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from:	Presidency
to:	Horizontal Drugs Group
Subject:	Draft EU Drugs Strategy (2013-2020)

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Delegations will find in annex the above-mentioned document which takes into account comments from delegations made at the HDG meetings of 3 July, 3 September and 3 October 2012 and contributions sent afterwards on all the chapters of the draft Strategy.

**The chapters on Drug supply reduction, Information, Research and evaluation, Preface, Introduction and Coordination have been amended compared to doc. 12036/1/12 REV 1 and changes are in strike-through and bold.** Changes indicated in the Drug demand reduction and International cooperation chapters are the same as in doc. 12036/1/12 REV 1.

During the forthcoming HDG meetings the discussion on the revised draft Strategy will be continued with a view to having the new EU drugs strategy adopted by the European Council by the end of this year.

## Preface

1. This EU Drugs Strategy provides the overarching political framework and priorities for EU drugs policy identified by Member States and EU Institutions, for the period 2013-2020. The framework, aim and objectives of this Strategy will serve as a basis for two consecutive 4 year EU Drugs Action plans.

2. This ~~new~~ Drugs Strategy is based first and foremost on the fundamental principles of EU law and, in every regard, upholds the founding values of the Union: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. **It aims to protect and improve the wellbeing of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated and evidence-based approach to the drugs problem.** The Strategy is also based on **international law**, the relevant UN Conventions<sup>1</sup> which provide the international legal framework for addressing the **illicit** drugs problem **and the Universal Declaration on Human Rights**. This EU Drugs Strategy **takes into account** ~~is complemented by~~ relevant UN political documents, including the UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted in 2009, which states that drug demand reduction and drug supply reduction are mutually reinforcing elements in **illicit** drugs policy **as well as the UN Political Declaration on HIV/AIDS**. The Strategy has been drafted on the basis of the principles set out in the Stockholm Programme, the Lisbon Treaty and on the respective competences of the Union and individual Member States. Due regard is given to subsidiarity and proportionality, as this EU Strategy intends to add value to national strategies. Furthermore, the Strategy pays full respect to the European Convention on Human Rights and the EU Charter of Fundamental Rights.

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<sup>1</sup> The UN Single Convention on Narcotic Drugs of 1961 as amended by the 1972 protocol, the Convention on Psychotropic Substances (1971) and the Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

3. (*old 7a.*) By 2020, the priorities and actions in the field of **illicit** drugs, encouraged and coordinated through this EU Drug Strategy, should have achieved **an overall success measurable impact** on key aspects of the EU drug situation, ensuring a high level of human health protection, social stability and security, through a coherent, effective and efficient implementation of measures, interventions and approaches in drug demand and drug supply reduction at national, EU and international level, and by avoiding potential unintended consequences associated with the implementation of these actions.

5. The drugs problem is a national and international issue that needs to be addressed in a global context. In this regard, coordinated action carried out at EU level plays an important role. This EU Drugs Strategy provides a common and evidence-based framework for responding to the drugs problem within and outside the EU. By providing a framework for joint and complementary actions, the Strategy ensures that resources invested in this area are used **effectively and** efficiently, whilst taking into account the institutional and financial constraints and capacities of Member States and of the EU institutions.

5a. The Strategy aims to **contribute to a reduction in** ~~reduce~~ drug **demand use** and drug supply within the EU, as well as the health and social **risks and** harms caused by **illicit** drugs through a strategic **approach model** that supports and complements national policies, that provides a framework for coordinated and joint actions and that forms the basis and political framework for EU external cooperation in the field of **illicit** drugs. ~~This will be achieved through an integrated, balanced and evidence-based approach.~~

6. Finally, this Strategy builds on the lessons learned from the implementation of previous EU Drugs Strategies and associated Action Plans, including the findings and recommendations from the external evaluation of the EU Drug Strategy 2005-2012, while taking into account other relevant policy developments and actions at EU level and international level in the field of **illicit** drugs.

