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To: Ms Thérèse BLANCHET, Secretary-General of the Council of the European Union

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EVALUATION of the EU Drugs Strategy 2021-2025 and EU Drugs Action Plan 2021-2025

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EUROPEAN  
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Brussels, 8.7.2025  
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**COMMISSION STAFF WORKING DOCUMENT**  
**EVALUATION**

**of the EU Drugs Strategy 2021-2025 and EU Drugs Action Plan 2021-2025**

{SEC(2025) 210 final} - {SWD(2025) 188 final}

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## Glossary

<i>Term or acronym</i>	<i>Meaning or definition</i>
AIDS	Acquired Immune Deficiency Syndrome
AMERIPOL	Police Community of the Americas
ANITA	Advanced Tools for fighting online illegal trafficking
EU-ANSA	European Union Agencies Network on Scientific Advice
ARIEN	Artificial Intelligence in fighting illicit drugs production and trafficking
ARO	Asset Recovery Offices
CADAP	Central Asia Drug Action Programme
CELAC	Community of Latin American and Caribbean States
CEPOL	European Union Agency for Law Enforcement Training
CERIS	Community for European Research and Innovation for Security
CLASI	Latin American Committee on Internal Security
CND	United Nations Commission on Narcotic Drugs
CSFD	Civil Society Forum on Drugs
COSI	Standing Committee on Operational Cooperation on Internal Security at the Council of the EU
COPOLAD	Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies
EaP	Eastern Partnership
ECDC	European Centre for Disease Prevention and Control
EWS	Early Warning System on new psychoactive substances
EEAS	European External Action Service
EJOCN	European Judicial Organised Crime Network
EL PAcCTO	Europe Latin America Programme of Assistance against Transnational Organised Crime
EMA	European Medicines Agency
EMPACT	European Multidisciplinary Platform Against Criminal Threats
ESOCC	European Serious Organised Crime Centre
EU-ACT	EU-Action against Drugs and Organised Crime
EU4H	EU4Health Programme

EU4MD	EU4Monitoring Drugs
EUCPN	European Union Crime Prevention Network
EUDA	European Union Drugs Agency
EUIF	European Union Internet Forum
EUPC	European Union Prevention Curriculum
Europol	European Union Agency for Law Enforcement Cooperation
FENIQS-EU	Further Enhancing the Implementation of Quality Standards in drug demand reduction across Europe
HDG	Horizontal Working Party on Drugs at the Council of the EU
ICT	Information and communications technology
INCB	International Narcotics Control Board
IPA	Instrument for Pre-accession Assistance
ISF	Internal Security Fund
JIT	Joint Investigation Team
LAC	Latin America and the Caribbean
LSD	Lysergic acid diethylamide.
MAOC-N	The Maritime Analysis and Operations Centre-Narcotics
MDMA	3,4-Methylenedioxymethamphetamine (commonly known as ecstasy)
NPS	New psychoactive substances
OAT	Opioid Agonist Treatment
OCG	Organised Crime Groups
SDG	Sustainable Development Goals
SIENA	Secure Information Exchange Network Application
SOCTA	Serious and Organised Crime Threat Assessment
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
UNGASS 2016	United Nations General Assembly Special Session on the World Drug Problem (2016)
WB	Western Balkans
WHO	World Health Organization

## 1. INTRODUCTION

### 1.1 Context, purpose and scope of the evaluation of the EU Drugs Strategic Framework

The current EU drug landscape is marked by an increased availability and diversity of illicit drugs, posing growing security and health concerns. Emerging drug use patterns and the widespread availability of a broader range of drugs, with substances often at high potency or purity or in new combinations pose new challenges for demand and harm reduction services and health risks may be growing<sup>1</sup>. The increased use of cocaine has resulted in greater health costs, including among vulnerable populations while concerns around cannabis, the most used illicit substance, include reports of acute toxicity cases in hospitals, linked to high potency products. Additional challenges include greater market integration of illicit drugs and new psychoactive substances, as well as a wider availability and use of synthetic substances. Organised crime pervades and undermines the European economy and society, and drugs trafficked into the EU, especially cocaine, are at all-time high<sup>2</sup>. According to the 2024 Europol report on Decoding the EU's most threatening criminal networks, half of these are involved in drug trafficking, while 68 % of them use violence in their modus operandi, often to enable drug trafficking operations<sup>3</sup>. In addition, online availability of illicit drugs poses regulatory challenges and European drug producers and traffickers are closely involved with criminal networks from drug producing areas, such as Latin America, expanding their trafficking routes and methods to smuggle drugs into the EU.

In December 2020 the EU adopted the third EU Drugs Strategy 2021-2025<sup>4</sup> accompanied by an Action Plan on drugs<sup>5</sup> (hereafter ‘drugs strategic framework’ or ‘drugs strategy and action plan’) setting out the EU drugs framework for the next five years. The Strategy is structured around three overarching objectives (or pillars): (I) **drug supply reduction** (enhancing security), (II) **drug demand reduction** (prevention and treatment), and (III) **addressing drug-related harms**; and three cross-cutting themes that support the pillars: **international cooperation; research, innovation, and foresight; and coordination, governance, and implementation**. To achieve its aim, it encompasses 11 strategic priorities: (1) to disrupt high-risk drug-related organised crime groups, address links with other security threats and improve crime prevention; (2) to increase the detection of illicit drug trafficking including drug precursors at EU points of entry and exit; (3) to tackle the exploitation of logistical and digital channels for drug trafficking and increase seizures of drugs, in close cooperation with the private sector; (4) to dismantle illicit drug production and cultivation, prevent the diversion of drug precursors and address

<sup>1</sup> European Union Drugs Agency (EUDA) (2024), *European Drug Report 2024. Trends and Developments*

<sup>2</sup> Ibid.

<sup>3</sup> Europol (2024), Decoding the EU's most threatening criminal networks.

<sup>4</sup> EU Drugs Strategy 2021-2025. OJ C 102 I, 24.3.2021, [EUR-Lex - 52021XG0324\(01\) - EN - EUR-Lex](#)

<sup>5</sup> EU Drugs Action Plan 2021-2025. OJ C 272, 8.7.2021, [EUR-Lex - 52021XG0708\(01\) - EN - EUR-Lex](#)

environmental damage; (5) to prevent drug use and raise awareness of the adverse effects of drugs; (6) to ensure access to and strengthen treatment and care services; (7) to promote risk- and harm-reduction interventions to protect and support people who use drugs; (8) to address the health and social needs of people who use drugs in prison settings and after release; (9) to strengthen international cooperation with non-EU countries, regions and international partners; (10) to promote research, innovation and foresight by building synergies between the EU and Member States and increasing preparedness for future challenges and crises; and (11) to ensure adequate coordination, governance and implementation of the Strategy and Action Plan, with adequate resources at EU and national levels.

The Action Plan defines 85 actions<sup>6</sup> to be implemented to achieve the 11 strategic priorities under the three pillars and cross-cutting themes above-mentioned. It broadly presents a five-year plan, although there is no specific timeline per action. An indicative list of responsible implementing parties includes Member States, EU institutions and agencies and civil society<sup>7</sup>, who shall act in accordance with their respective role and mandate as defined by EU law; however, the action plan does not identify specific actors behind the attainment of these priorities, limiting any causal link between achievements of the strategy and action plan and responsible parties. In October 2023, due to the growing threat stemming from drug-related organised crime, the Commission put forward as an additional initiative, the EU Roadmap to boost the fight against drug trafficking and organised crime (EU Roadmap)<sup>8</sup>. Complementing the drugs strategy and action plan, it listed 17 operational actions to be undertaken at short notice at EU level with the European Commission and EU agencies as key actors, leveraging the drugs strategic framework.

The drugs strategy tasked the Commission to initiate an overall “external evaluation of the implementation of the Strategy and of the Action Plan”. The main objective of the evaluation was to assess, to the extent possible, whether the Strategy and Action Plan contributed to the three overarching objectives (or pillars) framed under the Strategy: reduce drug supply, reduce drug demand and address drug-related harms, and ultimately assess its effectiveness. Notwithstanding the fact that the implementation of actions is ongoing, a study was carried out by an external contractor during 2024<sup>9</sup>, to support the Commission in its assessment. Several stakeholders including national authorities, international organisations, private sector, civil society and academia were consulted as part of a Public Consultation, dedicated surveys and over 100 targeted interviews and a civil society workshop, all under close cooperation with DG Migration and Home Affairs – Drugs policy unit. An interservice group on drugs was set up for this evaluation and consulted. The Commission presents its assessment in this *staff working document* -

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<sup>6</sup> Due to page limitation, Actions are summarised along the analysis and only outlined in Annex VI (Traffic Light Assessment)

<sup>7</sup> Parties are: European Commission, The Council, EEAS, EUDA, Europol, Eurojust, EUCPN, MAOC-N

<sup>8</sup> COM/2023/641 final, [EUR-Lex - 52023DC0641 - EN - EUR-Lex](#)

<sup>9</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs 2021-2025.

*evaluation*, with a full analysis of the methodology and consultation activities in Annex II and V.

The scope of this evaluation focuses on analysing the potential achievement of the 11 strategic priorities and 85 actions against the Better Regulation criteria of effectiveness, efficiency, coherence, EU added value and relevance<sup>10</sup>. The point of departure is to assess the state of implementation of these 11 strategic priorities and corresponding actions by looking at a variety of elements including evolving legal frameworks, new or strengthened structures of key actors that have a role in drugs policy (e.g. Europol and EU Drugs agency), measures implemented at national level, or new policy frameworks that could have contributed to the strategic objectives (e.g. EU Roadmap). The result of this assessment is used to afterwards evaluate whether implementation efforts contributed to achieve the objectives of the strategy. The evaluation aims to cover developments from January 2021 until 2025 however, the data analysed was collected in early 2024 and refers to the reference year 2022<sup>11</sup>.

Within this context, it should be noted that the evaluation found several limitations: first, as stated above, the availability of data on drugs remains constrained by a two-year delay between the data is collected, analysed and reported by national authorities; second, there is limited availability of evidence related to the implementation of actions by the Member States due to differences in reporting, national policy and political context and lack of impact indicators; third, although the action plan lists 11 indicators<sup>12</sup>, these are not attributed to actions and most of them are non-measurable EU-wide; and last, governance is questioned as strategic priorities and actions are not directly attributed to concrete responsible parties either at EU or national level.

Finally, this evaluation outlines lessons learnt and the potential way forward to consider when shaping the future EU drugs policy framework before the expiry of the current drugs strategy and action plan on 31 December 2025. It is accompanied by six annexes that contain procedural information, the methodology used, a description of the evaluation criteria (evaluation matrix), a cost-benefit overview, a summary of the stakeholder consultation and synopsis report and the Traffic light assessment evaluating the implementation of actions based on the external study.

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<sup>10</sup> The assessment is based on Commission analysis of multiple sources including Europol and EUDA yearly reports, the Eurobarometer on citizen's security, and data from Member States and supported by supported by the external study and the Traffick Light Assessment (Annex VI).

<sup>11</sup> This limitation was already foreseen in Annex I of the action plan: "Whilst the most up-to-date information available will be used, the data available will not necessarily correspond directly with the 2021-2025 period".

<sup>12</sup> Annex I, Action Plan on drugs 2021-2025. OJ C 272, 8.7.2021, [EUR-Lex - 52021XG0708\(01\) - EN - EUR-Lex](#)

## 2. WHAT WAS THE EXPECTED OUTCOME OF THE INTERVENTION?

### 2.1 Description of the intervention and its objectives

The EU drugs situation in 2021 was characterised by an illicit drug market valued at over EUR 31 billion, with increasing drug availability and rising seizure volumes, mainly cocaine<sup>13</sup>, over the previous decade<sup>14</sup>. An estimated 83.4 million adults (29% of those aged 15–64) had used illicit drugs. Opioids were involved in 75% of fatal overdoses, and HIV infections linked to drug injections remained high. Levels of violence and corruption linked to drug trafficking increased and major ports became hubs for smuggling drugs and precursors into the EU via expanded international smuggling routes<sup>15</sup>.

In response, the EU drugs strategy and action plan 2021-2025 aimed to provide a common evidence-based and multidisciplinary framework to guide the EU drug policy while steering cooperation and political discussion, complementing national efforts to reduce drug supply, demand and harms. This evaluation assesses the Strategy as a comprehensive framework that connects and steers different existing EU legislation and policies that have influence in drug policy and its delivery. It is also assessed considering new policy developments adopted during the time of implementation (e.g. EU Roadmap). The strategy is evaluated against existing structures (e.g. European Multidisciplinary Platform Against Criminal Threats - EMPACT, Siena, Early Warning System for synthetic drugs), and in connection with key actors and programmes that have a key role in drug policy (Europol, Eurojust, EU Drugs Agency, Internal Security Fund).

While the strategy put forward 11 strategic priorities for the different pillars as outlined in the introduction, it did not set forth a specific expected impact against measurable indicators. On the other hand, the action plan established 11 overarching indicators to support this evaluation, however, these are broadly framed and not attributed to specific actions which hampers the analysis on results and impact. In addition, most of the indicators resulted non measurable EU-wide given the limited reporting by Member States or the data constraints, as the analysis could only work with data available until 2022. To mitigate these limitations and still produce a critical assessment as regards results and impact of the drug strategic framework, the evaluation attempted to select a few indicators to assess trends and internal and external factors, influencing drug supply and demand as well as drug-related harms.

The evaluation intervention logic (Annex II) has taken into account selected impact indicators and trends<sup>16</sup> from Annex I of the action plan that were found measurable to

<sup>13</sup> EUDA (2021). *European Drug Report 2021: Trends and Developments*

<sup>14</sup> EUDA and Europol (2024). EU Drug Markets Analysis: Key insights for policy and practice.

<sup>15</sup> SWD (2020) 150 final; EUDA (2023). *European Drug Report 2023: Trends and Developments*.

<sup>16</sup> E.g. drug seizures, trends in drug-related organised crime, impact on communities (Eurobarometer), trafficking routes and methods, overdose deaths, patterns of drug use, availability of harm reduction services, trends in NPS.

some extent. The evaluation found these indicators could be streamlined and grouped in three main categories: 1) drug market dashboard measuring illicit drug seizures, drug purity and 2) health dashboard measuring treatment demand and drug harm dashboards for drug-related overdose trends (see table 1 below)<sup>17</sup>. Given the limitations, the evaluation assessed these trends, in combination with other policy and legislative developments as well as political, social, economic and technological factors.

The table 1 below presents the selected drug overarching indicators by strategic pillars, showing the trends overtime and until year 2022. To ensure robustness, the analysis is divided into three two-year periods (2017-2018, 2019-2020, 2021-2022)<sup>18</sup>. The analyses cover all EU-27 countries and calculate average values for the three periods<sup>19</sup>.

