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# Drugs strategies and action plans in the European Union 2000–2004

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**Contribution to the evaluation of the EU action plan on drugs (2000–2004)**

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## 1. Introduction

Since the end of the 1990s, drugs strategies and action plans have been increasingly adopted as the main instruments for implementing drug policy in the European Union. The EMCDDA has already produced a detailed description of the drugs strategies and plans in EU and acceding countries, providing an insight into structures and contents<sup>1</sup>.

This paper looks at the origins of this phenomenon, its characteristics, trends and possible future development. It also analyses if and how it is traceable an influence played by the EU Drug Strategy and Plan (2000-2004).

## 2. The UN system

In 1987 and for the first time, the UN *International conference on drug abuse and illicit trafficking* clearly stated the need for governments to face the drug phenomenon through the drafting and the adoption of a national drugs strategy. The *Comprehensive multidisciplinary outline of future activities in drug abuse control*, approved by the same conference, required countries to ‘adopt (...) a balanced, comprehensive and multidisciplinary approach (...) developing appropriate national strategies (...)’<sup>2</sup>.

The clarity and comprehensiveness of this document adopted by the countries of the United Nations 17 years ago, make it still valid in 2004 on the eve of a new European drugs strategy (Table 1).

Table 1: Drug policy requirements in the *Comprehensive multidisciplinary outline of future activities in drug abuse control*

<ul style="list-style-type: none"> <li>a. A clear set of achievable objectives should be defined;</li> <li>b. Targets groups should be clearly identified, priority being given to initiatives aimed at reducing drug abuse among young people;</li> <li>c. A balanced approach should be adopted for dealing with illicit demand, illicit supply and illicit trafficking;</li> <li>d. Programmes should be comprehensive and long term;</li> <li>e. The development of programmes and their implementation should be supported by research into the extent of drug abuse and its aetiology and consequences;</li> <li>f. The achievement of the programmes should be evaluated periodically;</li> <li>g. The work of all agencies concerned at national, regional (cantonal, provincial) and local level should be part of a coordinated plan;</li> <li>h. The formulation of the national strategy should take into account in the first place the existing resources and, in the implementation of the strategy, a cost-effective approach should be adopted, with external support if necessary;</li> <li>i. The potential of community action should be recognised and developed;</li> </ul>
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<sup>1</sup> See EMCDDA [Annual report 2003: the state of the drugs problem in the acceding and candidate countries](#); EMCDDA, [‘Coordination: a key element of national and European drug policy, National responses to international calls’](#); *Drugs in focus*, May–June 2003; EMCDDA, [‘Strategies and coordination in the field of drugs in the European Union’](#), a descriptive review, November 2002.

<sup>2</sup> United Nations, Declaration of the international conference on drug abuse and illicit trafficking and comprehensive multidisciplinary outline of future activities in drug abuse control, New York 1988 (p.1).

The line adopted in 1987 was re-confirmed by successive international agreements<sup>3</sup> namely in the *UNGASS Political declaration* of 1998. In this Declaration, countries declared to be 'committed to adopt and reinforce comprehensive national strategies, ensuring periodic reviews of their effectiveness'<sup>4</sup>, and to adopting a national drug strategy by the year 2003<sup>5</sup>.

According to the *Action plan for the implementation (1999) of the UNGASS Political declaration*, the ideal national drugs strategy should be composed of: a) an assessment of the problem, b) the definition of needs and resources, c) the establishment of priorities and goals, d) the setting up of time frames for specific activities and results, e) the determination of the roles of the agencies concerned. The strategy should be implemented through: 1) the development of a national action plan with a multisectoral approach, endorsed by an appropriate national body; and 2) the development of a framework for assessing and reporting results<sup>6</sup>.

The first biennial report<sup>7</sup> on the implementation of the UNGASS action plan, presented in December 2001 by the UNDCP's Executive Director, revealed that national drug strategies or plans have been adopted or updated in 91 out of the 109 governments (84 %) replying to the UN questionnaire. This trend was confirmed in the second biennial report in 2003<sup>8</sup> which concluded that 'although the nature of the overall responses to the questionnaire does not enable a qualitative assessment of the effectiveness and impact of national strategies and action plans, the fact that the majority of responding States have taken steps to develop and implement a national drug control strategy or action plan is itself a significant and positive development'<sup>9</sup>.