## I. Introduction

6a. The Strategy takes on board new approaches and addresses new challenges which have been identified in recent years, ~~including those related to new or ongoing threats to the health and safety of EU citizens,~~ especially:

- **The increasing trend towards poly-substance drug use, including combination of illicit drugs and alcohol, the misuse of prescribed medications, non-opioid drugs use and the emergence of new psychoactive substances and the rapid increase in their usage;**
- **The need to ensure and improve access to and the misuse of prescribed controlled medications;**
- **The dynamics in the drug markets, including the use of new communication technologies the internet as a facilitator for the distribution of illicit drugs;**
- **The need to prevent diversion of precursors, pre-precursors and other essential chemicals used in the illicit manufacture of drugs from legal trade to the illicit market;**
- **The need to improve the quality, coverage and diversification of drug demand reduction services;**
- **The continued high incidence of blood borne diseases, especially Hepatitis C Virus, among injecting drug users and potential risks of outbreaks of HIV epidemics and other blood borne diseases infections related to injecting drugs use;**
- **The steady number of drug-related deaths;**
- **The need to address psychiatric co-morbidity.**

7. The objectives of the EU Drugs Strategy are:

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

8. The Strategy builds upon the achievements<sup>1</sup> made by the EU in the field of **illicit** drugs and is informed by an ongoing, comprehensive assessment of the current drug situation **provided by the EMCDDA**, while recognising the need to proactively respond to developments and challenges.

9. The Strategy is structured around two policy areas; drug demand reduction and drug supply reduction, and three cross-cutting themes; (a) coordination, (b) international cooperation and (c) research, information and evaluation. Its two consecutive **implementing** Action Plans will provide a list of specific actions with a timetable, responsible parties, indicators and assessment tools.

10. Taking due account of the current drugs situation and the implementation needs of the Strategy, a limited number of targeted actions will be selected on each of the two policy areas and three cross cutting themes, for inclusion in the Action Plans based on criteria which include the following:

- a. Actions must be evidence-based, **scientifically sound and** cost-effective, and aim for realistic and measurable results; that can be evaluated;
- b. Actions will be time bound, have associated benchmarks, performance indicators and identify responsible parties for their implementation, reporting and evaluation;
- c. Actions must have a clear EU relevance and added value;
- d. Actions must be respectful of human rights and in line with international conventions.**

11. To safeguard a continued focus on the implementation of the Strategy and of its accompanying Action Plans, each Presidency, with the support of the Commission, **EMCDDA and Europol** shall address priorities and actions that require follow up in the HDG during its term **and shall monitor progress**. The Commission, taking into account the information provided by Member States, the European External Action Service, and available from EMCDDA, ~~and Europol~~ **and other EU bodies, as well as – where appropriate – from the civil society**, shall provide **regular annual** progress reports ~~on the implementation of the Strategy and its Action Plans~~, with the purpose of assessing the implementation of **completed objectives and a selected number of relevant** priorities of the EU Drugs Strategy and its Action Plan(s).

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<sup>1</sup> Report on the independent assessment of the EU Drugs Strategy 2005-2012 and its action plans, available at [http://www.rand.org/pubs/technical\\_reports/TR1228.html](http://www.rand.org/pubs/technical_reports/TR1228.html)

11a. The Commission, taking into account information provided by the Member States, and available from the EMCDDA, Europol, **other relevant EU institutions and bodies** and – where appropriate – civil society, will **provide for the delivery of** ~~conduct an external~~ mid-term assessment of the Strategy by 2016, in view of preparing a second Action Plan for the period 2017-2020. Upon conclusion of the Drugs Strategy and its Action Plans **by 2020**, the Commission will **provide for the delivery of** ~~have~~ an overall **external** ~~independent~~ evaluation **of their implementation** ~~conducted~~. **This evaluation should take,** ~~taking~~ into account information gathered from the Member States, the EMCDDA, Europol, other relevant EU institutions and bodies, and – where appropriate – civil society, **and previous evaluations** in order to provide input and recommendations for the future development of EU drugs policy.