**TABLE 1 - Drug overarching indicators<sup>20</sup>**

Overarching Indicator	Indicator	Year 2017-2018	Year 2019-2020	Year 2021-2022	Description
<b>Drug market dashboard</b>	Seizures cocaine (mean value, average EU-27)	3,136	3,177	3,296	The number of seizures of cocaine kept rising.
	Seizures Cannabis (mean value, average EU-27)	9,445	7,167	9,647	Despite the change in EU-27 average, the difference is not statistically significant and is mainly driven by the large absolute number increase in seizures reported by Spain in 2022: Spain reported a 52% decline in cannabis resin seizures (from 673 to 325 tonnes), which contributed to a 42% overall decline in the quantity seized across the EU.
	Purity in cocaine (mean value, HCI%)	53	57	62	There is a statistically significant increase in purity of cocaine (mean HCI %) across the EU-27.
<b>Health dashboard</b>	Treatment demand (average EU-27)	13,074	12,074	10,778	Treatment demand (for all drugs) decreases significantly between period 1 and period 3, but the difference between 2019-2020 and 2021-2022 is not statistically significant. Nevertheless, 16 of the countries report decline, while 8 countries have increased treatment demand. This is explained by the reduction in use of heroine which led to a decrease in demand of treatment over years.
<b>Reducing harm dashboard</b>	Needle and syringe programmes (Clients average EU-27)	7,888	8,427	7,766	Needle and syringe programmes (Clients, Average for the EU-27) are stable over the three periods across EU-27 (no statistically significant difference).

<sup>17</sup> Given the low availability of periodic data for certain indicators as well as year-to-year fluctuations in the statistics made it necessary to aggregate data over 2-year periods in order to increase the robustness of data measurement across member states and provide more reliable assessment.

<sup>18</sup> This method helps account for fluctuations in the data that persist even after excluding outliers and extreme values.

<sup>19</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs.

<sup>20</sup> Table extracted from ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs. Data source from EUDA, European Drug Reports 2020, 2021, 2022, 2023: Trends and Developments.

Overdose deaths (mean value, average EU-27)	191	213	228	Overdose deaths showed a slight but not statistically significant increase during the last period. Deaths due to drug dependence increased on average across the EU-27
Problem drug use – injecting (%injecting, average EU-27)	0.49	0.46	0.44	"Problem drug use" decreased significantly as there are less people injecting drugs (decrease heroin use)

## 2.2 Points of comparison

Amid the challenging EU drugs landscape at the time of adoption of the drugs strategy and action plan, this framework aimed to promote a high level of health protection, social stability and security, improve the well-being of the individual, and increase health literacy on drug issues. To establish the baseline assessment, the evaluation assesses the key pillars and objectives of the strategy against the challenges identified at the time of adoption, based on the selected indicators (Table 1) combined with other sources of information<sup>21</sup>. To allow for a robust trend, the evaluation collected data initially focused on the period 2018-2024 to establish a baseline (2018, 2019, 2020) available for comparison.

The below analysis establishes the point of departure and should be read in conjunction with Section 3 to understand the evolution of the drug situation and the actions taken to achieve the strategic objectives until today.

**Drugs Supply Reduction:** Before 2021, drug trafficking remained a major revenue source for organized crime in the EU, often linked with money laundering and corruption. The production and trafficking of cocaine was on the rise with record-high seizures over time (181 tonnes in 2018; 202 in 2020; 303 in 2021), highlighting the scale of the issue<sup>22</sup>. While cannabis resin seizures steadily grew (668 tonnes in 2018; 584 in 2020; 816 tonnes in 2021)<sup>23</sup>. The number of synthetic drug laboratories dismantled also kept increasing (350 in 2020, 381 in 2021) showing increasing synthetic drug production<sup>24</sup>. In response, the Strategy aimed to contribute to disrupting both traditional and online drug markets by enhancing law enforcement cooperation, intelligence-sharing, and asset seizures, dismantling the organised criminal groups behind trafficking and production, and reducing the levels of violence associated with the illicit drug markets.

**Demand Reduction:** Drug consumption patterns grew more complex prior to 2021, with polydrug use and increase diversity of synthetic substances. Cannabis remained the most used substance, followed by cocaine, MDMA, and amphetamines<sup>25</sup>. At the same time,

<sup>21</sup> The main source of data is the EUDA's Statistical Bulletin 2024 which was last updated on the 11th of June 2024. While multiple reports were reviewed, in the majority of cases the available indicators were based on EUDA's data.

<sup>22</sup> EUDA. *European Drug Reports 2021, 2022, 2023: Trends and Developments*.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> EUDA (2022). *European Drug Report 2022: Trends and Developments*.

treatment demand (for all drugs) appeared to be decreasing fact that could be explained by the reduce in use of heroine<sup>26</sup>. In response, the Strategy focused on evidence-based prevention, outreach for vulnerable groups, and improved access to treatment, including gender-sensitive services. It aimed to contribute to prevent and reduce the use of illicit drugs and to delay the age of onset.

**Harm Reduction:** Before 2021, harm reduction efforts were observed particularly in opioid substitution therapy and needle exchange programs, but disparities remained, and overdose deaths (5,141 in 2019; 5,800 in 2020; 6,166 in 2021) and infectious disease risks persisted<sup>27</sup>. The Strategy aimed to expand harm reduction services, improve healthcare access in prisons, and enhance collaboration with civil society. The long-term goal was to prevent health and social harms and promote a safer, healthier society.

**International Cooperation:** Prior to 2021, the EU integrated drug policies into foreign relations including funding capacity-building programs in regions like the Western Balkans and Latin America<sup>28</sup>. The Strategy aimed to further strengthen partnerships with international partners and increase funding for technical assistance to third countries. Expected outcomes included a more globally aligned EU drug policy, greater influence in shaping international drug policies and increased cooperation with third countries.

**Research & Innovation:** Before 2021, EU investment in drug research remained stable, but drug policy studies on interventions or emerging drug trends were limited<sup>29</sup>. The Strategy prioritized research coordination, with programs like Horizon Europe to support data-driven policymaking. It emphasized the use of technology and early warning systems (EWS) to address new drug threats efficiently.

**Governance & Coordination:** Prior to 2021, EU and Member States involved law enforcement and civil society and engaged with EU agencies for technical and operational support, though national cooperation was inconsistent<sup>30</sup>. The Strategy sought to enhance policy alignment, improve monitoring, and increase stakeholder cooperation for a more effective, unified EU drug policy.

### 3. HOW HAS THE SITUATION EVOLVED OVER THE EVALUATION PERIOD?

#### 3.1 Main trends in EU drug markets as of 2021<sup>31</sup>

**Record drug seizures in ports and evolving trafficking methods.** The period of implementation of the EU drugs strategic framework saw ever increasing levels of drug seizures particularly in or towards EU seaports, reaching at least 1,826 tonnes by June

<sup>26</sup> Table 1. ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs.

<sup>27</sup> SWD (2020) 150 final; EUDA. *European Drug Reports 2022, 2023: Trends and Developments*

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> This section needs to be read bearing in mind data analysis constraints. Data primarily dates from 2022.

2024<sup>32</sup>. Cocaine represented 82% of these seizures with the largest quantities found in the ports of Antwerp and Rotterdam (443 and 181 tonnes respectively), followed by cannabis resin (260 tonnes). Between 2022 and 2023, cocaine seizures hit record levels (323 tonnes), however, early 2024 data showed, for the first time in this period, a decrease in cocaine seizures at major European ports<sup>33</sup>. In 2021, cannabis concentrate seizures peaked with a record 816 tonnes of cannabis resin confiscated, nearly 74% of which was accounted for by Spain<sup>34</sup>. In 2022, Spain reported a 52% decline in cannabis resin seizures (from 673 to 325 tonnes), which contributed to a 42% overall decline in the quantity seized across the EU. Recent fluctuation in cocaine seizures suggest a waterbed effect<sup>35</sup> where organised criminal groups might be swiftly adapting to increased controls in major ports by diversifying their trafficking methods (e.g. semi-submersibles, speedboats, drop offs at sea, chemical concealment to avoid detection by scanners) and shifting operations to less restrictive routes including secondary ports, but also to air transport via small airfields and postal systems<sup>36</sup>.

**Influence of global drug trends on the EU drug market.** Changes in drug production and policies in third countries have directly impacted EU drug markets. Afghanistan's 2022 poppy cultivation ban resulted in a 95% drop in global illicit opium production by 2023 (from 6,200 to 333 tonnes)<sup>37</sup>. Following a peak in 2021 (9.5 tonnes), heroin seizures in the EU dropped by 16% in 2022. While long-term effects of the ban in the opium market are uncertain, heroin trafficking routes might be shifting from traditional (Central Asia, the Caucasus, Türkiye and Black Sea) to alternative routes (the Balkan route) into Europe<sup>38</sup>. Additionally, the Taliban's ban may inadvertently contribute to increased production and usage of synthetic opioids. The change of regime in Syria in 2024 may also have an impact in the production and trafficking of captagon tablets containing amphetamine. Until now, there was no significant user market within the EU, which was mainly used as a transhipment point between production countries and destination countries outside the EU<sup>39</sup>.

**Emergence of potent new substances.** During this period, new synthetic drugs have emerged along with significant seizures (30.7 tonnes in 2022<sup>40</sup> and 41.4 tonnes in 2023<sup>41</sup>), with synthetic cathinones and ketamine driving the increase. Synthetic drugs continue to pose a major challenge due to their potency. Seven new synthetic opioids, including six potent nitazenes, were identified in 2023, contributing to localized overdose

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<sup>32</sup> EUDA – World Customs Organisation (WCO) dataset on seizures in or towards EU seaports from 2019 to June 2024.

<sup>33</sup> Ibid.

<sup>34</sup> EUDA (2023). *European Drug Report 2023: Trends and Developments*.

<sup>35</sup> A Climate policy term used to explain ineffective interventions of policies aimed at reducing emissions but end up shuffling different sources of emissions without reducing overall emissions.

<sup>36</sup> Europol (2025). European Union Serious and Organised Crime Threat Assessment (SOCTA) 2025.

<sup>37</sup> UNODC (2023). Afghanistan Opium Survey 2023.

<sup>38</sup> EUDA (2023). *European Drug Report 2023: Trends and developments*.

<sup>39</sup> EUDA (2023). Report on captagon trafficking and the role of Europe.

<sup>40</sup> EUDA (2024). European Drug Report 2024

<sup>41</sup> Interview with EUDA: European Drug Report 2025

outbreaks in France and Ireland<sup>42</sup>. Cannabis resin potency reached an all-time high in 2022, with an average of nearly 25% THC content. Last, cocaine purity remains high with steady increase while retail price has remained stable over the past decade<sup>43</sup>.

**Drug dependence impact on overdose deaths.** Trends indicate a slight increase of the estimated drug-induced deaths across the EU (7,459 in 2023 compared to 6,100 in 2021) driven mainly by polydrug use, particularly the combination of opioids, stimulants, and benzodiazepines<sup>44</sup>. Heroin was present in majority of overdose deaths, while preliminary data in the EU Early Warning System in 2023 indicated more than 220 nitazene-related deaths in Estonia, Latvia, Finland, and Sweden<sup>45</sup>. Cocaine-related overdoses represented 24% of overdose deaths in 2022.

**Impact of technology on drug trafficking.** During the implementation period trends show criminal groups exploited technological and AI developments for optimising drug trafficking operations and securing communication over encrypted channels<sup>46</sup>. Criminals abuse of digital infrastructure also to recruit individuals, including minors, or to enable corruption of individuals with access to digital systems in private and public entities, leveraging technology to evade law enforcement<sup>47</sup>. Digitalisation also plays a key role in facilitating the sale and distribution of drugs, often using encrypted messenger services but also social media platforms<sup>48</sup>, to complete transactions, making effective content moderation increasingly challenging for such platforms<sup>49</sup>. The rise of drone deliveries and advanced concealment techniques in cargo shipments makes detection more difficult<sup>50</sup>.

**Lasting effects of COVID-19 on EU drug markets.** Due to the COVID-19 outbreak in 2020, Member States introduced border controls at internal Schengen borders and tightened controls and requirements at external borders. An immediate consequence of border closures was the disruption of drug trafficking routes, but criminal networks quickly adapted, leading to increased reliance on online platforms and postal services<sup>51</sup>. The COVID-19 pandemic also triggered increased drug use in the EU, initially, recreational drug use (e.g. MDMA) declined due to event and venue restrictions, but

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<sup>42</sup> Ibid. In 2024, 7 new synthetic opioids (nitazenes) were formally notified to the EU early warning system

<sup>43</sup> EUDA (2024). European Drug Report 2024.

<sup>44</sup> Ibid & Interview with EUDA: European Drug Report 2025

<sup>45</sup> Ibid.

<sup>46</sup> EUDA and Europol (2024). EU Drug Markets Analysis: Key insights for policy and practice.

<sup>47</sup> Europol (2025). SOCTA 2025

<sup>48</sup> It is recognized that the use of social media platforms is focused on local or regional markets rather than the global reach seen in darknet markets. EUDA and Europol (2024) EU Drug Market: Drivers and facilitators — Technology and innovation

<sup>49</sup> DG HOME (2024). Report on the Second Technical Meeting of the EU Internet Forum on Drugs Sales Online (EUIF).

<sup>50</sup> Traffic Light Assessment (Annex VI)

<sup>51</sup> Interviews with EU institutions and agencies (DG HOME).

stimulant and psychedelic use rebounded alongside a notable rise in crack cocaine consumption<sup>52</sup>. The pandemic caused temporary closures of harm reduction services<sup>53</sup>.

**Citizen's perception of insecurity – Eurobarometer 2021<sup>54</sup> and 2024<sup>55</sup>.** Citizens' perception of insecurity related to drugs remains a significant concern, with many associating illicit drug use and drug trafficking with various social and criminal issues. While the proportion of citizens who think that problems caused by drugs have increased in their local area over the past few years is practically unchanged, a higher number feel that drug availability negatively impacts their quality of life<sup>56</sup> and report feeling unsafe near their homes, schools, or workplaces due to drugs<sup>57</sup>, compared to 2021. A majority (62%) of respondents who view drug use as a local problem cite the high availability and accessibility of drugs as the most pressing issue. Additionally, 60% identify drug use among children and teenagers as a concern, though this figure has declined since 2021. Over a third (34%) of respondents believe that drug-related problems, including trafficking, have worsened in recent years, with 13% noting a sharp increase. Public perception also continues to tie drug use to crime, with 61% linking it to youth crime and 58% associating it with theft and burglary. This trend is particularly visible among respondents living in more urbanised areas. Despite some variations across different EU Member States, the overall sentiment suggests that drug-related insecurity remains a persistent issue for many communities.