### 3. The European Union

At European level, the request for Member States to draft and implement a national drugs strategy is less clear and it seems to have been endorsed (by countries) more from national initiatives, through UN provisions, than from direct EU guidance<sup>10</sup>.

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<sup>3</sup> The London world ministerial summit to reduce demand of drugs and to combat the cocaine threat in 1989. Here, countries were invited again to give urgent attention to 'drafting, adopting and implementing national strategies, plans and programmes, through the necessary policy and legislative adjustments'.

<sup>4</sup> United Nations General Assembly's Special Session 8–10 June 1988 – 'Political declaration guiding principles of drug demand reduction and measures to enhance international cooperation to counter the world drug problem' (p.3).

<sup>5</sup> Action plan for the implementation of the Political declaration. Its objectives no. 2 and 3 pointed out the need 'to ensure at the highest political level possible, a long-term commitment to the implementation of a national strategy', and that 'such a strategy should be developed and implemented by the year 2003'.

<sup>6</sup> Commission on Narcotic Drugs, Report on the forty-second session (16–25 March 1999 and 30 November and 1 December 1999) Economic and Social Council Official Records, 1999 Supplement No. 8 at [http://www.unodc.org/pdf/document\\_1999-12-31\\_1.pdf](http://www.unodc.org/pdf/document_1999-12-31_1.pdf)

<sup>7</sup> Commission on Narcotic Drugs, Reconvened forty-fourth session Vienna, 12-14 December 2001, Consolidated first biennial report of the Executive Director on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together, E/CN.7/2001/16 at [http://www.unodc.org/pdf/document\\_2001-10-04\\_2.pdf](http://www.unodc.org/pdf/document_2001-10-04_2.pdf) and Commission on Narcotic Drugs, Forty-sixth session Vienna, 8–17 April 2003, Second biennial report on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together, E/CN.7/2003/2 at [http://www.unodc.org/pdf/document\\_2003-02-17\\_1.pdf](http://www.unodc.org/pdf/document_2003-02-17_1.pdf)

<sup>8</sup> Second biennial report on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together, E/CN.7/2003/2 at [http://www.unodc.org/pdf/document\\_2003-02-17\\_1.pdf](http://www.unodc.org/pdf/document_2003-02-17_1.pdf)

<sup>9</sup> Ibid 8 (p.9).

<sup>10</sup> Development of Evaluation practices within 6 member States of the EU in the framework of their National Strategies on drugs, (CT.03.P4.190) study realised by the OFDT in 2004

The first European actions in the field of drugs appearing since the mid 1980s showed awareness of the need for a comprehensive approach to tackle the drugs problem<sup>11</sup> and of the need for a 'balance between demand reduction, law enforcement and international actions' to be adopted in Member States' drug policies<sup>12</sup>. An 'integrated and coordinated response to address the drugs problem' is a requirement for all EU countries in the European drugs plan (1995–1999)<sup>13</sup>.

This evolution is reflected within Member States, where increasingly since the mid 1990s, attention is paid to elaborating and implementing national drugs strategies. The 2000–2004 EU drugs strategy and action plan endorse these principles and the idea of a national coordinated balanced drugs strategy, without asking Member States directly to draft and implement one.

Implicitly, the third aim of the EU drugs strategy reiterates the need to 'continue the EU global, multidisciplinary, integrated and balanced strategy, in which supply and demand reduction are seen as mutually reinforcing elements, as underlined by the UNGASS'<sup>14</sup>.

The EU action plan, developing this aim, asks the Commission, the Council and the Member States 'to ensure that the balanced and multidisciplinary approach is taken into account in their drugs programmes and policies'. It also asks 'the Council to encourage all Member States to share information on their national strategies and action plans, (...) making full use of EMCDDA database on drug laws'. The sub section 3.3 calls 'the Commission and the Member States to develop and implement preventive actions and strategies for all age groups, particularly children and young people'<sup>15</sup>.

Finally in 2003, the European Commission asks Member States directly (and apparently for the first time) 'to consider, in full respect of the principle of subsidiarity, adopting a comprehensive national strategy and or action plan against drugs', in the Communication on coordination on drugs in the European Union<sup>16</sup>.