12. To reach its objectives and to ensure efficiency, the **EU Drugs Strategy** ~~for~~ 2013-2020 will use, wherever possible, existing instruments and bodies operating in the drug field **or that have relevance for key aspects of it**, both within the EU (in particular the EMCDDA, Europol, ~~and also~~ Eurojust, the European Centre for Disease Prevention and Control (ECDC), **the Executive Agency for Health and Consumers (EAHC)** and the European Medicines Agency) and **collaboration with bodies** outside the EU ~~it~~ **(such as in particular the Pompidou Group, UNODC, WCO, and WHO and the Pompidou Group)**. The Commission, the Council, the European Parliament and the European External Action Service will ensure that their activities in the field of illicit drugs are coordinated and that they complement each other.

12a. Appropriate and targeted resources should be allocated for the implementation of the objectives of this EU Drugs Strategy at both EU and national level.

## **II. Policy field: drug demand reduction**

13. Drug demand reduction consists of a range of equally important and mutually reinforcing **measures** ~~interventions~~, including prevention (universal, **selective and** indicated ~~and selective~~), early detection and intervention, risk and harm reduction, treatment, rehabilitation, and **social** reintegration, including recovery.

14. In the field of drug demand reduction, the **objective of the EU Drugs Strategy 2013-2020 is to** ~~aims to~~ contribute to a measurable reduction **of the onset of drug use, of the use of illicit drugs, of problematic drug use, of drug dependence and of drug-related health and social harms**, through an integrated, ~~multidisciplinary-comprehensive~~ and evidence-based approach, **and by promoting and safeguarding coherence between health, social and justice policies.**

15. In the field of drug demand reduction the following priorities are identified:

15.1. Improve the availability, accessibility and coverage of drug demand reduction **measures** ~~interventions~~, promote the use and exchange of best practices and develop and implement quality standards in prevention (**universal, selective and indicated**), **early detection and intervention, risk and harm reduction, treatment, rehabilitation and social** reintegration, including recovery.

**15.1.a Improve the availability and effectiveness of prevention programmes (from initial impact to long term sustainability), and raise awareness about the risk of the use of psychoactive substances and related consequences. To these end, prevention measures should include early interventions, promotion of healthy lifestyles, targeted prevention and family/community-based prevention.**

*15.2 (shifted below after 15.5)*

15.3. **Scale up and d**~~Develop~~ effective demand reduction **measures** ~~approaches~~ to effectively respond to **challenges like:** polydrug use including the combined use of licit and illicit substances, misuse of prescription medicines, ~~non-opioid drugs use and/or~~ the use of new psychoactive substances.

15.4. Invest in effective risk and harm reduction measures aimed at substantially reducing the number of direct and indirect drug-related deaths and infectious blood-borne diseases, **attributable to drug use: including HIV and viral, Hepatitis B and C, attributable to drug use as well as sexually transmittable diseases and tuberculosis.**

15.5. Expand **the provision,** ~~the accessibility, availability~~ and coverage of effective and diversified drug treatment, across the EU ~~to and ensuring that~~ problematic and dependent drug users- including non-opioids users, **so that all those who wish to enter treatment can promptly do so, according to relevant needs** ~~—can enter treatment when wishing to do so.~~