### **3.2 State of implementation of the EU Drugs Strategy and Action Plan**

This section provides a factual overview of the current state of implementation of the EU Drugs Strategy and Action Plan 2021-2025. It looks at the actions implemented by responsible parties under the 11 strategic priorities for each pillar and cross-cutting themes. The strategic priorities are listed at the beginning of each of the below sections and summarised along the analysis. This overview follows a Traffic Light Assessment based on a five-score scale (e.g. advanced, in progress but behind plan or very little progress), to reflect nuances in the level of implementation and best practices at national level for each action<sup>58</sup>. Regarding the state of implementation at national level, the evaluation analysed the results of the surveys and interviews conducted with Member States by the external contractor accompanied with literature review<sup>59</sup>. The full Traffic Light Assessment analysis and results are available in Annex VI. ·

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<sup>52</sup> EUDA (2021). Impact of COVID-19 on drug markets, use, harms and drug services in the community and prisons.

<sup>53</sup> Interviews with EU institutions and agencies (EUDA).

<sup>54</sup> European Commission (2022). Eurobarometer survey on the impact of drugs on communities <https://europa.eu/eurobarometer/surveys/detail/2281>

<sup>55</sup> European Commission (2024). Eurobarometer survey on the impact of drugs on local communities <https://europa.eu/eurobarometer/surveys/detail/3312>

<sup>56</sup> 39% in 2024, +4 percentage points compared to 2021.

<sup>57</sup> 31%, +5 percentage points compared to 2021.

<sup>58</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs

<sup>59</sup> The full summary of the survey results is included in the external study that is published with the Commission evaluation report.

Meanwhile, the analysis of the results achieved against the objectives of the strategy and their impact at the level of each strategic priority and action is developed in Section 4 (evaluation questions). The assessment of the success/non-success factors of the implementation by Member States found three main difficulties: first, national reporting of data was not consistent through the 27 Member States so a EU-wide conclusion of the level of implementation was not possible; second, the lack of impact indicators did not allow to draw links between national implementation and success; third, national policy and political context led to different results in implementation even if all 27 Member States adopted their national drugs policies based on the drugs strategy.

It is worth noting that in October 2023 the Commission put forward the EU Roadmap to boost the fight against drug trafficking and organised crime in response to a growing threat stemming from drug-related organised crime. While this EU Roadmap is not subjected to an evaluation itself, the assessment of the implementation (Section 3) and of the evaluation analysis (Section 4) considered the EU Roadmap as part of the drugs framework and implementing actions stemming from the EU Roadmap are considered complementary to the strategy and action plan and will contribute to this assessment<sup>60</sup>.

### **3.3.1 Pillar 1- Drug supply reduction: enhancing security**

- 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.
- Strategic priority 2: Increase the detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit.
- 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.
- 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.

*Since 2021, the EU has strengthened its efforts to target and dismantle criminal networks involved in drug trafficking in the EU and internationally.* The assessment of this strategic priority 1 shows some progress in actions improving information-sharing and law enforcement cooperation, while further efforts are needed enhancing access to data for investigations as well as in tackling corruption and enhance crime prevention.

At EU level, there has been a notable **increase of information-sharing on high-risk criminal networks involved in drug trafficking**, through the European Multidisciplinary Platform Against Criminal Threats (EMPACT) and with the support of Europol. In 2021, the EMPACT cooperation platform was reinforced with a permanent status and increased participation of Member States. Following the Serious and Organised Crime Threat Assessment (SOCTA) 2021 results<sup>61</sup>, the fight against criminal

<sup>60</sup> COM/2023/641 final. It is important to note that the Roadmap is also influenced by other frameworks including the EU Strategy to tackle organised crime.

<sup>61</sup> Europol (2021). European Union serious and organised crime threat assessment – EU SOCTA 2021.

networks and drug-related threats was reinforced under EMPACT with two operational action plans on drugs, one for the trafficking of synthetic drugs and new psychoactive substances (SYD/NPS), and another for cocaine, cannabis and heroin trafficking; as well as an operational action plan to tackle high-risk criminal networks. Europol's first mapping of the most threatening criminal networks, half of them involved in drug trafficking, provided an intelligence-led picture of how and where they operate<sup>62</sup>. In 2023, SIENA became the default channel for criminal information-sharing and required Member States to systematically copy Europol in exchanges on crimes under its mandate, including drug trafficking<sup>63</sup>. Since 2021, Member States reported an increased exchange of information on drug-related criminal groups<sup>64</sup>. Most Member States also reported reinforcing the information exchange related to other forms of serious crime linked to drug crime (corruption, money-laundering)<sup>65</sup>.

Since 2021, the EU has taken steps to **strengthen criminal investigations, including financial investigations of drug-related organised crime groups**, with several Commission-led legislative initiatives. In 2024, a new Directive on asset recovery and confiscation was adopted to strengthen Member States's capacity to conduct asset-tracing investigations and confiscate criminal proceeds, including drug-related<sup>66</sup>; further, the Directive on access to financial information was revised to allow law enforcement authorities including Asset Recovery Offices, to access and search bank account registries across borders<sup>67</sup>. The new Anti-Money Laundering Regulation introduced new rules on traceability of crypto-assets and on limits of EUR 10,000 on cash payments<sup>68</sup>. A new EU Agency (AMLA) was established to oversee riskiest entities and will start operation in mid-2025. As a response to the growing cross-border criminal operations, Eurojust launched in 2024 the European Judicial Organised Crime Network (EJOCN), composed of national specialised prosecutors and judges with the aim to enhance judicial cooperation on complex cross-border investigations and prosecutions. The network's work during the first year will focus on drug-related organised crime connected to transport hubs including European ports. Member States demonstrate varied levels of engagement as regards reinforced information-sharing between law enforcement and other relevant agencies on illicit drug production, trafficking and distribution<sup>69</sup>.

Some criminal networks develop or rely on dedicated encrypted communication platforms to coordinate their illicit activities and recruit criminals<sup>70</sup>. However, **lawful access to data and decryption for law enforcement and the judiciary for efficient investigations and convictions remains a challenge**<sup>71</sup>, despite some progress in technical capabilities to decrypt data on seized devices, and successful operations

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<sup>62</sup> Europol (2024). Decoding the EU's most threatening criminal networks.

<sup>63</sup> OJ L 134, 22.5.2023

<sup>64</sup> Survey of Member State (supply reduction), great extent 19/26 and some extent 7/26.

<sup>65</sup> Ibid: to a great extent 10/26, to some extent 15/26 and not at all/rarely 1/26.

<sup>66</sup> OJ L, 2024/1260, 2.5.2024

<sup>67</sup> OJ L, 2024/1654, 19.6.2024

<sup>68</sup> OJ L, 2024/1640, 19.6.2024

<sup>69</sup> Survey of Member State (supply reduction), 3/26 provided concrete examples. See Annex VI.

<sup>70</sup> Europol (2025) - SOCTA 2025

<sup>71</sup> ProtectEU: a European Internal Security Strategy, COM/2025/148 final

supported by Europol and Eurojust against encrypted communication networks (e.g. EncroChat, SkyECC, and AN0M) used specifically by criminal networks for drug-trafficking activities amongst others. Europol's EU Innovation Hub underscored the difficulty of balancing encryption with lawful access, cybersecurity, data protection, and privacy<sup>72</sup>, ultimately limiting investigations into drug trafficking operations.

**Countering corruption and infiltration of drug organised criminal networks has been a growing priority, and the EU has progressively taken action.** As part of the EU Roadmap, the Commission launched in 2024 the European Ports Alliance public private partnership with the purpose to address corruption and criminal infiltration in EU ports, heavily hit by cocaine trafficking, supporting port authorities and private shipping companies in ensuring security resilience<sup>73</sup>. In May 2023, the Commission introduced a legislative proposal to enhance EU rules to combat corruption which remains in negotiations by the co-legislators, established an EU network against corruption, and announced it would develop an EU Anti-Corruption Strategy, and set up a dedicated Common Foreign and Security Policy sanctions regime to target serious acts of corruption worldwide<sup>74</sup>. However, infiltration also comes with violence as a service model, harming children and communities<sup>75</sup>. The European Crime Prevention Network (EUCPN) 2021 Strategy on evidence-based crime prevention outlines criteria and actions to enhance crime prevention practices across the EU, yet further efforts at national level are required to improve measures on drug-related crime prevention and enhance protective environments for affected communities<sup>76</sup>.

***The EU has made some efforts to detect illicit wholesale drug trafficking, including drug precursors, at entry and exit points across the region since 2021.*** The assessment of strategic priority 2 shows some progress on actions aimed at structured coordination between customs, law enforcement and EU agencies, and key partner countries along major trafficking routes. EU projects on screening technologies show significant delays, and little progress is seen in cooperation agreements with postal services and civil aviation authorities.

EU-level responses to **support activities against drug trafficking at entry and exit points, particularly at EU ports**, have emerged since 2023. The Commission proposed the EU Customs Union reform to further strengthen the capacity of customs to counter illegal goods from entering the EU and improve their cooperation with law enforcement authorities<sup>77</sup>. Customs detection of illicit shipments before they arrive to the EU has been enhanced by a new import control system (ICS2) supporting real-time joint risk analysis between Member States with use of advanced data analytics capabilities. In addition, the new EU customs risk management system (CRMS2) enhances the exchange of risk

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<sup>72</sup> EU Innovation Hub (2024), First Report on Encryption.

<sup>73</sup> COM/2023/641 final. Flagship initiative under the EU Roadmap to promote a level playing field within the EU by ensuring that all EU ports are adequately secured against drug trafficking.

<sup>74</sup> European Commission (2023). Anti-corruption: Stronger rules to fight corruption in the EU and worldwide. [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_23\\_2516](https://ec.europa.eu/commission/presscorner/detail/en/ip_23_2516)

<sup>75</sup> Europol (2025) - SOCTA 2025

<sup>76</sup> Ibid.

<sup>77</sup> COM/2023/258 final.

related information among customs authorities at national, regional and local level and between the customs authorities and the European Commission in all types of risks, including drug trafficking since 2022, when the new version of the system was launched<sup>78</sup>. In practice, the European Ports Alliance expanded EU cooperation against drug trafficking in ports in 2024. Its three pillars comprise the above-mentioned customs cooperation, increased law enforcement cooperation as well as the launch of a public-private partnership, enhancing the security and resilience of our logistical supply chain through collaboration and sharing best practices between private and public stakeholders<sup>79</sup>. In addition, a dedicated customs project group was launched to review the state of play of major ports<sup>80</sup>, including visits planned in 2024 and 2025, and shared best practices<sup>81</sup>. The 2023 Schengen Thematic Evaluation focused on drug trafficking in ports and was followed by a best-practice report<sup>82</sup> and a proposal for Council recommendations in 2024<sup>83</sup>. At national level though, response and infrastructure vary considerably<sup>84</sup>, with only a few reporting cross-border strategies on harbours against criminal infiltration<sup>85</sup> or collaborating with international shipping companies in 2023<sup>86</sup>.

Member States reported increased **cooperation between law enforcement and customs authorities on drug trafficking operations**<sup>87</sup>, including through, information exchange agreements, police and customs risk analysis, joint crime investigation groups and actions and trainings<sup>88</sup>. In practice, customs and police authorities cooperate through EMPACT operational action plans on drug trafficking, and through the Europol Analysis Projects<sup>89</sup>. EU level cooperation between customs and EU agencies also improved since 2021, for instance, the Schengen thematic evaluation on ports was conducted in close cooperation with customs, police authorities, EUDA and Europol.<sup>90</sup> Also, the Europol's customs expertise has increased, with 16 Member States posting customs liaison officers at Europol Headquarters.<sup>91</sup>

Progress in the **drug intelligence fusion platform at Europol** has further developed since 2021, through the creation of the Drugs Unit within the agency's European Serious Organised Crime Centre (ESOCC) and the merging of separate drug-related Analysis

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<sup>78</sup>[https://taxation-customs.ec.europa.eu/customs-4/customs-risk-management/customs-risk-management-framework-crmf\\_en](https://taxation-customs.ec.europa.eu/customs-4/customs-risk-management/customs-risk-management-framework-crmf_en)

<sup>79</sup> COM/2023/641 final.

<sup>80</sup> EUCRIM (2023). Launch of New Expert Group to Fight Drugs Trafficking

<sup>81</sup> The project group involves Member State customs authorities at management and expert level. So far seven port visits already conducted. Interviews with EU institutions and agencies.

<sup>82</sup> COM/2024/173 final.

<sup>83</sup> ST 7301 2024 INIT.

<sup>84</sup> Europol (2024). Criminal Networks in EU Ports: Risks and challenges for law enforcement.

<sup>85</sup> Survey of Member State (supply reduction) 1/25

<sup>86</sup> Government of the Netherlands (2023). The Netherlands and Belgium enlist shipping companies in fight against drug smuggling.

<sup>87</sup> Survey of Member State (supply reduction), great extent 10/26, some extent 15/26.

<sup>88</sup> Also, via EU-funded projects (BorderSens, METEOR, ENTRANCE, SilentBorder, PARSEC). More details on the Traffick Light Assessment, Annex VI.

<sup>89</sup> Europol (2023). Europol Programming Document 2024-2026.

<sup>90</sup> ST 7301 2024 INIT.

<sup>91</sup> Interviews with Europol.

Projects into a single Analysis Project on drug crime that provides a legal environment for the processing of personal data for the purpose of operational analyses<sup>92</sup>.

Uptake and deployment of **innovative technologies to detect drugs and drug precursors** is still limited in the Member States. Within the European Ports Alliance, the Commission allocated more than EUR 200 million to fund state-of-the-art equipment to support customs authorities to scan containers and other means of transport in 2024<sup>93</sup>. This also includes support for customs laboratories with equipment to analyse drugs and drug precursors. At the same time, EU and Member States fund the development of new technologies to enhance port resilience against drug trafficking, for example cargo screening technology, or data analysis technology to improve maritime surveillance. However, regular scanning and cargo inspections still have limited national funding. The European Ports Alliance aims at connecting innovative EU-funded projects with possible users from the public and private domain<sup>94</sup>.

Since 2021, there have been efforts to expand **law enforcement and judicial cooperation with third countries**, particularly those affected by organised drug crime<sup>95</sup>. Multilateral cooperation through MAOC-N, an EU funded centre for operational support against maritime drug trafficking, has expanded to Belgium and Germany.

***Efforts to tackle the exploitation of logistical and digital channels for illicit drug distribution have seen slow progress.*** The assessment of strategic priority 3 shows some progress at EU level in monitoring of internet and dark web marketplaces through the development of a darknet monitoring tool and expanded content moderation efforts, yet Member States demonstrate varied levels of engagement and little evidence of progress.

**Measures to address drug trafficking via postal and express services remain insufficient**, the use of AI to improve detection techniques remains underdeveloped and public-private cooperation with postal service, including law enforcement, is weak. Furthermore, digitalisation of the international postal processes to comply with the electronic advance data requirements by the EU customs legislation hinders the efficiency of the customs risk analysis at the external borders making detection of high-risk postal items linked to drug trafficking through the postal network very challenging. Only few Member States have signed Memorandum of Understandings or introduced legislative changes to allow information-sharing between law enforcement, customs, postal and express services and electronic payment providers<sup>96</sup>.