Thus we can see that gradually, since the 1980s, several reports and acts adopted by the European institutions have consolidated the principle that EU and national drug policy must be balanced and multidisciplinary. The request to translate this principle into a national drugs strategy or action plan has been implicitly endorsed by the EU drugs strategy 2000–2004 (cfr.), and explicitly requested in 2003 by the European Commission in the Communication on coordination on drugs.

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<sup>11</sup> European Parliament, Committee of inquiry into the drugs problem in the Member States of the Community, Report on the results of the Enquiry, Rapporteur Sir Jack Stewart-Clark, September 1986, in 'Inventory of EC (Legal) Texts on Drugs', OPOCE 1993.

<sup>12</sup> European plan to combat drugs – CELAD Report to the European Council meeting in Rome on 13 and 14 December 1990 in EMCDDA 'Inventory of EC (Legal) Texts on Drugs', OPOCE 1993; and Report from the European Committee to Combat Drugs (CELAD) to the European Council (Edinburgh, 11/12 December 1992) in EMCDDA 'Inventory of EC (Legal) Texts on Drugs', OPOCE 1993.

<sup>13</sup> Communication to the Council and the European Parliament on a European Union action plan to combat drugs (1995–1999), COM (94) 234 Final.

<sup>14</sup> European Union drugs strategy (2000–2004) 12555/3/99 Rev 3 LIMITE CORDROGUE 64 (p.5).

<sup>15</sup> EU Action Plan on Drugs 2000–2004 9283/00 LIMITE CORDROGUE 32.

<sup>16</sup> Commission of the European Communities, Communication from the Commission to the European Parliament and the Council on Coordination on Drugs in the European Union, Brussels, 12.11.2003 Com(2003) 681 Final.

Following up on the *acquis* achieved thus far, the new EU strategy and action plan could reiterate the request that Member States adopt a strategy and or a national plan on drugs, possibly providing indications on common standards to be transposed at national level and on the need for consistency between national and European levels. As it is the case for other European policies <sup>17</sup>.

#### **4. Drug strategies and action plans – general remarks**

The European Union has adopted two distinct documents, a drugs strategy for the years 2000–2004 (December 2000), and a plan of action for the same period (June 2001). The purpose of the first is to set out general principles and domains, the second details actions and targets to be achieved.

For the next period, the Communication of the European Commission on coordination on drugs, suggests maintaining this double approach, but possibly adopting a longer term strategy and subsequent plans of actions, for short and medium priorities.

This approach follows the logic of modern management techniques, however it is not yet traceable across all Member States where a variety of documents are reported as a drug strategy (*drugs programme, national strategy, action plan, plans of intervention, policy note, etc.*). The timetable of these is very variable. Some countries have adopted a 3–4 year framework, others rely on much longer terms, 8–10 years for example, and some do not indicate a time for achievement at all. Moreover, some documents are very much performance-oriented, whereas others are formulated in more general terms.

An additional complexity is that, both in national and European texts, the term ‘strategy’ is often used indifferently to refer to a document e.g. the national drugs strategy or the action plan; or to a set of measures towards an objective, not necessarily expressed in a formal written document e.g. preventive strategies for children and young people. This leaves room for some confusion.

In our understanding, ‘drug strategy’ should refer to a set of principles, priorities and objectives giving direction to the government policy in the field of drugs that takes the form of an official document, which is (usually) adopted by the government. An ‘action plan’ should be the elaboration of this strategy, or a part of it, indicating targets, actions, responsibilities, resources and timescale for achievement. And of course regularly monitored and evaluated.

The drafting of the new EU drugs strategy (and Action Plan (s)) could be an occasion to clarify these issues for the enlarged European Union. A long-term strategy could contain several short-term plans.

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<sup>17</sup> See for example the European Employment Strategy that foresees for each Member states to adopt a National Action Plan (NAP) on the basis of the 1998 Employment Guidelines annexed to Council Resolution of 15 December 1997, see [http://europa.eu.int/comm/employment\\_social/employment\\_strategy/98\\_guidelines\\_en.htm](http://europa.eu.int/comm/employment_social/employment_strategy/98_guidelines_en.htm)

## 5. In the Member States

Until 1995, only a few countries in the European Union ran their drug policy according to rather broad national strategy documents: Germany (1990), Ireland (1991), Denmark (1994), United Kingdom (1995), and Netherlands (1995)<sup>18</sup>.

