakeholders and the provision of adequate resources at EU and national levels.

1

On the basis of the Strategy the EU Action Plan on Drugs 2021 - 2025 (hereinafter referred to as 'the Action Plan') will provide a list of actions, including on the basis of the following criteria.

Actions

- must be evidence-based, scientifically sound and aim for realistic and measurable results that can be evaluated;
- will be time-bound and will identify the parties responsible for their implementation;
- must have a clear EU relevance and added value.

2

The implementation of the Strategy and of the Action Plan should facilitate synergies and consistency between policies on drugs at EU and national level. The Commission, taking into account information provided by the Member States and the EEAS, and available from the EMCDDA, Europol and other EU bodies, as well as from civil society, should monitor the implementation of the Strategy and the Action Plan. Close cooperation and coordination is essential in this area, given the intertwined competences at EU and national level. In order to facilitate coordination and allow any necessary policy follow-up, including monitoring, the Commission, the Presidency and the Horizontal Working Party on Drugs (HDG), as the Council preparatory body in charge of drug policy, will closely

cooperate together. In addition, the HDG should hold discussions or exchanges of best practices which could provide support to the Member States in their implementation of the Strategy and of the Action Plan. Continuity should be ensured between the successive Presidencies in this regard.

3

The Commission, taking into account information provided by the Member States and the EEAS, and available from the EMCDDA, Europol, other relevant EU institutions and bodies and civil society, is requested to initiate an overall external evaluation of the implementation of the Strategy and of the Action Plan. The results of this evaluation will be made available to the European Parliament and to the Council as soon as they are available, and at the latest by 31 March 2025, in order to be discussed in the relevant fora and in particular in the HDG. These discussions will form the basis for the definition of the future development of EU drug policy and the following cycle of the EU Drugs Strategy to be approved by the Council.

4

Appropriate and targeted resources should be allocated for the implementation of the objectives of this Strategy at both EU and national level. The allocation of resources should be directed proportionally towards those strategic priorities, areas and interventions that are most likely to achieve the aims of the Strategy and Action Plan at EU,

national and local levels. Funding in support of the priorities set in the Strategy should be allocated from cross-sectoral EU funding sources, including notably the Internal Security Fund, the EU4Health programme, the security research part of Horizon Europe, Cohesion Policy Funds, the Digital Europe programme and the Rights and Values programme.

5

Following the evaluation of the EMCDDA, the Commission is invited to present a proposal to revise the mandate of the EMCDDA as soon as possible, to ensure that the agency plays a stronger part in addressing the current and future challenges of the drug phenomenon. Furthermore, the EMCDDA and Europol will need to be provided with the relevant resources to enable them to fulfil their roles in line with their respective mandates and the Strategy, including to support Member States' drug-related actions.

6

Coordination plays a crucial role in the efficiency of EU drug policy and of its implementation, especially given the cross-cutting nature of this field. To achieve the objectives of the Strategy, there should be coordination with agencies, bodies or organisations that have relevance for the drugs field, within their respective mandates: both within the EU - in particular the EMCDDA and Europol - and outside the EU, such as UNODC, WCO, WHO and the Pompidou Group. The EU institutions and the High Representative, each within the scope of their respective powers, should seek to ensure that the EU's activities in the field of illicit drugs are coordinated and that they complement each other. Where relevant, the EU should also promote coordination among external actors, including in the UN context.

7

In the Council of the EU, the HDG, as the main coordinating body on drug policy, should be kept informed of possible work linked to drugs issues, carried out by other preparatory bodies of the Council, such as the Standing Committee on Operational Cooperation on Internal Security (COSI) and the Working Party on Public Health, as well as other relevant Council preparatory bodies, including in the area of customs, judicial and criminal matters, law enforcement, social affairs, agriculture and external relations.

8

Coordination and synergies should be sought between the drug policy and the other policies, including in the security and health areas. Coordination should involve the relevant stakeholders in the various areas, including law enforcement, customs including customs laboratories, border control, the judiciary, prisons and correctional facilities, civil aviation and maritime authorities, medicines agencies, postal services, stakeholders involved in research, innovation and monitoring, including the Reitox network of national focal points, social and drug treatment services, including healthcare professionals, education and prevention sectors.

9

Externally, the EU and its Member States should promote the approach and objectives of the Strategy with one voice. EU delegations should play a useful role in promoting this and in facilitating a coherent EU discourse on drug policy.

10

The meaningful participation and involvement of civil society, including the Civil Society Forum on Drugs, should be ensured in the development and implementation of drug policies, at national, EU and international levels.

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