Since 2021, several EU initiatives have been developed to **monitor internet and dark web marketplaces**. In 2024, the Joint Research Centre (JRC) of the Commission finalised the development of a darknet monitoring tool to assist law enforcement in

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<sup>92</sup> Ibid.

<sup>93</sup> COM/2023/641 final.

<sup>94</sup> European Commission (2024). EU-funded innovative projects support the European Ports Alliance.

[https://home-affairs.ec.europa.eu/news/eu-funded-innovative-projects-support-european-ports-alliance-2024-07-23\\_en](https://home-affairs.ec.europa.eu/news/eu-funded-innovative-projects-support-european-ports-alliance-2024-07-23_en)

<sup>95</sup> See in more detail under section 3.3.4 on International cooperation.

<sup>96</sup> Survey of Member State (supply reduction): 9/25. See Annex VI.

countering drug trafficking in the darknet<sup>97</sup>; through Horizon-funded security research, ARIEN, an AI-driven projects to dismantle digital drug markets, was launched in 2023<sup>98</sup>. In addition, public-private cooperation through the EU Internet Forum (EUIF) expanded in 2022 to cover drug trafficking online<sup>99</sup>. Within the framework of the EUIF, the Commission, in collaboration with Member States, Europol, and EUDA, developed a Knowledge Package compiling key terms, codes, slang and emojis used by drug traffickers to sell drugs online that was made available to the internet companies in 2024<sup>100</sup>. The new Digital Services Act, in force since February 2024, establishes effective measures for tackling illegal content and societal risks online. Providers of intermediary services, including social media platforms and booking sites, shall put in place a number of measures aimed at countering illegal and criminal content, such as notifying law enforcement of suspicions that their online resources are being misused to facilitate drug trafficking involving a threat to the life or safety of a person or persons, or security of minors to prevent them from being involved in drug trafficking<sup>101</sup>. While Member States report tackling digitally enabled illicit drug markets<sup>102</sup>, only three provide evidence of concrete practices<sup>103</sup>.

***Despite some efforts, illicit drug production, and diversion and trafficking of drug precursors continues to be a challenge.*** The assessment of strategic priority 4 shows some progress in cooperation against synthetic drugs but very limited progress on forensic investigations and detection techniques.

Progress at EU level include **strengthening cooperation against synthetic drugs** via the US-led Global Coalition to address synthetic drug threats with Commission joining in 2023 or stepping up the dialogue with China on drug production and diversion and trafficking of drug precursors. Operational response efforts included Europol support to Member States in the dismantling of drug production facilities through systems like the Illicit Laboratory Comparison System and Synthetic Drug System. Precursors and designer precursors were targeted in most of the laboratories dismantled<sup>104</sup>. The EUDA also created a new network of forensic and toxicological laboratories active in forensic and toxicological investigations of drugs and drug-related harm<sup>105</sup>. The new EUDA Regulation provided the Agency with a mandate to monitor developments related to the diversion and trafficking of drug precursors and contribute to the implementation of EU law on drug precursors<sup>106</sup>. Moreover, a review of existing regulations on precursors is

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<sup>97</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>98</sup> CORDIS (2023). ARTificial IntelligencE in fighting illicit drugs production and traffickiNg. <https://cordis.europa.eu/project/id/101121329>

<sup>99</sup> European Commission (2024). European Union Internet Forum (EUIF). [https://home-affairs.ec.europa.eu/networks/european-union-internet-forum-euif\\_en](https://home-affairs.ec.europa.eu/networks/european-union-internet-forum-euif_en)

<sup>100</sup> Ibid.

<sup>101</sup> Regulation (EU) 2022/2065

<sup>102</sup> Survey of Member State (supply reduction): Great extent: 7/25, Some extent: 12/25.

<sup>103</sup> Survey of Member State (supply reduction), 3/25 MS

<sup>104</sup> Interview with EU institutions.

<sup>105</sup> Article 15 of Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA) and repealing Regulation (EC) No 1920/2006, available at: <https://eur-lex.europa.eu/eli/reg/2023/1322/oj> (EUDA Regulation 2023/1322).

<sup>106</sup> Article 14 of EUDA Regulation 2023/1322.

envisioned<sup>107</sup>. While most Member States seem to report suspicious transactions involving synthetic drugs and precursors<sup>108</sup>, **forensic investigations remain limited** at national level with only two countries providing evidence on public-private cooperation<sup>109</sup>.

An area to be strengthened is the **fight against environmental crime related to illicit drug production**<sup>110</sup>. At EU level, the EUDA's 2023 groundwater contamination study on synthetic drug production waste highlighted the environmental impact of chemical waste after disposal<sup>111</sup>. The new Environmental Crime Directive<sup>112</sup>, adopted in April 2024, may improve the situation and sets out a comprehensive list of offenses causing or likely to cause injury to any person or substantial damage to the environment, including the unlawful discharge or introduction of materials or substances into the environment, as well as the unlawful transport and treatment of waste. Member States report difficulties in detecting production sites and monitor environmental crimes connected to illicit drug production outside their territory<sup>113</sup>.

### **3.3.2 Pillar 2- Drug demand reduction: prevention, treatment and care services**

- Strategic priority 5: Prevent drug use and raise awareness of the adverse effects of drugs.
- Strategic priority 6: Ensure access to and strengthen treatment and care services.

*Since 2021, the EU and its Member States have slowly increased measures aimed at preventing drug use and raising awareness of the adverse effects of drugs, but their implementation remains uneven across countries.* The assessment of strategic priority 5 shows partial implementation of evidence-based prevention interventions and programmes, including also targeted communication strategies to prevent drug use, with progress lagging behind schedule, while training or dedicated prevention programmes for target groups have seen minimal progress<sup>114</sup>.

As regards preventing the use of drugs among young people, Member States have progressively adopted **evidence-based environmental and universal prevention interventions** to reduce drug demand among young people<sup>115</sup>. Notable examples include the life skills education programmes such as the Unplugged programme and the Good

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<sup>107</sup> European Commission (2023). Drug precursors – EU legislation (revised rules). Have Your Say. [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13579-Drug-precursors-EU-legislation-revised-rules\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13579-Drug-precursors-EU-legislation-revised-rules_en)

<sup>108</sup> Survey of Member State (supply reduction): great extent 7/25, some extent 14/25, and not at all/rarely 4/25

<sup>109</sup> Ibid & Annex VI.

<sup>110</sup> Europol (2025) – SOCTA 2025.

<sup>111</sup> [Environmental impact of synthetic drug production: analysis of groundwater samples for contaminants derived from illicit synthetic drug production waste | www.euda.europa.eu](https://www.euda.europa.eu/en/environmental-impact-synthetic-drug-production-analysis-groundwater-samples-contaminants-derived-illicit-synthetic-drug-production-waste)

<sup>112</sup> Directive (EU) 2024/1203.

<sup>113</sup> Survey of Member State authorities (supply reduction), 3/26

<sup>114</sup> Traffic Light Assessment Annex VI

<sup>115</sup> Survey of Member State (demand/harm): great extent: 5/26, some extent: 19/26, Not at all/rarely: 2/26

Behaviour Game<sup>116</sup>. In addition, most Member States implemented testing and early intervention models targeting young drivers<sup>117</sup> with the aim to reducing **drug-impaired driving**. The Commission<sup>118</sup> and EUDA<sup>119</sup> supported studies and developed a knowledge-based policy on drug-impaired driving.

While assessing the implementation is challenging due to the broad and unclear definition of interventions and their components, the assessment shows varied levels of implementation<sup>120</sup>. Only a few Member States achieve full adoption while the majority continue developing their intervention strategies, as drug policies continue to evolve.

As regards drug prevention among vulnerable groups, since 2021, Member States have applied the **partnership approach** (stakeholder involvement) to promote **evidence-based interventions targeting vulnerable groups** to prevent the development of risk behaviours and drug use disorders. In practice, Member States have only partially implemented interventions aiming at reducing drug use among these population, including awareness raising messages on NPS<sup>121</sup>. Regarding interventions for victims of violence and gender-based violence, implementation remains limited with gender-responsive interventions underdeveloped in most countries<sup>122</sup>.

As regards community-based prevention and awareness raising, Member States have promoted **cross-EU educational campaigns** to improve health literacy and promote positive behaviours<sup>123</sup>. These campaigns target families, social workers, or teachers and focused on life skills and community-based prevention programmes<sup>124</sup>.

In addition, **the EUDA has contributed to increasing the availability of information on evidence-based prevention across the EU** by disseminating information on specific, scientifically evaluated prevention interventions<sup>125</sup>, or gathering evidence on effective prevention methods in the Best Practice Portal<sup>126</sup>. The EUDA also supported initiatives through guidance on risk communications; and the EU Early Warning System contributes to regularly issuing alerts on new substances.

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<sup>116</sup> EUDA Xchange registry of evaluated prevention programmes [Xchange prevention registry | www.euda.europa.eu](https://www.euda.europa.eu)

<sup>117</sup> Survey of Member State (demand/harm): Great extent: 2/24 Some extent: 12/24; Rarely/not at all: 10/24

<sup>118</sup> European Commission (2021). Prevention of driving under the influence of alcohol and drugs.

<sup>119</sup> EUDA (2022). Legal approaches to drugs and driving.

<sup>120</sup> Survey of Member State (demand/harm): environmental prevention: 6/27; for universal prevention: 10/27 for prevention based on life skills: 8/27

<sup>121</sup> Survey of Member State (demand/harm): Great extent: 6/26; Some extent: 13/26; Not at all/rarely: 7/26

<sup>122</sup> Survey of Member State (demand/harm): Some extent: 15/25; Not at all/rarely: 10/25

<sup>123</sup> Survey of Member State (demand/harm): Since 2021, educational campaigns targeted to some extent: families: 16/26); teachers: 13/26; social workers: 16/26; local decision-makers: 19/26.

<sup>124</sup> Survey of Member State: 2/27

<sup>125</sup> EUDA. Xchange registry of evaluated prevention programmes.

<sup>126</sup> EUDA. Best Practice Portal. [https://www.euda.europa.eu/best-practice\\_en](https://www.euda.europa.eu/best-practice_en).

In particular, through the EU Prevention Curriculum (EUPC)<sup>127</sup>, EUDA made progress in the **dissemination of the latest scientific evidence on prevention and the provision of trainings to decision-makers and practitioners**<sup>128</sup>. National-level training initiatives are partially implemented across Member States, for instance Austria, Ireland, Croatia, Greece, Italy and Portugal have integrated the EUPC into their national training programmes, while some other countries do not systematically report on trainings carried out<sup>129</sup>. On the other hand, specific trainings for healthcare professionals on digital health or on substance use identification remains very limited across Member States as well as the integration of digital health platforms in drug prevention practices.

***The EU and Member States have continued promoting access to treatment and care services in their efforts to reduce drug demand to some extent.*** The assessment of strategic priority 6 shows that while quantifying the “accessibility” of treatment and care services and measuring its progress is limited by available data and reliable indicators, there are positive developments in most Member States<sup>130</sup>. Several Member States take actions such as: ensuring voluntary and non-discriminatory drug treatment, providing targeted health trainings or adopting measures to reduce stigma. Yet, technology is not used to its full potential to ensure accessibility to services<sup>131</sup>. In addition, while trends in access to treatment present some data gaps, there appears to be a downward trend in treatment demand<sup>132</sup>. In a context of no downward trend in drug use, this appears to suggest barriers to treatment remain despite efforts by Member States reported below.

Overall, most Member States report having increased the financial resources allocated to demand reduction, while some kept budgets stable or reduced them<sup>133</sup>.

As regards access to treatment, since 2021 Member States have made some progress in **ensuring voluntary<sup>134</sup> and non-discriminatory<sup>135</sup> access** to effective evidence-based drug treatment. Member States have developed legal acts and policy documents promulgating these principles which comply with International Standards (WHO/UNODC)<sup>136</sup>. At EU level, the Council of the EU in its 2022 Conclusions invited Member States to promote access to drug treatment<sup>137</sup>. Although data on access to treatment remained scarce, since September 2024, the EUDA can collect data on a

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<sup>127</sup> The EUPC is a standardised training curriculum adapted for Europe that aims to enhance the effectiveness of drug prevention efforts: [https://www.EUDA.europa.eu/best-practice/european-prevention-curriculum-eupc\\_en](https://www.EUDA.europa.eu/best-practice/european-prevention-curriculum-eupc_en)

<sup>128</sup> With a total of more than 100 licenced trainers around 1000 policy makers have been trained since 2020

<sup>129</sup> Survey of Member State (demand/harm): 14/25

<sup>130</sup> Traffic Light Assessment, Annex VI.

<sup>131</sup> Ibid.

<sup>132</sup> EUDA (2024). [https://www.euda.europa.eu/data/stats2024/tdi\\_en#displayTable:TDI-2004](https://www.euda.europa.eu/data/stats2024/tdi_en#displayTable:TDI-2004)

<sup>133</sup> Survey for Member State: Budget increased (15 / 26); Budget remained the same (6/26); Budget decrease (2 / 26) Don't know (1 / 26); No data (2 / 26)

<sup>134</sup> Survey for Member State: Great extent (16/26); Some extent (9/26); Not at all (1/26).

<sup>135</sup> [except in the case of comprehensive services for people with comorbidity]. Survey of Member State (demand/harm): Great extent: 16/25; Some extent: 9/25

<sup>136</sup> WHO/UNODC. International standards for the treatment of drug use disorders.

<sup>137</sup> CORDROGUE 83

voluntary basis<sup>138</sup>. Yet, there has been limited support for innovative treatment delivery through e-health<sup>139</sup>, m-health<sup>140</sup>, and new pharmacotherapies<sup>141</sup>; and most effective interventions have not been widely scaled up.

In addition, Member States reported advancements in **identifying, addressing and reducing barriers to drug treatment<sup>142</sup>, harm reduction<sup>143</sup> and social rehabilitation<sup>144</sup>**. Improving access and eliminating barriers are embedded in national legal acts and treatment protocols<sup>145</sup>. Stigma remains the most significant barrier, followed by limited-service hours, urine testing and documentation requirements or inadequate service adaptation to drug user needs<sup>146</sup>.

Particularly, regarding access to treatment for women, **few Member States reported ensuring gender-sensitive drug treatment<sup>147</sup>**, while efforts to identify barriers to drug treatment for women are being made across several Member States<sup>148</sup> by introducing policies that raise awareness of women-focused treatment, reduce access barriers to treatment and care, and ensure support for women who use drugs and face violence<sup>149</sup>.