Since the end of the 1990s, and presumably following on from the UNGASS meeting in 1998 and the work done at European level on the subject, national drugs strategies, action plans or other programmatic strategic documents in the field of drugs have been adopted in most EU countries at national and regional/local level<sup>19</sup>.

In 2003, the number of countries reporting the adoption of a national drugs strategy or action plan includes almost the totality of the EU Members (Figure 1<sup>20</sup>). The trend is clearly visible, as well as its link to the commitment taken by Member States at the UNGASS 'to adopt by the year 2003 a national drugs strategy'<sup>21</sup>. Indeed this goal seems to have been almost completely fulfilled in the European Union. However, it is interesting to note that some action plans have already come to an end (e.g. in France and in Finland), and others will follow in 2004 (e.g. in Portugal, Italy and in Luxembourg). It is expectable that new plans will be adopted in these countries.

Table 2: Current national drugs strategies and action plans and their evolution since 1999

Belgium	Policy note, January 2001
Denmark	Fight against drugs - Action plan against drug abuse 2003
Germany	Action plan on drugs and addiction 2003
Greece	National action plan on drugs 2002–2006
Spain	National drug strategy, 2000–2008
France	Three-year plan against drugs and for the prevention of dependencies, 1999–2001
Ireland	National drugs strategy building on experience, 2001–2008
Italy	Three-year Programme on drugs (2002-2004)
Luxembourg	Action plan in the field of drugs and addiction, 2000–2004
Netherlands	Continuity and change, 1995
Austria	n.a. ( <i>Vienna, Salzburg, Lower Austria, Vorarlberg, Styria, Graz, Burgerland, Carinthia</i> )
Portugal	National strategy for the fight against drugs 1999; Action plan 2000–2004
Finland	Drug strategy 1997; Action plan for more efficient drug policies, 2001–2003
Sweden	Drugs action plan, 2002–2005
United Kingdom	10-year strategy for tackling drug misuse (1998); updated drug strategy 2002 (Scotland, Wales, Northern Ireland)

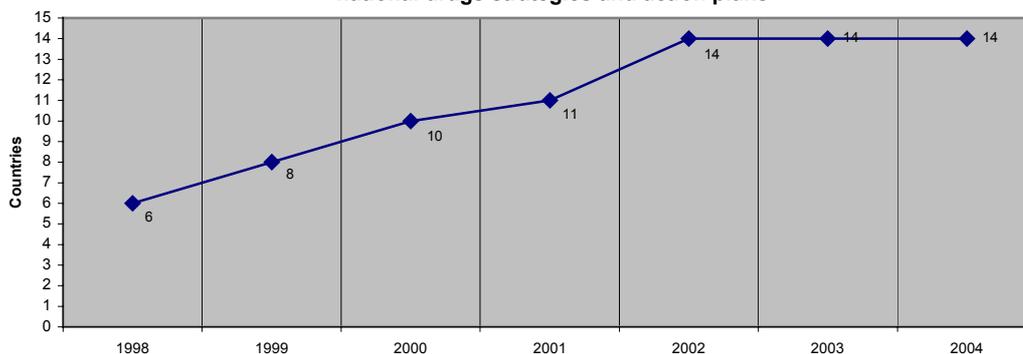
<sup>18</sup>Germany, National plan to fight narcotics 1990; Ireland, Government strategy to prevent drug misuse 1991; Denmark, the Fight against drug abuse – element and main problems 1994; United Kingdom, Tackling drugs together 1995; Netherlands, Continuity and change, 1995.

<sup>19</sup>EMCDDA, '[Strategies and coordination in the field of drugs in the European Union](#)', a descriptive review, November 2002. Reitox national reports, [2000](#), [2001](#), [2002](#).

<sup>20</sup>In the meantime, the United Kingdom, Germany, Denmark and Ireland have revised and updated their older drugs strategies documents.

<sup>21</sup>Ibid 5.

**Figure 1: Evolution in the drafting and adoption of national drugs strategies and action plans**



This situation should however not hide the differences among countries. Certain have comprehensive objective-oriented strategies and plans, others, rather broad guidelines. Anyway, it is important to mention that the adoption of a formal commitment through an official document does not necessarily mean that there is action on the ground and, vice versa, the fact that a formal strategy does not exist does not mean that there is no 'strategy'. This limitation should be addressed by carrying out proper studies looking at the implementation and evaluation of national drugs strategies. Nevertheless the drafting of an Action Plan can be regarded as a sign of willingness to clarify issues and declare publicly priorities. As such showing a (formal) political commitment.