- 15.5a (old 15.2) Scale up and develop drug demand reduction **measures** ~~services~~ in prison settings, **as appropriate to a prison-setting and based on a proper assessment of the health situation and needs of prisoners**, with the aim of achieving a quality of care equivalent with that provided in the community and in accordance with the right to health care and human dignity as enshrined in the European Convention on Human Rights and the EU Charter of Fundamental Rights. Continuity of care should be ensured **at all stages including** ~~from arrest, into imprisonment~~ and after release.
- 15.6. Develop and expand integrated models of care, covering needs related to mental and/or physical health-related problems, rehabilitation and social support in order to improve and increase the health and social situation, **social** reintegration and recovery of problematic and dependent drug users, including those affected by co- ~~or multiple~~ morbidity.
- 15.7. Develop effective and differentiated **drug** demand reduction **measures** ~~responses~~ that **aim to reduce and/or delay the onset of drug use and that** are appropriate to the needs of specific groups, **patterns of drug use** and settings, including **people with co-morbidity, drug users in nightlife and recreational settings and in the workplace**, young people, **ageing drug addicts**, women, families and children of **parents** ~~those~~ with drug problems, drug impaired drivers, vulnerable and marginalized groups, **including the Roma and some groups of migrants and/or refugees** ~~people with co-morbidity, drug-users in nightlife and recreational settings and in the workplace.~~
- 15.8. Develop methods to enable participation and involvement of drug policy target groups including youth, drug users and clients of drug treatment services in drug prevention programming.
- 15.9. Control local and regional drug use epidemics, which may threaten EU drugs situation by ensuring coordinated and effective common approach.
- 15.10. These priorities need to take into account the specific characteristics, needs and challenges posed by the drug problem at national and EU level. It is imperative that an appropriate level of resources is provided to drug demand reduction at EU and Member State level.

### III. Policy field: drug supply reduction

16. Drug supply reduction includes **the prevention and dissuasion of drug-related, in particular organised crime, through prevention and dissuasion, judicial and law enforcement police cooperation, interdiction, confiscation of criminal assets, and investigations through law enforcement and border management, while also reinforcing support for social rehabilitation and, where appropriate, making pre-active use of alternatives to criminal sanctions.**

17. In the field of **drug** supply reduction, the **objective of the EU Drugs Strategy 2013-2020 is aims to contribute to a disruption of the drugs market and a measurable reduction of the availability of illicit drugs, through the disruption of illicit drug trafficking, the dismantle of criminal organisations that are involved in drug trafficking, efficient use of the Criminal Justice System, effective intelligence-led law enforcement and increased intelligence sharing. At EU level, emphasis will be placed on large scale, cross border and organised drug-related crime.**

18. In the field of drug supply reduction the following priorities are identified:

**18.0. Continue to strengthen the cooperation and coordination between law enforcement agencies at strategic and operational level. This include, but not limited to improving cross-border exchange of information (and criminal intelligence), best practices and knowledge, as well as conducting joint operations and investigations. Cooperation with third countries should be seen as a priority in this respect.**

18.1. Reduce intra- EU and cross-border production, cultivation, **smuggling importation, exportation**, trafficking, distribution and sale of illicit drugs **and**, the facilitation of such activities, as well as **reduce the diversion of drug precursors and pre-precursors substances used in the illicit manufacture of drugs.**

**18.1a. Also, effectively Respond effectively to the evolving trends, such as the distribution of Active Pharmaceutical Ingredients commonly used as cutting agents for controlled drugs and in the supply of drugs through the use of new technology. Special attention must be given to new communication technologies as having a significant role as a facilitation of drug (including new psychoactive substances) production, marketing, trafficking and distribution.**

**18.1b. Effective and efficient law enforcement actions should continue to target high profile areas (such as routes and hubs), special attention must be given to the increased involvement and domination of organised crime groups in this area.**