Regarding the promotion of treatment and reduction of stigma among service providers, Most Member States reported **providing evidence-based training for staff in treatment and care<sup>150</sup>, social workers<sup>151</sup>, and other health service professionals<sup>152</sup>**. These training cover both fundamental skills essential for their roles and specialised expertise for more advanced practice. On the other hand, formal training on addiction medicine and addiction psychology remains limited across Europe<sup>153</sup>. Beyond a qualitative data collection promoted by the EUDA on quality assurance systems, including training, there is no centralised data collection at EU level on training provided across Member States.

Most Member States also report capacity-building and awareness-raising activities regarding **access and availability of controlled substances for medical and scientific**

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<sup>138</sup> The EUDA is currently working on modules which may, in time, help to improve the completeness of the TDI: [https://www.euda.europa.eu/data/stats2024/tdi\\_en#displayTable:TDI-2004](https://www.euda.europa.eu/data/stats2024/tdi_en#displayTable:TDI-2004)

<sup>139</sup> Survey for Member State (demand/harm: Great extent 4/25; Some extent 15/25; Not at all/rarely 6/25

<sup>140</sup> Survey for Member State (demand/harm: Great extent 4/25; Some extent 11/25; Not at all/rarely 10/25

<sup>141</sup> Survey of Member State (demand/harm): Great extent: 2/25; Some extent 10/25; Not at all/rarely: 13/25

<sup>142</sup> Survey of Member State (demand/harm): Great extent: 8/25; Some extent: 14/25; Not at all/rarely: 3/25

<sup>143</sup> Survey of Member State (demand/harm): Great extent: 5/25; Some extent: 16/25; Not at all/rarely: 4/25

<sup>144</sup> Survey of Member State (demand/harm): Great extent: 2/25; Some extent: 16/25 Not at all/rarely: 7/25

<sup>145</sup> Survey of Member State (demand/harm): 11/25

<sup>146</sup> Civil Society Monitoring of Harm Reduction in Europe, 2021; C-EHRN (2024). Report on the implementation of the Strategy and Action Plan, pp. 12.

<sup>147</sup> Survey for Member State: No (16 /21); Yes (5 /21)

<sup>148</sup> Survey of Member State (demand/harm): Great extent: 1/25; Some extent: 18/25; Not at all: 6/25.

<sup>149</sup> Traffic Light Assessment, Annex VI.

<sup>150</sup> Survey of Member State (demand/harm): Great extent: 7/24 Some extent: 15/24 Not at all/rarely: 2/24

<sup>151</sup> Survey of Member State (demand/harm): Great extent: 4/24 Some extent: 16/24; Not at all/rarely: 4/24

<sup>152</sup> Survey of Member State authorities (demand/harm): Generic social support services: Great extent: 4/24; Some extent: 16/24; Not at all/rarely: 4/24.

<sup>153</sup> A 2024 EUFAS study shows that 17 of 24 countries implement specialised addiction medicine training: *European Addiction Research*. <https://karger.com/ear/article-pdf/30/3/127/4247252/000531502.pdf>

**purposes**<sup>154</sup>. Similarly, most Member States have supported research to develop treatment and interventions related to cannabis and synthetic cannabinoids<sup>155</sup>.

Regarding the links between drug use and mental health, there is limited progress among Member States in **developing training on the stigma linked to drug use, drug-use disorders, and mental health**, with only half having trained professionals on the impact of drugs in mental health since 2021<sup>156</sup>.

Finally, some progress has been made in supporting the **implementation of the EU Minimum Quality Standards on demand reduction** at national level<sup>157</sup>. The EUDA's six-step guide<sup>158</sup> on quality assurance in drug services and the EU-funded project<sup>159</sup>, FENIQS provide support to Member States on their implementation of these standards, yet gaps remain<sup>160</sup>. In 2024, the Belgian presidency of the Council of the EU promoted a debate on the implementation and way forward of the minimum quality standards in the field of drug demand reduction<sup>161</sup>.

### 3.3.3 Pillar 3- Addressing drug-related harm

- Strategic priority 7: Risk- and harm-reduction interventions and other measures to protect and support people who use drugs.
- Strategic priority 8: Address the health and social needs of people who use drugs in prison settings and after release.

*Since 2021, EU and Member States have progressively implemented actions to address Drug-Related harms via interventions and other measures that support people who use drugs.* The assessment of strategic priority 7 shows progresses mainly at EU level due to EUDA's contribution to the assessment of trends in non-psychoactive substances (NPS) via the early warning system (EWS) combined with its reinforced mandate that allows the analysis of forensic and toxicological data on new substances and possible trends. The assessment shows partial implementation at national level of measures to control drug-related infectious diseases including testing and preventing overdoses have seen minimal progress.

**Harm reduction interventions intended to reduce fatal overdose deaths remain limited across the EU** (see table below). Since 2021, the most common response to harm reduction are needle and syringe programmes, available in all EU Member States; yet the proportion of needles and syringes distributed per number of people who inject drugs is still low with only 5 of 17 countries with available data meeting the WHO targets<sup>162</sup>. Take-home naloxone programmes to prevent overdose deaths are now

<sup>154</sup> Survey of Member State (demand/harm): Great extent: 3/25; Some extent: 15/25; Not at all: 7/25

<sup>155</sup> Survey of Member State (demand/harm): Great extent: 6/25; Some extent: 14/25; Not at all/rarely: 5/25

<sup>156</sup> Survey of Member State (demand/harm): Employers: 14/16; Professionals: 13/25.

<sup>157</sup> Council of the European Union (2015) CORDROGUE 70/ SAN 279

<sup>158</sup> EUDA (2021) Implementing quality standards for drug services and systems

<sup>159</sup> FENIQS-EU (2022). [https://feniqs-eu.net/resources/#implementation\\_toolkit](https://feniqs-eu.net/resources/#implementation_toolkit)

<sup>160</sup> Survey of Member State (demand/harm): Great extent: 7/24; Some extent: 14/24 (Not at all/rarely: 3/24

<sup>161</sup> ST 5288/24, ST 9944/24 limite

<sup>162</sup> EUDA (2024). EU Drug Report 2024

available in 16 Member States, four more since 2021, while 10 Member States report having opened at least one supervised drug consumption rooms, one more since 2021<sup>163</sup>. Finally, opioids agonist treatment is well-established in most Member States, methadone being the most used intervention.

Table 2. Overview of available harm reduction measures in the EU<sup>164</sup>

Measure	Member State where implemented, 2024	Member State where implemented, 2018
Supervised drug consumption rooms available (and overall number)	<b>9:</b> BE (2), DE (25), DK (5), EL (1), ES (16), FR (2), LU (2), NL (25), PT (3)	<b>7</b> (DE, DK, EL, ES, FR, NL, LU) and NO A total of 78 official drug consumption facilities
Take-home naloxone	<b>14:</b> AT, CY, CZ, DE, DK, EE, ES, FR, IE, IT, LT, PT, SE, SI	<b>10</b> (AT, DE, DK, EE, ES (Catalonia), FR, IE, IT, LT, SE) and NO and UK
Drug checking	<b>7:</b> AT, BE, DE, ES, FR, NL, PT	/
NSP	<b>27:</b> AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LU, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK	<b>27</b>
Countries reaching WHO service provision targets in 2021 for NSP	<b>5:</b> BE, ES, FR, HR, PT	/

Source: ICF, based on EUDA data<sup>165</sup>. Note: New countries in **blue**.

Regarding the reduction of harms related to drug injection, since 2021, EUDA's hepatitis elimination barometer indicated that the **prevalence of viral hepatitis B and C** among people who inject drugs in the EU failed to reach the WHO elimination targets. Only four countries reported to have reached targets in 2021 and 2022<sup>166</sup>.

Regarding the reduction of harms posed by the use of new psychoactive substances and combination of drugs, since 2021, it has been observed that changes in the patterns of drug use require adaptation of harm reduction interventions<sup>167</sup>. Drug checking services available only in 7 Member States allow people to better understand the substance-composition of the illicit drugs they used. Yet, criteria for when and how to issue alerts regarding substance risks is not harmonised across the EU. In this line, the EUDA and its EU Early Warning System contributed to progress made in the identification, assessment and response to new trends in NPS<sup>168</sup> to anticipate risks and provide risk communication. In particular, the EUDA has improved its monitoring capacities, through the Euro-DEN Plus network<sup>169</sup> and as of 2024 agency EUDA strengthened its capacities to assess and share forensic and toxicological data<sup>170</sup>.

As regards **minimum quality standards on harm reduction**, there is no standardised guidance nor indicators at EU level. The FENIQS project continues developing a toolkit

<sup>163</sup> Ibid.

<sup>164</sup> Source: ICF, based on EUDA data

<sup>165</sup> EUDA (2024). EU Drug Report 2024; EUDA (2018). Preventing overdose deaths in Europe.

<sup>166</sup> EUDA (2024). [Viral hepatitis elimination barometer among people who inject drugs in Europe](#).

<sup>167</sup> EUDA (2024). EU Drug Report 2024.

<sup>168</sup> EUDA. [https://www.EUDA.europa.eu/publications/topic-overviews/eu-early-warning-system\\_en](https://www.EUDA.europa.eu/publications/topic-overviews/eu-early-warning-system_en)

<sup>169</sup> EUDA (2023). European Drug Emergencies Network (EURO-DEN Plus)

<sup>170</sup> EUDA Regulation 2023/1322

to support national implementation<sup>171</sup> including identification of best practices, yet these rely on nationally defined standards and follow different forms of implementation<sup>172</sup>.

***Member States have not progressed much in adopting measures to address health and social needs of people who use drugs in prison settings.*** The assessment of strategic priority 8 shows an overall lack of data and unclear prison health system structures which make this analysis difficult; yet the assessment identifies some progress in the provision of care in prison settings, while measures to reduce drugs use and prevent overdose inside prisons have seen little development.

The implementation of **drug-related health services in prisons**, including harm reduction measures, are not yet equivalent to those in the community. Only five Member States report developing policy responses to drug issues in prisons, with others having done so to some extent or not at all<sup>173</sup>. Overall coverage and training opportunities for prison staff remain limited<sup>174</sup>.

Some countries have introduced harm reduction services like **needle and syringe programs (NSPs)**<sup>175</sup> and **opioid substitution therapy (OST)**<sup>176</sup> in prisons, but many still struggle with inconsistent services or political barriers which prevent a coordinated approach to care for drug-using offenders. WHO data<sup>177</sup> show that few countries offer Hepatitis B vaccine to all eligible people who are incarcerated, while some offer it to at-risk groups, and few offer it at request. Few Member States offer HIV testing and Hepatitis B and C testing on admission to prison.

### **3.3.4 Cross-cutting area: 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.

***Since 2021, the EU has taken efforts to strengthen international cooperation with third countries in the field of drugs.*** The assessment shows good progress in EU's actions to influence the drugs international agenda, promoting human rights' values, mainly in the framework of the UN Commission on Narcotic Drugs. International cooperation was also strengthened with technical support from relevant agencies and

<sup>171</sup> FENIQS-EU (2022). Overview of DDR areas including country-by-country comparison of MQS implementation. [https://feniqs-eu.net/qs/#country\\_sheets](https://feniqs-eu.net/qs/#country_sheets)

<sup>172</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs 2021-2025. See case study 4: Implementation of minimum quality standards in harm reduction.

<sup>173</sup> Survey of Member State (demand/harm): Great extent: 5/24; Some extent: 17/24; Not at all/rarely: 2/24

<sup>174</sup> Survey of Member State (demand reduction): Great extent: 4/16; Some extent: 7/16; Not at all/rarely: 5/16

<sup>175</sup> Survey of Member State (demand/harm): Great extent: 3/24; Some extent: 3/24; Not at all/rarely: 18/24.

<sup>176</sup> Survey of Member State (demand reduction): Great extent: 7/24; Some extent: 5/24; Not at all/rarely: 12/24

<sup>177</sup> WHO/Europe (2023). Status report on prison health in the WHO European Region.

funding to key partners; yet operational cooperation and tangible results from EU's political dialogues with third countries seems to require further attention.

In 2023, the EU roadmap to fight drug trafficking and organised crime elevated international cooperation to a key pillar calling for more action, especially at operational level, to disrupt criminal supply routes and improve law enforcement and judicial cooperation with key partners and regions [more details in the drug supply assessment]<sup>178</sup>.

The EU has reinforced the **institutional and political dialogues on drugs with third countries** by promoting bilateral cooperation particularly with countries affected by drug trafficking. In 2022, the Commission led the first high-level dialogue with Colombia to address shared challenges in particular the rising traffic of cocaine. A second dialogue followed in 2023 this time with the participation of former Commissioner for home affairs. Since 2021, EU held regular exchanges with China to boost cooperation on illicit production and diversions of drug precursors<sup>179</sup>. The last EU-China dialogue on drugs was held in 2024 back-to-back the EU-China Joint follow-up group on drug precursors. International cooperation with maritime authorities was a priority under the 2022 EU-CLASI (Latin American Committee on Internal Security) Joint Declaration<sup>180</sup>.

The EU and its Member States continued promoting **technical and political dialogues on drugs with key partners and regions** including the Western Balkans<sup>181</sup>, Central Asia, the US, and Latin America and the Caribbean, the latest via the EU-CELAC coordination and cooperation mechanism on drugs<sup>182</sup>. Two **technical exchanges** were also held for the first time with Ukraine and Moldova under the Polish Presidency of the Council in February and June 2025 respectively. The EU also holds **technical exchanges on drugs** with Brazil<sup>183</sup>.

At EU level, new initiatives that overall contributed to improved international cooperation also include Commission's participation in the **US-led Global Coalition to address Synthetic Drug Threats** as EU representative, joining forces with likeminded partners against the increasing threat posed by synthetic drug production and trafficking and promoting prevention since 2023.

Cooperation at international level has also been improved with **strengthened technical support from relevant EU agencies**. **Europol** has contributed to strengthen

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<sup>178</sup> COM/2023/641 final.

<sup>179</sup> Dialogue with China and Colombia are led by the Commission

<sup>180</sup> Council of the European Union (2022). Joint Declaration of the Ministers of the Interior of the Member States of the European Union and the Ministers in charge of security matters of the Member States of the Latin American Committee on Internal Security.