As far as the content of strategies is concerned, a rough comparative reading of all strategies analysed reveals an interesting number of similarities.

**Partnership.** In nine countries, experts or parliamentary groups or government commissions undertook a review of the drug situation prior to the adoption of the strategy itself (Belgium, Germany, Spain, France, Ireland, Portugal, Finland, Sweden, UK). A large number of actors have taken part in this process. This illustrates the multidisciplinary aspect that drug policy imposes, the efforts to find effective answers to local and specific problems and also the need to design evidence-based policies. Nevertheless, while some countries open up the debate and offer experts 'carte blanche' to consider all possible solutions, other countries open up the debate but require experts to keep within the national pre-established general approach to drugs, thus avoiding 'unwanted options'.

**Coordination.** As further analysed elsewhere<sup>22</sup>, the structuring of the national drug policy intervention has led to increased attention to coordination in the field of drugs. This is evident not only among central administrations (horizontal coordination) where committees, agencies and offices have been created or strengthened and a national coordinator nominated, but also between these structures and regional and local authorities (vertical coordination). In some countries, as well as the national drugs coordinator, regional coordination and coordinators are reported.

**Pillars of drug policy.** Similarities are revealed among the main principles supporting the drug policy in the EU and the main domains. Prevention, treatment, social reintegration, harm/risk

<sup>22</sup> EMCDDA, Thematic paper on coordination of drug policy in the EU, 2004.

reduction, supply reduction, international cooperation, coordination, research and training, seem to be present with varying degrees of importance in all documents analysed. As regards differences, it was observed that 'harm/risk reduction' is the element with the most variation in emphasis in national drugs strategies. In some strategies it is very prominent, in several it is referred to among other elements and in a few there is no explicit mention of it. However, it is interesting to note that while some themes are labelled by the same expression, 'prevention', 'addicts care', 'treatment', 'harm/risk reduction', the actual meaning might be rather different across countries. Differing and sometimes opposite philosophies concerning drug policy shape actions and interventions.

**Alcohol.** At least nine countries include specific actions on alcohol in their national (illicit) drugs strategies mostly for drug use prevention. It is interesting to note that most of these countries also have a national plan for alcohol. The increased attention paid to alcohol and tobacco in the drugs strategies seems confirmed by extensive research showing how these are among the first substances used (and abused) by young people and children (ESPAD, Room 2001).

**Resources.** The allocation of resources or the indication of the authority responsible for action is rare in national drugs strategies. Although these elements are reported as key in following and measuring implementation of a strategy, in only a few countries is the administration responsible mentioned specifically together with the tasks to be fulfilled.

**Evaluation.** Most countries report that strategies and plans are or will be evaluated. In general, measuring achievements and results seems to be a common concern for governments that take a more structured approach to drug policy, i.e. those that have a written, performance-driven, overall 'national drug strategy'. It is reported that a clear identification in the strategies of objective, target and responsibility is crucial to the evaluation of its implementation.

**EU integration.** Another interesting trend observed is that several national drugs strategies are translated into English. Portugal, Germany, Spain, Sweden, Finland, Denmark and the Netherlands have all translated either the full document or just an abstract, which demonstrates the interest countries have in being read and understood by their international partners. The fact that in many national drugs strategies it is possible to read about experiences and situations of other EU countries confirms a certain degree of permeability between European drugs policies.

## 6. EU versus national drugs strategies

Among the elements in all national drugs strategies, it is possible to detect common patterns with the EU approach, as described in the 2000–2004 strategy and plan. Although the EU strategy and plan do not call directly on Member States to draft and implement drugs strategies (with the exception of the recent Communication on drugs coordination), they certainly provide guidance by spelling out the main aims of the EU approach on drugs. Here we look at whether these aims are traceable in strategies of the Member States.