- 18.1c. Member States shall continue to cooperate and coordinate their actions with** ~~This will be achieved by improving exchange of information, knowledge and best practices as well as collaboration among Member States, relevant EU and international bodies and agencies, such as OLAF, Europol, Eurojust, EMCDDA, OLAF and CEPOL and through the fully exploitation of existing instruments and initiatives in the field of judicial and police cooperation, such as intelligence-led policing, Joint Investigation Teams, Joint Customs and Police Operations, drug profiling, controlled deliveries, the EMPACT projects, Liaison Officer Platforms, regional platforms MAOC-N, and CeCLAD-M. Further development of relevant law enforcement instruments can be explored.~~
- 18.1d. At EU level, emphasis shall be placed on intelligence-driven law enforcement aimed at targeting large-scale drug trafficking. This may require closer coordination between law enforcement services within and between Member States as well as with Europol.**
- 18.1e. Where necessary, temporary regional collaboration initiatives and/or platforms may be created within the EU, to counter emerging threats from shifting drug trafficking routes. This shall be done by means of coordinated operation responses. Such actions need to be compatible and complementary to existing legal and operational arrangements at EU level and shall be based on intelligence-led threat assessments and analysis. Such flexible cooperation structures should work in close cooperation with Europol.**
- ~~18.2. Improve the EU legislative framework, through furthering the approximation of criminal law and improvement of their implementation and refinement of existing judicial instruments (such as European Arrest Warrant and mutual recognition of judicial decisions).~~
- 18.3. Strengthen, where deemed necessary, the EU drug-related judicial and law enforcement cooperation and the use of existing practices such as Mutual Legal Assistance and extradition processes by establishing faster and more accurate responses. Support informal judicial and law enforcement cooperation activities and exchange of information and intelligence, including as regards controlled deliveries. The possibilities provided in this field by Joint Investigation Teams, Eurojust support and EMPACT projects should be exploited to full extent.**

18.4. Reinforcing the European Union's legislative framework in a targeted way as deemed necessary so as to strengthen the ~~EU European~~ response in dealing with new trends, **ensure that the seizures are fully exploited with a view to dismantle organised crime rings, and confiscation confiscate** of the proceeds of drug-related crime and in ensuring a more effective response to drug trafficking. Cooperation with third countries in **tackling drug-related large-scale, organised crime** ~~the area~~ should be enhanced.

**18.4a. The EU shall work towards more effective policies in the field of drug supply reduction, by reinforcing policy evaluation and analysis to improve the understanding of drug-markets, drug-related crimes and the effectiveness of drug-related law enforcement responses.**

18.5. **In order to prevent crime, avoid recidivism and enhance the efficiency and effectiveness of the criminal justice system while ensuring proportionality, the EU shall encourage, where appropriate, the use, monitoring and effective implementation of drug policies and programmes including offering arrest referral and non-coercive alternatives to sanctions conviction or punishment (such as treatment, education, after-care, rehabilitation, and social reintegration) for drug-using offenders as well as multiple offenders with drug-related comorbid disorders.**

#### **IV. Cross-cutting theme: Coordination**

19. In the field of EU drugs policy, the objective of coordination is twofold, namely to ensure synergies, communication and an effective exchange of information and views in support of the policy objectives, while at the same time encouraging an active political discourse and analysis of developments and challenges in the field of drugs at EU and international levels.

Coordination is required within and among EU Institutions, Member States, other relevant European bodies and civil society on the one hand, and between the EU, international bodies and **third non-EU** countries on the other hand.

20. In the field of coordination the following priorities are identified:

20.1. Ensure synergies, coherence and effective working practices among relevant Member States, EU institutions, bodies and initiatives, based on the principle of sincere cooperation<sup>1</sup>, avoiding duplication of efforts, securing efficient exchange of information, using resources effectively and guaranteeing continuity of actions across Presidencies.