<sup>181</sup> This includes annual dialogue on drugs as well as regular policy dialogues under the framework of Stabilisation and Association Agreements

<sup>182</sup> Dialogues lead by Council of the EU

<sup>183</sup> Lead by EEAS

international cooperation against drug trafficking through operations and partnerships. The agency has operational agreements allowing personal data exchange with third countries, including most candidate countries<sup>184</sup>, as well as strategic agreements<sup>185</sup> and working arrangements<sup>186</sup> with third countries<sup>187</sup>. In 2023, the European Commission received the Council's authorisation to open negotiations with Bolivia, Brazil, Ecuador, Mexico and Peru for international agreements on the exchange of personal data with Europol. The Agreement with Brazil was signed in March 2025 and negotiations were also finalised with Ecuador in the same month. Efforts to improve judicial cooperation in criminal matters with third countries are progressing with **Eurojust**<sup>188</sup>. Since 2024, the EU signed international agreements on judicial cooperation in criminal matters with Armenia and Bosnia and Herzegovina while Commission is finalising negotiations of such international agreements with Algeria and Colombia<sup>189</sup>. In 2024, Eurojust signed Working Arrangements with the prosecution services of Nigeria, Egypt, Bolivia, Chile, Costa Rica, Ecuador, Panama, Peru and the Republic of Korea; . As of 2024, the **EUDA** improved its international role with new capacities to cooperate and provide technical assistance<sup>190</sup><sup>191</sup>. In practice, the EUDA supports candidate countries and potential candidates' capacity to collect and report on drug-related information and recently signed a new working arrangement with Montenegro. Since 2024, the agency has established new working arrangements with third countries in Latin America including Colombia and Ecuador<sup>191</sup><sup>192</sup>.

Since 2021, the EU has made progress in the **implementation of financial and technical support to third countries with several international cooperation programmes**, including COPOLAD, EL PACCTO, EU4MD, IPA7 and 8, GIFP, amongst others. These EU funded programmes promote drug policies in third countries, through capacity-building or fostering institutional resilience in drug-producing regions. These programmes also include technical assistance from EU agencies. During the evaluation period these programmes have entered new phases and adapted to the needs of partners:

**Technical and operational support to candidate countries and potential candidates** was provided through several programmes implemented in cooperation with EU agencies. The EU4MD II, in cooperation with EUDA, focused on technical assistance to

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<sup>184</sup> With Australia, Canada, Georgia, Moldova, Norway, Serbia, Liechtenstein, Ukraine, Albania, Bosnia and Herzegovina, Colombia, Iceland, Montenegro, North Macedonia, Switzerland, Monaco and United States.

<sup>185</sup> With China, Brazil, United Arab Emirates and Türkiye.

<sup>186</sup> With Andorra, Armenia, Chile, Ecuador, India, Israel, Japan, Kosovo\*, Mexico, Qatar, Republic of Korea, San Marino, Singapore.

<sup>187</sup> Europol (n.d.). List of agreements and working arrangements. <https://www.europol.europa.eu/partners-collaboration/agreements>

<sup>188</sup> <https://www.eurojust.europa.eu/states-and-partners/third-countries/working-arrangements>

<sup>189</sup> As of November 2024, negotiations with Argentina and Brazil have not started.

<sup>190</sup> Article 5. Regulation (EU) 2023/1322

<sup>191</sup> The EUDA signed a working arrangement with Peru's National Commission for Development and Lofe without Drugs (DEVIDA) in 2023,

<sup>192</sup> EUDA (n.d.). Partners and cooperation. [https://www.euda.europa.eu/about/partners\\_en](https://www.euda.europa.eu/about/partners_en)

Georgia, Moldova and Ukraine in line with accession requirements. In addition, IPA8<sup>193</sup> financed technical cooperation with the Western Balkans to align their drug policy and systems with the EU acquis, in cooperation with EUDA. CEPOL is working to strengthen Western Balkans capacities to combat organised crime, including drug crime, via the implementation of the EU funded project WB PaCT<sup>194</sup>. CEPOL also implements a capacity-building project in the Eastern Partnership countries<sup>195</sup> (TOPCOP<sup>196</sup>). Similarly, Eurojust<sup>197</sup> supports a project on cross-border judicial cooperation in Western Balkans (WBCJ project), financed by IPA III, to tackle organised crime, including drug-related offences.

**EU neighbourhood cooperation** in the field of drugs is expanding based on the requests and needs of third countries. CEPOL is implementing a capacity-building project P<sup>198</sup> in the EU South Neighbourhood (EUROMED<sup>199</sup>). Eurojust is also advancing judicial cooperation in the South Neighbourhood through the 6th phase of the EUROMED Justice project, offering technical assistance and promoting international standards for cross-border criminal cases<sup>200</sup>.

**The EU continues funding programmes in Latin America and the Caribbean region.** EL PAcCTO 2.0, launched in 2023, allocates additional resources for supporting the fight against transnational organised drug crime<sup>201</sup> focusing on operational cooperation and including support for AMERIPOL. EUROFRONT regional programme, continued to support integrated border management and the fight against trafficking and smuggling of human beings in several South American countries<sup>202</sup>; while the Global Illicit Flows Programme, continued building capacity to combat organised crime across the region. Finally, COPOLAD III continued to implement assistance programmes on security and justice in LAC focusing on drug demand reduction and the fight against transnational organised crime, with support of EUDA.

During the evaluation period, the EU also focused on **alternative development programmes in drug-producing regions**, particularly in LAC and Asia via COPOLAD and CADAP. These programmes addressed the root causes of drug cultivation by providing sustainable economic alternatives, reducing reliance on illicit drug production. Bilaterally, the EU supports alternative development in specific countries such as Bolivia or Peru. The EU also collaborated with the UNODC in supporting rural communities

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<sup>193</sup> EUDA (n.d.). Activities – Partners and cooperation. [https://www.euda.europa.eu/index\\_en](https://www.euda.europa.eu/index_en)

<sup>194</sup> CEPOL, WB PaCT: <https://www.cepol.europa.eu/international-cooperation/wb-pact>.

<sup>195</sup> Armenia, Azerbaijan, Georgia, Moldova and Ukraine.

<sup>196</sup> CEPOL, TOPCOP: <https://www.cepol.europa.eu/international-cooperation/topcop>

<sup>197</sup> Eurojust, WBCJ: <https://www.eurojust.europa.eu/publication/enhancing-cross-border-cooperation-criminal-justice-western-balkans-wbcj>.

<sup>198</sup> CEPOL, TOPCOP: <https://www.cepol.europa.eu/international-cooperation/topcop>.

<sup>199</sup> CEPOL, EUROMED, available at: <https://www.cepol.europa.eu/international-cooperation/topcop>.

<sup>200</sup> Eurojust, EUROMED Justice: <https://www.eurojust.europa.eu/euromed-justice>.

<sup>201</sup> El PAcCTO, available at: <https://elpaccto.eu/en/sobre-el-pacto/que-es-el-pacto/>.

<sup>202</sup> Colombia, Ecuador, Peru, Bolivia, Argentina, Paraguay and Brazil.

transitioning away from drug crop production in Colombia by providing technical assistance and access to legal markets<sup>203</sup>.

The EU and its Member States made good progress in **promoting a human rights approach to drug policy**, with active contribution to the Commission on Narcotic Drugs (CND) and its efforts to tighten international controls of narcotic drugs and psychoactive substances, including NPS and synthetic drugs. During the last five years, the EU has advocated for a human rights and health approach to drug policies, based on the 2016 UNGASS Outcome Document, the 2019 Ministerial Declaration, and the 2024 High-Level Declaration on the 2024 mid-term review, to ensure a balanced approach to both demand and supply reduction in global forums. The EU has established extensive **cooperation agreements on drugs with international organisations** like UNODC<sup>204</sup>, and contributed to UNODC's budget including by supporting various projects via an Internal Security Fund (ISF) project which ran from 2019 to 2022<sup>205</sup> and cooperation projects under the GIFP such as CRIMJUST, AIRCOP, and DISRUPT. Most of the EU Delegations reported strengthened **monitoring, protection and promotion of human rights** in EU's external relation on drugs policy.<sup>206</sup> In addition, half of the EU Delegations replying to the survey shared that they have actively taken action to reaffirm the EU's strong and unequivocal opposition to the **death penalty**.

### 3.3.5 Cross-cutting area: 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.

*Since 2021, the EU has made some efforts in enhancing research, innovation and foresight* with improved systems and methods to collect, analyse data as well as predict trends related to drug policies. However, progress at national level is very limited due to lack of resources and funding.

Most Member States **made some progress in broadening research capacities** including by identifying knowledge gaps and testing capacities, coordinating and creating synergies within the European research community<sup>207</sup>, and taking into account gender-sensitive

<sup>203</sup> UNODC (n.d.). Alternative development. <https://www.unodc.org/unodc/en/alternative-development/index.html>

<sup>204</sup> EEAS (2023). EU and UNODC deepen cooperation on the fight against corruption and organised crime.

<sup>205</sup> UNODC (n.d.). Grants. <https://www.unodc.org/unodc/en/donors/grants-opendata.html>

<sup>206</sup> EU Delegation survey, (Q 23): 1 out of 16 selected “to a full extent”, 6 out of 16 selected “to a great extent”, 2 out of 16 selected “to a minor extent”, 2 out of 16 selected “not at all”, 5 out of 16 selected “don’t know”.

<sup>207</sup> Survey for MS: 5/20 “to a great extent”, 15/20 “to some extent”, 1/21 “Rarely/Not at all”.

approaches<sup>208</sup>. At EU level, the EUDA contributes to the EU-funded projects on gender-based violence and drugs in selected European countries<sup>209</sup>.

Member States have identified **lessons learnt from the COVID-19 pandemic about service delivery, drug markets, patterns of use, and harm**<sup>210</sup>. This has come with innovative methods and technologies, including forensic and toxicological analysis, statistical modelling<sup>211</sup>, or the use of Big Data and open-source information<sup>212</sup>. The EUDA conducted studies to **increase preparedness to health and security crises** including COVID-19, developments in Ukraine or developments in Afghanistan. EUDA cooperates closely with Europol on joint publications and market analyses on drugs<sup>213</sup>. In addition, EUDA continued testing and reporting on methods to assess drug trends including trendspotter studies, wastewater analysis, syringe residue analysis or web surveys.

Since 2021, the **EUDA has contributed to promoting foresight exercises with various stakeholders**<sup>214</sup>, providing training, or elaborating a toolkit and web area on futures and foresights. In 2024, the new mandate of EUDA reinforced its capacity for research and data collection, drug monitoring, prevention and anticipation. In addition, with the new mandate, the agency is developing a European Drug Alert System for all types of drug-related threats, including NPS and complementing the existing Early Warning System.

Since 2020, the **Europol EU Innovation Lab** contributed to transforming research into practical tools for law enforcement, monitoring technological trends, fostering expert networks, and coordinating internal security projects. The Innovation Lab manages the Europol Tool Repository which serves as centralised platform for sharing innovative tools among law enforcement agencies across Europe.

Support to the role of EUDA and Europol and the Reitox network in **research, innovation, and foresight has seen some progress mainly with funding including** EUDA's annual grant agreements or co-financing of National Focal Points for cooperation. In addition, the Reitox network reports on an annual basis to EUDA via the 'Research workbook' drug-related data collected nationally.

**EU funding** to drug-related research, innovation and foresight has been allocated via the Horizon Europe programme since 2021 notably with innovative drug detection projects such as BorderSens. The EU supported also research projects to generate knowledge on the understanding of biological mechanisms of drug dependence and addiction.

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<sup>208</sup> Survey for MS 3/20 “to a great extent”, 17/20 “to some extent”.

<sup>209</sup> <https://www.fsync.org/proyectos/interleave-interventions-with-women-drug-users-who-are-victims-of-gender-based-violence-justice-programme/?lang=en>.

<sup>210</sup> Survey for MS 8/20 selected “to a great extent”, 12/20 respondents selected “to some extent”.

<sup>211</sup> Survey for MS 9/17 selected “Yes”.

<sup>212</sup> Survey for MS 3/20 “to a great extent”, 15/20 “to some extent”, 2/20 “Rarely / Not at all”.

<sup>213</sup> Europol (2024). Key insights for policy and practice.

<sup>214</sup> [https://www.euda.europa.eu/toolkit/foresight-toolkit-drugs-field\\_en](https://www.euda.europa.eu/toolkit/foresight-toolkit-drugs-field_en).

### 3.3.6 Cross-cutting area: 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.

*Coordination and governance of drugs policies is implemented by different actors at EU level and nationally*, however, the lack of distribution of responsibilities as regards policy monitoring and implementation of actions and strategic priorities by the evaluated drug strategic framework across let to unclear ownership, limiting the attribution of actions to responsible parties and limited the data available on implementation due to non-systematic reporting.

At EU level, the European Commission coordinates EU drugs policies and programmes, including international cooperation with third countries, with Commission-internal coordination through an interservice group. On public health aspects, responsibility for prevention and harm reduction actions lies principally with Member States with support of the EUDA. The Council of the EU and Member States enhance dialogue at national level and with third countries on drug policies through the Council's Horizontal Working Party on Drugs (HDG), based on the rotating presidencies programme every six months. The EEAS promotes external dialogue and EU's participation in the UNODC's Commission on Narcotic Drugs (CND).

In addition, EUDA and Europol contribute with technical, operational and scientific support. The **reinforced mandate and expanded resources for EUDA in 2024** enhanced its role as the centre of drug expertise in the EU, promoting prevention and harm reduction measures, as well as increased the agency's powers to assess threats, issue alerts and gather greater forensic and toxicological knowledge through its emerging network of laboratories.

**Involvement of civil society** in the implementation and development of drug policies is limited. Engagement with civil society on prevention and harm reduction policies remains insufficient in many Member States<sup>215</sup>. The Commission regularly coordinates and engages with the Civil Society Forum on Drugs, including annual plenaries and ad-hoc consultations, to promote dialogue and feed into policy development at EU level. On the other hand, involvement of civil society in national policies on drugs remains limited.<sup>216</sup>

Regarding EU funding, **the European Commission via the Internal Security Fund (ISF)<sup>217</sup> and Horizon Europe funding have contributed to support a number of projects focused on security** while the EU4Health funding programme has contributed only limitedly to support demand and harm reduction actions. The Commission increased

<sup>215</sup> C-EHRN (2021). Civil Society Monitoring of Harm Reduction in Europe 2021.

<sup>216</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs 2021-2025.

<sup>217</sup> Regulation (EU) 2021/1149 establishing the Internal Security Fund

the budget of EUDA steadily between 2021 and 2024. Member States generally report available resources for implementing the Strategy.

Regarding EU-national coordination, while an EU-wide drug policy supported Member States alignment across the competent authorities of a more **balanced approach across supply, demand and harm reduction priorities**, reporting and data collection on implementation of priorities is not systematic and hampers monitoring at EU level<sup>218</sup>. At international level though, EU and Member States have made good progress in promoting the EU approach to drugs, especially within the CND as well as through dialogue with third countries and regions.

The Commission committed to the **monitoring and enhancement** of drug policies. The adoption of the EU Roadmap to fight against drug trafficking contributed to stepping up EU's action against the increasing threat of drug trafficking in the EU.

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<sup>218</sup> Ibid.

## 4. EVALUATION FINDINGS (ANALYTICAL PART)

### 4.1 To what extent was the intervention successful and why?

This section evaluates whether the main objectives of the drugs strategy and action plan have been achieved in line with the evaluation criteria of effectiveness, efficiency and coherence. It follows the evaluation questions designed in the evaluation matrix (Annex III) and assesses the overall performance of the 11 strategic priorities by contrasting different inputs: the state of implementation outlined in Section 3 and based on the Traffic Light Assessment (Annex VI); the overarching indicators and trends (Sections 2 & 3); and the stakeholder's consultation (Annex V) combined with desk research.