- EU: Strategy aim no. 2: 'To ensure that actions against drugs are evaluated'.
- MS: Plans for evaluation of effectiveness are reported in the strategies of Ireland, France, Portugal, Spain and Greece. In the other countries, there is reference to the evaluation of the

implementation of the actions carried out in consequence to the strategy. In general, there is a visible trend and increased attention paid to monitoring and tracking progress of the implementation of strategies. It is possible to say that a first direct result of the broad adoption of national drugs strategies is the spread of a 'measuring culture' among professionals and decision makers, which might favour the evaluation of national strategies.

- EU: Strategy aim no. 3: 'To continue the EU global, multidisciplinary, integrated and balanced strategy, in which supply and demand reduction are seen as mutually reinforcing elements, as underlined by the United Nations General Assembly Special Session on Drugs (UNGASS)'.
  
- MS: The majority of national documents analysed (Belgium, Spain, France, Ireland, Portugal, Finland, Sweden, United Kingdom) can be defined as 'global', in the sense that they announce actions both on the demand and supply side. Among all countries, prevention and education, treatment and rehabilitation, harm/risk reduction, international cooperation and law enforcement are the areas mentioned most frequently, with different degrees of emphasis. These documents would certainly comply with a *global, multidisciplinary, integrated approach*. However, the question of a 'balanced approach' (to be distinguished from a global approach) is more complex, being characterised not only by political commitment but also by a 'balanced' investment in terms of resources and in programmes carried out in the different areas. Preliminary research in the field of expenditure indicates that on average the ratio attributed to law enforcement and to social health care is 70% to 30% respectively (although data on this are still very weak)<sup>23</sup>.
  
- EU: Strategy aim no. 4 – 'To give greater priority to drug prevention and demand reduction, particularly new recruitment to drug use, as well as the reduction of the adverse consequences of drug use, to reinforce the fight against organised crime, illicit drug trafficking and related organised crime as well as other drug-related crime, and to step up police, customs and judicial co-operation between Member States'
  
- MS: Drug prevention is expressly indicated as the main goal in the majority of national drug strategies, and where it is not, it is intended as one of the main principles. In general most strategies identify schools, families and public campaigns as favourite settings where measures should be implemented, especially towards the young. Increasingly, drug prevention is associated with the prevention of risks caused by drugs for the individual and for society, however it must be clear that the concept of prevention alters according to a country's approach and general attitude towards drugs. Supply reduction is another common element across national strategies. Objectives and activities envisaged relate especially to: *strengthening the fight against traffickers; fighting money laundering; reducing retail sale and distribution*.

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<sup>23</sup> Kopp in EMCDDA, [Public spending on drugs in the European Union](#) during the 1990s - retrospective research, 2002.

## 7. Conclusions

The adoption of a national drugs strategy or plan, intended as a written, official set of principles, priorities and objectives providing direction to government policy in the field of drugs, is a requirement for each country that has adopted the various UN political documents, in particular the UNGASS political declaration of 1998.

Moving forward from the existing international basis and European *acquis* (cfr.), the new European strategy might consider offering definitions and meanings for national drug strategies. It would be of great use to offer Member States a set of minimum requirements similar to those already agreed in 1987 by the UN *Comprehensive multidisciplinary outline* and based on the *UNGASS Political declaration action plan*, and on the earlier EU strategy and plans, that would provide consistency for drugs policies among 25 EU countries and beyond.

The issue of consistency between an overall EU national drugs strategy, subsequent EU plans of action, and 25 national strategies and plans (not counting possible regional and local texts), should be reflected on in a collegial manner by the European Union. It is true that it would not be possible (at least for the time being) to have the EU strategy and the 25 national strategies and plans in the same timeframe, but it could be useful to seek consistency between them and their respective structures and contents. A long-term EU drug strategy could therefore extend up to the last national drugs strategy currently in force among the 25 Member States (Estonia 2012), while EU Action plan(s) would cover shorter-terms. Consequently, the EU approach would provide an overall umbrella embracing all EU countries' strategies.

The tendency to adopt timed and sometime performance-oriented drugs strategies and plans, imposes a new outlook on the role of evaluation. Indeed, there is the necessity for authorities to validate and legitimise choices through measuring results. Research shows that measuring the impact of a drugs strategy, or even its implementation, might be a very costly and difficult activity; however, many countries are setting up evaluation teams and tools to evaluate their national drugs strategies, albeit with different degrees of sophistication. The new European Union strategy could promote activities and methodologies mobilising resources to this end.

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