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<sup>1</sup> TEU art 4

- 20.2. Given the role of the HDG as the main drugs coordinating body within the Council, its coordinating efforts need to be further strengthened to take account of the work of the various bodies, ~~that which now~~ include a drugs component such as COSI (~~in facilitating and ensuring effective operational cooperation on internal security~~) and the Working Party on Public Health. In addition, the ~~EU~~ balanced approach to the drugs ~~problem phenomenon~~, targeting with equal vigour the demand for and the supply of drugs, requires close cooperation, interaction and information exchange with relevant ~~other geographical~~ Council working bodies and other relevant EU initiatives, **including the Customs Cooperation Working Party, the Working Party on Enlargement and Countries Negotiating Accession to the EU, the Working Party on Development Cooperation**, in the areas of judicial and criminal matters, ~~law enforcement police~~, public health, ~~and~~ social affairs, **Common Foreign and Security Policy, Common Security and Defence Policy and regional strategies**.
- 20.3. Ensure that the EU and Member States further develop and implement working methods and best practices for multi-disciplinary cooperation in support of the objectives of the Strategy and that these are promoted at national level.
- 20.4. Provide opportunities under each Presidency to discuss issues of coordination, cooperation, emerging trends, effective interventions and other policy developments of added value to the EU Drugs Strategy **for instance** ~~particularly~~ during the National Drugs Coordinators' Meetings.
- 20.5. Promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations in the development and implementation of drug policies, at national and EU/international level, **with the inclusion of young people, drug users and clients of drug-related services**.
- 20.6. Ensure that the EU speaks with ~~one a strong and effective~~ voice in international fora such as the Commission on Narcotic Drugs (**CND**) and in dialogues with third countries, promoting the ~~EU model of~~ integrated, balanced and evidence-based EU approach to drugs. **In this framework, the EU delegations can play a useful role in promoting such approach in the field of drugs and in facilitating a coherent discourse on drugs policy.**

## V. Cross-cutting theme: international cooperation

21. International cooperation is a key area where the EU adds value to Member States efforts in coordinating drug policies and addressing challenges. The EU external relations in the field of drugs are based on the principles of shared responsibility, multilateralism, **an integrated, balanced and evidence-based** approach, the mainstreaming of development, ~~and~~ respect for human rights and human dignity and **respect for international conventions**.

22. The **objective of the** EU Drugs Strategy 2013-2020 in the field of international cooperation, **is** ~~aims~~ to further strengthen dialogue and cooperation between the EU and non-EU countries, International Organisations and fora on drug issues in a comprehensive and balanced manner.

23. The EU Drugs strategy **is part of an overall approach that enables** ~~allows~~ the EU to speak with one voice in the international arena and **with** ~~in~~ the partner countries. ~~In the future,~~ The EU **will should** remain committed to international cooperation and debate on the fundamentals of drug policy, and actively share the achievements of the EU **approach model** in drug policy that is balanced between drug demand reduction and drug supply reduction, based on scientific evidence **and intelligence** and respects human rights.

This requires **coherence between a full amalgamation** of policies and actions **at the EU level**, including external cooperation on **drug demand reduction, including risk and harm reduction, law enforcement cooperation**, alternative development, ~~law enforcement cooperation, drug demand reduction and harm reduction~~, the exchange and transfer of knowledge and the involvement of both state and non-state actors.

24. The EU and its Member States should guarantee the integration of the EU Drugs Strategy and its **objectives** ~~aims~~ within the EU's overall foreign policy framework **as part of a comprehensive approach that makes full** ~~and the~~ use of the variety of policies and diplomatic, political and financial instruments at the EU's disposal in a coherent **and coordinated** manner. ~~The creation of the~~ European External Action Service (EEAS) should facilitate this process **in partner countries**.

25. The EU external action approach in the field of drugs aims ~~to at~~ further strengthening **and support** third countries' **efforts to deal with the** ~~societies in dealing with~~ challenges to public health, safety and security. This will be done through the implementation of ~~appropriate~~ initiatives **set out in this Strategy and subsequent action plans**, including alternative development, drug demand reduction, drug supply reduction and **the promotion and protection of fundamental** human rights **also taking into account regional initiatives**. Given the impact of drug production and trafficking on the internal stability and security situation in source and transit countries, actions will also aim at strengthening resilience notably to corruption, ~~and~~ money laundering **and the proceeds of drug-related crime**.