As outlined in the introduction, certain limitations were identified that particularly affect the analysis of the evaluation questions under this section:

- The evolving nature of drugs policy affected a thorough evaluation on the effectiveness of the strategy. The evaluation attempted to explain that trends in drug markets might evolve rapidly limiting the impact of the strategy and the success of its objectives. A better assessment of the strategic benefits would require clearer and measurable indicators that are linked to the strategic priorities and time-bound to the evaluation period (2021-2025).
- National policy and political context led to different results in implementation across the 27 Member States, as result, data collection and reporting is not consistent among Member States: not all strategic areas are equally covered and reported, and the timeframe for data collection varies across countries.
- Most recent available data on drug policy cover the period of the Strategy until 2022 and in some cases until 2023, limiting the availability of statistical data for the selected overarching indicators. In addition, overarching indicators for supply, demand and harm reduction are broadly framed and hardly measurable, overall, it was difficult to draw conclusions on impact and effectiveness as indicators were not attributed directly to actions or strategic priorities. These data gaps were filled through qualitative inputs (stakeholder consultation and desk research) but remains insufficient for the analysis.
- While evaluation findings should draw on input from a variety of stakeholders responsible for the actions (Member States, EU agencies, Commission, EEAS and Council (HDG)), the lack of concrete assignment of actions to concrete actors resulted in a lack of ownership which has often led to limited reporting and hampered any links of causality between success and responsible parties.

Taking into consideration the strategic objectives and actions and the abovementioned limitations, this section aims to answer the following evaluation questions:

- To what extent have the strategy and action plan effectively contributed to reduce drug supply?
- To what extent have the strategy and action plan effectively contributed to reduce drug demand and drug-related harms?
- To what extent have the strategy and action plan effectively contributed to enhance international cooperation, research and coordination?
- Costs and benefits from the implementation of the strategy and action plan
- Internal and external coherence of the strategy and action plan

#### 4.1.1 To what extent has the strategy and action plan effectively contributed to reduce drug supply (effectiveness)?

Main findings:

- The strategy has made some positive contributions to the general objective of **offering a high level of security for the public** as it identified and tried to **tackle organised crime** (priority 1) given that drug trafficking remains its major source of revenue. However, trends during the evaluation period indicate it did not manage to significantly disrupt drug markets or reduce the level of violence and corruption which instead seems to be increasing in part due to the increased sophistication and adaptiveness of organised drug criminal groups<sup>219</sup>.
- Some progress in tackling drug organised crime could be linked to the reinforced operational support provided by Europol and the enhanced **cooperation and increased exchange of information** on drug related operations between law enforcement, judiciary and customs authorities as well as EU agencies, in particular Europol and EUDA.
- Progress in **detecting drug trafficking and tackling exploitation of logistical hubs** (priorities 2 & 3) has been noticed particularly in EU ports, as major entry points for cocaine trafficked into the EU<sup>220</sup>. However, the evaluation does not conclude a direct impact of this achievement to the strategy and action plan alone. Instead, progress is likely to be linked to the adoption of the EU Roadmap in 2023 which boosted the fight against drug trafficking and organised crime with its action-oriented focus, mainly via the EU Ports Alliance which increases port security and public-private cooperation against maritime drug trafficking<sup>221</sup>.
- Notwithstanding these efforts, trends during the evaluation period show drug seizures, mainly cocaine, have kept rising but availability, price and purity of illicit drugs on the market appears not diminished. Recent figures of a drop in seizures in major EU seaports do suggest supply reduction efforts are causing a shift in modus operandi (waterbed effect)<sup>222</sup>. While it remains difficult to draw a direct causality between this trend and the impact of the strategy, operational action and interdiction has risen even more compared to manufacture, suggesting that the global law enforcement response may not have only coped with the increased supply, but may have also contained it.
- The strategic framework has not fully achieved tackling drug trafficking and its different distributions channels, nor the production of drugs and precursors, including the generated waste, which appears to be increasing (priority 4)<sup>223</sup>.

<sup>219</sup> Europol (2025) – SOCTA 2025

<sup>220</sup> Europol (2025) – SOCTA 2025; EUDA – WCO dataset on seizures in or towards EU seaports from 2019 to June 2024

<sup>221</sup> COM/2023/641 final

<sup>222</sup> Europol (2025) – SOCTA 2025

<sup>223</sup> EUDA (2024). European Drug Report 2024

Regarding actions to achieve the strategic priorities and ultimately reduce drug supply, the evaluation finds that:

**The Strategy and Action plan may have contributed to an increased exchange of information related to drug trafficking and drug-related organised crime<sup>224</sup>.** First, it steered the strengthening of EMPACT platform which favoured information exchange between national authorities and with Europol, and the use of SIENA messages for drug-related investigations which nearly doubled compared to the previous evaluation period (284,813 in 2023; 115,617 in 2019)<sup>225</sup>. These developments have contributed to a significant rise in number of arrests and drug seizures<sup>226</sup>. Second, it supported operational activities by Europol which doubled from 172 in 2017 to 446 in 2023 and identified the importance of the drug intelligence fusion platform, crucial for operations, as it fosters swift, collaborative responses to drug-related threats<sup>227</sup>. Europol operational activities have led to concrete achievements on the ground, including three Europol-supported operations in 2023 that dismantled a large-scale drug trafficking and money laundering network in Spain<sup>228</sup> and Belgium<sup>229</sup>. Finally, although not directly attributable to the strategy but to the EU Roadmap initiative, Europol identified 821 high-risk criminal networks and reported on how these are organised, how and where they operate, and the criminal activities in which they are involved in 2024<sup>230</sup>. It is expected that this listing helps law enforcement authorities across the EU to better conduct investigations and prioritise dismantling these networks' structures.

**The Strategy and Action plan emphasised the need for a legislative framework to enhance criminal investigations**, including financial investigations, of drug-related organised crime groups. Precisely, it steered the new EU legislative initiatives on asset recovery and money laundering which are expected to strengthen the recovery and confiscation of drug-related proceeds and enhance access to databases and registers for asset recovery offices and ultimately, foster effective cooperation on asset tracing investigations<sup>231</sup>. It also steered Europol's role in cross-border coordination and intelligence-sharing contributing to intercept encrypted communications<sup>232</sup>. However, limitations to these investigations still exist as growing use of encrypted communications by criminal organisations impede law enforcement to efficiently detect and investigate

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<sup>224</sup> Action Plan on drugs 2021-2025: Actions 1-9 (details in Annex VI)

<sup>225</sup> Interview with Europol (details in Annex VI)

<sup>226</sup> In 2023 alone, EMPACT led to 15 644 investigations initiated, 13871 arrests and EUR 797 million plus 197 tons of drugs seized compared to 2155 arrests, EUR 558 million and 31 tonnes of drugs seized in 2020.

<sup>227</sup> Europol (2022). Europol Programming Document (2023-2025).

<sup>228</sup> Europol (2023). 17 arrested in Spain in bust against clan-based drug trafficking and money laundering network; Europol (2023). 27 arrested in Spain for laundering over EUR 65 million drug profits; Europol (2023) 20 suspected money launderers and drug traffickers arrested.

<sup>229</sup> Europol (2023). Underground drug-money bank laundering EUR 180 million liquidated by law enforcement.

<sup>230</sup> Europol (2024). Decoding the EU's most threatening criminal networks.

<sup>231</sup> OJ L, 2024/1260, 2.5.2024; OJ L, 2024/1654, 19.6.2024; OJ L, 2024/1640, 19.6.2024

<sup>232</sup> Europol (2021). Europol Programming Document (2021-2023). For instance, in 2024 Europol supported the Italian police in dismantling a transnational drug trafficking and money-laundering network that used Chinese brokers to launder millions from drug sales through shadow banking systems, resulting in 61 arrests. Source: Reuters (2024). Drug gang using Chinese money brokers uncovered, Italian police say.

drug trafficking due to data accessibility restrictions<sup>233</sup>. In addition, the strategic framework alone lacked operational measures to enhance criminal prosecution of drug offences. The EU Roadmap overcame this gap by tasking Eurojust to launch the first network of specialised prosecutors and judges from all Member States, which was established in 2024 and is expected to improve judicial cooperation on complex cross-border investigations involving drug-related crimes, amongst others<sup>234</sup>.

**The strategy and action plan generally emphasised the need to detect and tackle logistical hubs where drugs are smuggled** but lacked concrete outputs on how to achieve expected results. In practice, the EU and Member States yielded **progress in combating criminal infiltration in EU ports**<sup>235</sup> as part of the EU Roadmap flagship initiative - European Ports Alliance in 2024<sup>236</sup>. The Alliance is supporting public administration, port authorities and private logistical players in their role to fight against corruption and infiltration related to drug trafficking via the maritime logistics chain. Measures identified in this context included awareness raising campaigns, enhancing background checks, protecting information flows on a need-to-know basis and enhanced IT-security measures<sup>237</sup>. Targeted operations in ports in Belgium, the Netherlands and Spain have exposed instances of corruption among port workers and law enforcement agents, resulting in substantial seizures of drugs and cash, including the largest cash confiscation in Europe, totalling EUR 16.5 million in the port of Algeciras<sup>238</sup>. Despite increased efforts, drug-related corruption and intimidation remains a concern and persistent challenge indicating that more efforts are needed<sup>239</sup>.

**While the Strategy and Action plan may have contributed to reinforced customs and law enforcement cooperation**, in practice this has foremost materialised in cooperation against maritime drug trafficking in EU ports as part of the EU Roadmap as explained above. The European Ports Alliance continues enhancing the resilience of ports against drug trafficking, including through funding for new technologies and innovative solutions, and fostering operational cooperation between law enforcement, customs and the private sector. In the customs domain, the establishment of a European Union Customs Alliance for Borders Expert Team, fostering cooperation among Customs Administrations and border crossing points, has started tackling different type of borders: air, land and maritime. Customs laboratories also contributed in the identification of drugs including synthetic drugs crossing the borders. Recent data for 2024 indicate a decrease in cocaine seizures at major European ports compared to 2023<sup>240</sup>, yet it is too soon to draw conclusions from this data about the effect of recently increased operational cooperation in reducing drug supply. Also, **the strategy contributed to the continued financing of MAOC-N**, which performs interventions against drug traffickers on high

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<sup>233</sup> Europol (2025)- SOCTA 2025. Interview with EU institutions and agencies

<sup>234</sup> COM/2023/641 final

<sup>235</sup> Interviews with EU institutions and agencies; Europol (2024). Criminal networks in EU ports: Risks and challenges for law enforcement.

<sup>236</sup> European Commission (2024). Commission launches the European Ports Alliance Public Private Partnership to fight organised crime and drug trafficking.

[https://ec.europa.eu/commission/presscorner/detail/en/ip\\_24\\_344](https://ec.europa.eu/commission/presscorner/detail/en/ip_24_344)

<sup>237</sup> For an overview of best practices see: <https://poseidon.safe-europe.eu/dashboard/>

<sup>238</sup> Interviews with EU institutions and agencies

<sup>239</sup> Europol (2025) – SOCTA 2025

<sup>240</sup> EUDA – WCO dataset on seizures in or towards EU seaports from 2019 to June 2024.

seas. The MAOC-N has continued to serve and further strengthened maritime operations against drug trafficking with significant results, seizing 403,000 tonnes of cocaine and 674,000 tonnes of cannabis: effectively delivering on its core mission<sup>241</sup>. Despite these initiatives, there is little evidence that the strategy and action plan have contributed to addressing cooperation against drug trafficking via civil aviation, postal services or rail and fluvial channels, with limited progress and engagement at EU and national levels<sup>242</sup>.

The strategy's reinforced focus on digital illicit drug markets has translated in EU-level responses to **monitor internet and dark web marketplaces**. It might have stimulated Europol's Analysis Project Dark Web that contributed to target profiling, blockchain intelligence, forensics, and server seizures, while offering training to Member States to enhance their digital capacities<sup>243</sup>. Operational progress was achieved by Europol's Cybercrime Centre and Eurojust, targeting the trade of illicit goods on the dark web, resulted in big number of arrests and seizures<sup>244</sup>.

#### **Case Study<sup>245</sup>: digitally enables drug markets in Sweden**

The 2021 European online survey revealed a significant shift in how illicit drugs are bought in Sweden suggesting a rise of digital drug trafficking with 27% of users purchasing through the Darknet, 13% via social media, and 5% on open web shops<sup>246</sup>. The National Operations Intelligence Section of the Swedish police investigate darknet and online dealing, while regional units address social media drug sales, and local units manage street-level distribution<sup>247</sup>. However, coordination gaps remain as street-level raids often overlook digital evidence. Moreover, a growing trend of cross-platform trafficking and the recruitment of youth via social media present escalating challenges. In practice, Flugsvamp, Sweden's dominant Darknet market, has been repeatedly shut down and relaunched in new versions. Implementing strategic priority 3, Sweden enhanced monitoring of postal terminals to disrupt internet drug market in 2023 with some successful interventions<sup>248</sup>. As a result of the crackdown on some postal deliveries, drug dealers shifted to "dead-drops", hiding drugs in public locations and providing buyers with GPS coordinates and photos. This might increase operational costs and have an effect in drug prices.

The **strategy and action plan had limited contribution to the efforts in dismantling illicit synthetic drug production and trafficking of precursors** with trends not indicating a reduction in illicit laboratories identified or in precursors flows to Europe<sup>249</sup>. Some positive results are seen in the **EU-level response to NPS, including via the EU Early Warning System**, which monitored over a thousand new psychoactive

<sup>241</sup> Interviews with EU institutions and agencies.

<sup>242</sup> See implementation of actions by MS and EU in Section 3.

<sup>243</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs 2021-2025. Annex 9: Case study on Tackling digitally enabled illicit drug markets

<sup>244</sup> Europol (2021). Consolidated Annual Activity Report; Europol (2023). 288 dark web vendors arrested in major marketplace seizure (EUR 50.8 million and 850 kg of drugs seizures)

<sup>245</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs 2021-2025. Annex 9: Case study on Tackling digitally enabled illicit drug markets

<sup>246</sup> Folkhälsomyndigheten (2022) Den europeiska webbundersökningen om narkotika 2021, available at <https://www.folkhalsomyndigheten.se/publikationer-och-material/publikationsarkiv/d/den-europeiska-webbundersokningen-om-narkotika-2021/>

<sup>247</sup> Brå – kunskapscentrum för rättsväsendet (2021) Narkotikamarknader, available at <https://bra.se/publikationer/arkiv/publikationer/2021-09-01-narkotikamarknader.html>

<sup>248</sup> Interview Swedish Police

<sup>249</sup> EUDA (2024). European Drug Report 2024

substances by the end of 2024<sup>250</sup>. As part of its reinforced mandate steered by the strategy, the EUDA new network of forensic and toxicological laboratories will foster information exchange on new trends, making forensic investigations more efficient. Moreover, the role of EUDA in monitoring precursors was expanded<sup>251</sup>. Following the EU Roadmap, the Commission stepped up efforts to achieve this objective by engaging with partners including the US-led Coalition to address synthetic drug threats and dialogue with China. Operational efforts were seen with several dismantled laboratories and dumping sites during 2021 (442) and 2022 (439)<sup>252</sup>, most of these included drug precursors<sup>253</sup>. Despite efforts, synthetic drugs are increasingly produced in Europe designer precursors continue being imported into the EU with no decrease detected<sup>254</sup>.