26. In the field of international cooperation, the following priorities have been identified:

- 26.1. Improve coherence **between the EU's and Member States'** ~~among~~ internal and external policies and coordination of EU and Member States activities and responses towards third countries in the field of drugs.
- 26.2. Increase **the EU's engagement and coordination** ~~political influence~~ in the international drug policy discourse, both in respect ~~of to~~ negotiations with international organisations and structures including the UN, ~~and~~ G8; **and the Council of Europe** and relations with third countries by ~~making efforts to achieve~~**ing** common EU positions, and ensure an **effective active** role within the UN drug policy process.
- 26.3. Ensure that international cooperation in the field of drugs is **integrated** ~~fully embedded, as appropriate,~~ within the overall political relations and framework agreements between the EU and its partners, both at national and/or regional level. They should **respect** ~~reflect~~ the integrated, **balanced and evidence-based EU approach** ~~"European model"~~ and include: political dialogue and drug coordination, demand, **including risk** and harm reduction, supply reduction **including development cooperation**, information, research and evaluation.
- 26.4. Ensure that the EU international response and actions in priority third countries and regions **around** ~~over~~ the world **are** ~~is global and~~ comprehensive taking into account every dimension of the drug problem, and addressing ~~their~~ development, stability and security **of these countries and regions** through enhanced partnership.

- 26.5. Ensure that the EU international drug response is evidence-based and ~~should~~ includes a monitoring process on the situation and progress involving different information tools from the European Commission, EEAS, including the **EU Delegations EUDEL**, Member States, EMCDDA, Europol, Eurojust, **European Centre for Disease Prevention and Control** in close cooperation with UNODC.
- 26.6. Ensure that support to the candidate and potential candidate countries, and the countries of the European Neighbourhood Policy is focusing on the development of **sufficient law enforcement capacity and** evidence-based and effective drug policies (**both supply and demand reduction**), through sharing of EU best practices and participation, where appropriate, ~~in to~~ EU structures, such as the EMCDDA, Europol and Eurojust, each within their respective mandates. **Appropriate expertise needs to be provided to EU delegations to enable them to carry out their role effectively in third countries.**
- 26.7. Ensure a **sustainable** ~~greater~~ 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** ~~with particular attention paid to EU-CELAC High Level Mechanism on Drugs, Andean Community, Brazil, West Africa, Neighbourhood (eastern and southern) countries, the Western Balkan countries, Afghanistan, Pakistan, Central Asia, Russia and the United States.~~ **Key partners are identified on the basis of their status of cooperation vis-à-vis the EU, their relevance in addressing the global illicit drug problem while taking account emerging partners due to developments in the drug situation. The Political Dialogues should be complementary and coherent with other external cooperation structures and their impact.**
- 26.8. Ensure an appropriate level of funding **and expertise** provided for by the EU and its Member States, **including by reinforcing coordination, monitoring and evaluation of financial and technical support**, while **striving for synergies and by** continuously balancing the **transparent** allocation of resources, **financial and** technical assistance and cooperation, between drug demand and drug supply reduction measures reflecting the EU approach. **The mid-term review and final assessment of this EU Drugs Strategy should reflect on the impact of EU and MS spending.**
- 26.9. Provide **financial and technical support** ~~assistance~~ to source countries, by supporting, **in particular**, alternative development programmes
- that are non-conditional, **non-discriminating** and, **if eradication is scheduled**, properly sequenced,

- that set realistic **rural development-related** objectives and indicators for success, ensuring ownership among target communities **and**
- that support local development, while considering interactions with factors such as human security, **governance**, **violence** ~~conflict~~, human rights, development and food security.

26.10. Ensure that **the protection of human rights is fully integrated** ~~are duly taken into account~~ in political dialogues and in the implementation and delivery of relevant programs and projects in the field of drugs.

## **VI. Cross-cutting theme: information, research, monitoring and evaluation**

27. **The objective of the EU Drugs Strategy 2013-2020** in the field of information, research, **monitoring** and evaluation ~~is the EU Drugs Strategy 2013-2020 aims~~ to contribute to a better understanding of all aspects of the drugs **problem phenomenon** and of the impact of **measures interventions** in order to provide sound and comprehensive evidence-base for policies and actions. Furthermore, the EU Drugs Strategy 2013-2020 aims to contribute to a better dissemination ~~of findings~~ of monitoring, research and evaluation **results** at EU and national level ~~as well as to increase~~ **ensuring the strengthening of** synergies and **avoiding** duplication of efforts through harmonisation of methodologies, networking and closer cooperation.

28. In the field of information, research and evaluation the following priorities are identified:

**28.0. The EU should continue to invest in information exchange, data collection and monitoring, and in research and evaluation of the drug situation and responses to it at national and EU level. This should cover all relevant aspects of the drug problem, including drug demand and drug supply. Particular emphasis should be placed on maintaining and further enhancing data collection and reporting through the key indicators in drug demand reduction.**

- 28.1. The EMCDDA should, **within its mandate**, further enhance the knowledge infrastructure and should **continue to play a** ~~keep playing its~~ key role as **the central** a facilitator, supporter and provider of information, research, **monitoring** and evaluation ~~of an~~ illicit drugs across the EU. ~~It The Agency~~ should continue to provide a timely, holistic and comprehensive analysis of the ~~EU European~~ drugs situation **and of responses to it**, and collaborate with **other** relevant ~~other EU~~ agencies, including, **when relevant and appropriate, the Executive Agency for Health and Consumers (EAHC)**, the European Centre for Disease Control (ECDC) and the European Medicines Agency (EMA) **and WHO Europe**.
- 28.2. Europol should continue its efforts as regards information gathering and analysis in the area of ~~organised~~ drug-related **organised crime, while Member States should deliver relevant information to the Agency**. The Agency should continue the regular delivery of high-quality threat assessment reports (**e.g. EU SOCTA**) on EU drug-related organised crime.
- 28.3. Member States, ~~EU European~~ institutions and Agencies should enhance information and data collection on all aspects of drug supply, including on drug markets, drug related crimes and drug supply reduction with the aim to improve analysis and informed decision making. **Member States, the Commission, EMCDDA, and Europol and – where appropriate – other EU agencies** should work together to improve data collection and the development of policy-relevant and scientifically sound indicators.
- 28.4. **The EU institutions, bodies and Member States should** improve the capacity to detect, assess and respond **effectively rapidly** to the emergence of new psychoactive substances, **to behavioural changes in drugs consumption and epidemic outbreaks and to other emerging trends** that pose risks to health and safety<sup>7</sup>. **Further it should be examined whether an increasing number of new psychoactive substances will be accompanied by changes in the number and profile of users. This can be achieved** through the strengthening of existing EU legislation, the exchange of information **and intelligence, the creation, development and exchange of** knowledge and best practices<sup>7</sup>. ~~including~~ **Moreover, the EU Institutions, bodies and Member States should improve by improving forensic laboratory co-operation, enhance standardisation of forensic science and increase the availability and sharing of forensic and toxicological information and health data. and by increasing the capacity for monitoring and the risk assessment. This shall be done under the guidance and in close coordination with the EMCDDA, in its capacity for monitoring and risk assessment.** Innovative approaches that support the protection of public health and that increase the effectiveness of enforcement in this area need to be **considered developed**.

- 28.5. Member States should continue efforts to maintain the achievements made within the EU in terms of **monitoring, ~~data collection~~** and information exchange, **including through the Reitox Network of National Focal Points**, while supporting the further development of EU standardised data collection and analysis in the areas of drug demand and drug supply.
- 28.6. Ensure ~~a sufficient number of~~ adequate financing for drug-related research projects at EU and national level, **including through the EU financial programmes covering the period 2014-2020**. Projects supported at EU level should take into account the priorities of the Strategy **and its Action Plans** and deliver a clear ~~EU European~~ added value, **ensuring coherence and synergies while** avoiding duplication **with other programmes and bodies**.
- 28.7. **EU Institutions, bodies and Member States should** recognise the role of scientific evaluation of policies and interventions **(with a focus on outcomes achieved)** as a key element in **strengthening of the ~~EU European~~** approach to drugs, and **should** promote its use both at national, ~~EU and European~~ and international level.
- 28.8 Ensure and reinforce training of professionals involved with drug-related issues, both in the demand as well as the supply reduction field.**
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