**While direct conclusions cannot be presented due to the analytical constraints and data available**, the assessment identifies some gaps of the current strategic framework due to first, its lack of action-oriented approach and second, the swift changing context of the drug situation which requires adaptable and flexible objectives and actions. To achieve the objective of reducing drug supply, the strategy and action plan could have better strengthened the operational response to the swift and adaptive modus operandi of drug criminals who might be benefiting of less restrictive and monitored channels to smuggle drugs into small ports, small airfields and postal systems<sup>255</sup>. The assessment finds the need to increase public-private cooperation with postal services to increase detection of suspicious postal parcels smuggling drugs, often linked to online trade. In addition, methods used in drug trafficking operations are not only more sophisticated but also more violent as crimes are increasingly being perpetrated by younger population<sup>256</sup>. This upward trend in violence and recruitment of children to commit drug-related offences indicate that the strategic framework has not been effective enough and require further commitments. Finally, detecting clandestine laboratories remains a challenge for law enforcement and forensic capacities in Member States are limited. Meanwhile, limited steps were taken to tackle chemical waste derived from drugs production which damages the environment. These issues highlight the need for more consistent and effective measures.

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<sup>250</sup> [The EU Early Warning System on new psychoactive substances \(NPS\) | www.euda.europa.eu](https://www.euda.europa.eu/en/eu-early-warning-system-new-psychoactive-substances-nps)

<sup>251</sup> EUDA Regulation 2023/1322.

<sup>252</sup> EUDA (2024). European Drug Report 2024; European Drug Report 2022

<sup>253</sup> Ibid. In 2024, Europol, via the Illicit Laboratory Comparison System, supported the dismantlement of a large synthetic opioid laboratory in Poland and cocaine laboratories in Spain.

<sup>254</sup> EUDA (2024). European Drug Report 2024

<sup>255</sup> Europol (2025) – SOCTA 2025

<sup>256</sup> Ibid.

#### 4.1.2 To what extent has the Strategy and Action plan effectively contributed to reducing drug demand and Drug-Related harms?

##### Drug demand reduction

Main findings:

- The strategy and action plan **have steered national drug strategies to reinforce measures to reduce drug demand across Europe** through expanded evidence-based prevention, awareness-raising and improved treatment services, yet their quality and effectiveness varies widely across countries. Awareness alone may not be sufficient without the backing of comprehensive prevention and treatment programmes that address the social and economic drivers of drug use among vulnerable population.
- Member States still face challenges in fully realising the goals of the action plan due to underdeveloped prevention infrastructures, uneven access to treatment services, limited resource allocation, and insufficient integration between social, mental health, and drug treatment systems.
- The overall effectiveness assessment on drug demand reduction, found data limitations to measure the amount of population using drugs per year during the evaluated period<sup>257</sup>. Moreover, the treatment demand indicator (TDI) has data available until 2022 only, which does not allow a complete assessment<sup>258</sup>. On the other hand, the wastewater analysis<sup>259</sup> became useful in determining key trends in illicit drug consumption, despite not tracking the use of drugs per year<sup>260</sup>.
- Notwithstanding data limitations, available data on drug use suggests cannabis use among young adults (15-34) remains stable<sup>261</sup>, with 15 per cent of young adults having used it; while the use of cocaine is on the rise, as surveys conducted until 2023 indicate that almost 2.5 million 15-to-34-year-olds (2.5 % of this age group) had used cocaine the year before<sup>262</sup>. Also in 2023, cocaine residues in municipal wastewater increased in 50 out of 72 cities with data compared with 2022. In addition, some countries reported higher estimates in the drug use among young adults for synthetic stimulants, (1.5 million) and MDMA (2.2 million, with

<sup>257</sup> Last-year prevalence (which measures the proportion of a population that has used a specific drug within the past 12 months) is the most common method for assessing consumption of a certain drug among a population. However, these surveys are reliant on self-reported data, potentially leading to underreporting, and are typically conducted infrequently: only two Member States have reported data for the year 2023 (the current most recent year), and the majority of Member States are not present in the data before 2021. This is the case for the majority of drugs covered in this dataset hosted by EUDA. [https://www.euda.europa.eu/data/stats2024/gps\\_en](https://www.euda.europa.eu/data/stats2024/gps_en)

<sup>258</sup> [https://www.euda.europa.eu/data/catalogue/stats2024/tdi\\_en](https://www.euda.europa.eu/data/catalogue/stats2024/tdi_en).

<sup>259</sup> Wastewater analysis estimates drug consumption by analysing the presence of drug metabolites in municipal wastewater. [https://www.euda.europa.eu/publications/html/pods/waste-water-analysis\\_en](https://www.euda.europa.eu/publications/html/pods/waste-water-analysis_en)

<sup>260</sup> Yi et al. (2023). 'Wastewater-Based Epidemiology: Assessing Illicit Drug Usage and Impact through an Innovative Approach'. *Water*, 15, pp. 4192. <https://doi.org/10.3390/w15234192>

<sup>261</sup> EUDA (2024). European Drug Report 2023.

<sup>262</sup> EUDA (2024). Cocaine – the current situation in Europe (European Drug Report 2024).

1.1 million aging below 24 years). These results suggest the strategy and action plan have not been able to decrease drug use or delay the age of onset.

Regarding actions to achieve the strategic priorities and ultimately reduce drug demand, the evaluation finds that:

**The Strategy's comprehensive approach to prevention and evidence-based interventions, if fully implemented,** is likely to contribute to mitigate risky behaviours and promote life skills development<sup>263</sup>. Yet, this has not been fully achieved as the impact varies across the EU due to implementation and data limitations<sup>264</sup>. Further, **cross-EU educational campaigns** effects on promoting positive behaviours are limited<sup>265</sup> and the **lack of monitoring standards** hampers any effectiveness assessment.

**Schools are key settings for addressing drug use prevention measures in young people**<sup>266</sup>, including its root causes. Initiatives like the Unplugged programme focus on school-based drug use prevention among adolescents through developing life skills, increasing risk awareness and promoting healthy behaviours<sup>267</sup>. This initiative as well as the Good Behaviour Game<sup>268</sup> could likely contribute to reducing drug use among young people, yet as only few countries have integrated these programmes overarching conclusions on effectiveness cannot be made<sup>269</sup>. Through **awareness campaigns**, several Member States have aimed to raise consciousness about drug use risks, especially among young people, however, the assessment reveals that their long-term impact on reducing drug demand remains unclear<sup>270</sup>.

#### **Case Study<sup>271</sup>: Strengthening drug prevention measures and interventions - best practices**

**Germany and its reward system:** under the nationwide "Model Strategies of Municipal Drug Prevention" competition, German towns and cities, rural districts and communities are invited to submit entries, with the goal of shedding light on communities that set a particularly good example for other municipalities with effective activities for addiction prevention. It is organised by the Federal Centre for Health Education (BZgA) and the Federal Government's Drug Commissioner, with the support of the local authority associations and the head associations of the health insurance funds. The prize money totals €70,000.<sup>272</sup>

<sup>263</sup> Burkhart et al. (2022). 'Environmental Prevention: Why Do We Need It Now and How to Advance It?'., *Journal of Prevention*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8902843/>; EUDA (2018). Technical Report - Environmental substance use prevention interventions in Europe, p. 32.

<sup>264</sup> Survey of Member State (demand/harm): Yes: 12/24; No: 12/24

<sup>265</sup> Survey of Member State (demand/harm): No: 17/24; Yes: 7/24

<sup>266</sup> EUDA (2022). Schools and drugs: health and social responses.

<sup>267</sup> Originally developed through the European Drug Addiction Prevention (EU-Dap) trial, it has been implemented in various countries

<sup>268</sup> EUDA (n.d.). [https://www.euda.europa.eu/best-practice/xchange/good-behaviour-game\\_en](https://www.euda.europa.eu/best-practice/xchange/good-behaviour-game_en).

<sup>269</sup> Survey of Member State (demand/harm): Great extent: 5/26; Some extent: 19/26; Not at all/rarely: 2/26

<sup>270</sup> EUDA (2022), Media campaigns for the prevention of illicit drug use in young people.

<sup>271</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs 2021-2025. Annex 9: case study 3: strengthening drug prevention measures.

<sup>272</sup> <http://www.kommunale-suchtpraevention.de/>

**Irish drug programmes:** The Irish strategic document “Reducing Harm, Supporting Recovery 2017-2025”<sup>273</sup>, promotes healthier lifestyles within society and encourage people to make healthier choices around drug. The Irish government funds prevention interventions and drug education programmes since the start of the national strategy. In September 2022, it allocated €1.5 million for the 3-year *Prevention and Education Funding Programme*<sup>274</sup> to support five prevention initiatives, costing up to €100,000 a year for a period of three years: school, general youth/community, family, higher education, and broader environmental prevention activities

**Availability of reliable information on drug use prevention** remains difficult to measure as few Member States collect statistics on their interventions<sup>275</sup>. On the other hand, the EUDA has enhanced support through making reliable information on prevention interventions more accessible with an online registry of thoroughly evaluated prevention interventions<sup>276</sup>. In practice, the study finds that many Member States still commonly use ineffective prevention methods highlighting the need to standardise measurable prevention strategies<sup>277</sup>.

**The implementation of the partnership approach promoted in the strategy appears to be underdeveloped in many Member States.** Existing services addressing drug-related problems and **gender-based violence** often operate in isolation, underscoring a need for more cohesive approaches<sup>278</sup>. Prevention measures targeting **people with dual diagnoses** (drug use and mental health disorders) have been implemented in most Member States, yet effectiveness is difficult to assess due to lack of comprehensive indicators. The dual diagnosis of drug use disorder and mental health issues affects up to 50% of users, indicating a significant need for integrated care across health and social services<sup>279</sup>.

**The strategy and action plan might have contributed to the introduction or strengthening of national legal acts and policies for voluntary and non-discriminatory access to treatment.** The full implementation would aim at increasing access to treatment by reducing administrative and social barriers and ensure treatment serves specific needs of vulnerable groups. In practice, while most Member States report providing voluntary drug treatment and care services<sup>280</sup>, there seems to be a downward trend in treatment demand in the EU, although data remains inaccurate<sup>281</sup>. In addition, there is widespread agreement among civil society and academia that migrants and ethnic

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<sup>273</sup> [gov.ie - Reducing Harm, Supporting Recovery 2017-2025 \(www.gov.ie\)](http://www.gov.ie)

<sup>274</sup> Lucy Dillon, New funding for drug prevention in Ireland, 2022. [HRB Drugnet Issue 83.pdf \(drugsandalcohol.ie\)](https://hrb.drugnet.ie/drugsandalcohol.ie)

<sup>275</sup> Survey of Member State (demand/harm): 16/24

<sup>276</sup> EUDA (n.d.). Xchange programme. [https://www.euda.europa.eu/best-practice/xchange\\_en](https://www.euda.europa.eu/best-practice/xchange_en)

<sup>277</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs (Case study 3)

<sup>278</sup> Survey of Member State (demand/harm): Some extent: 11/16

<sup>279</sup> Survey of Member State (demand/harm): Great extent: 3/26 Some extent: 19/26; Not at all/rarely: 4/26

<sup>280</sup> Survey of Member State (demand/harm): Great extent: 16/26; Some extent: 9/26; Not at all: 1/26

<sup>281</sup> EUDA (n.d.). TDI. [https://www.euda.europa.eu/data/stats2024/tdi\\_en#displayTable:TDI-2004](https://www.euda.europa.eu/data/stats2024/tdi_en#displayTable:TDI-2004)

minorities still suffer from significant barriers to accessing drug treatment<sup>282</sup>, and are often underreported in treatment demand statistics<sup>283</sup>. Moreover, LGBTQIA+ people might also be facing significant barriers to healthcare access, but research in this context remains scarce<sup>284</sup>. Women with problematic substance use are disproportionately affected by substance-related health issues and seem to face significant barriers in accessing treatment services, yet research is also limited<sup>285</sup>. Some Member States report **ensuring gender-sensitive drug treatment and care services**, although examples of initiatives supporting interventions for women are limited<sup>286</sup>.

**The strategy steered efforts in supporting the implementation of minimum quality standards in demand reduction.** EUDA's guide and EU-funded projects (FENIQS) as well as EU-level discussions under the Belgian and Polish presidency are practical examples<sup>287</sup>. However, assessing the implementation of these standards by Member States has resulted in impossible due to lack of measurable indicators and systematic reporting data.

**Progress is still to be achieved in research-focused areas**, such as developing drug related mobile health (m-health) and electronic health (e-health) solutions and promoting as peer-led outreach<sup>288</sup>.

## Drug-Related harm reduction

### Main findings:

- The strategy has contributed to promoting initiatives and facilitating discussions at EU and national level on harm reduction interventions, which positively impacted international discussions (e.g. CND).
- Efforts in practice have fallen short of ensuring full effectiveness with only some Member States aligning their policies or developing harm reduction measures, in most national strategies harm reduction is not a separate pillar but belongs to the demand reduction pillar.

<sup>282</sup> Based on a study involving a panel of 57 experts on migration and/or drug use working in 24 countries. Van Selm et al. (2023).

<sup>283</sup> De Kock, C. (2019). [\\*Migration and ethnicity related indicators in European drug treatment demand \(TDI\) registries \(core.ac.uk\)](#)

<sup>284</sup> ILGA Europe (2018). Health4LGBTI: Reducing health inequalities experienced by LGBTI people. [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2020-lgbti-equality\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-lgbti-equality_en.pdf)

<sup>285</sup> EUDA (2023). Women and drugs: health and social responses. <http://www.euda.europa.eu/>; Council of Europe (2022). Implementing a gender approach in drug policies.

<sup>286</sup> Survey of Member State (demand/harm): No: 16/21; Yes: 5/21.

<sup>287</sup> EUDA (2015), Minimum quality standards for drug demand reduction interventions in the EU; FENIQS-EU (2022). Toolkit & resources. [https://feniqs-eu.net/resources/#implementation\\_toolkit](https://feniqs-eu.net/resources/#implementation_toolkit); EUDA (2024). Belgium presidency EU minimum quality standards in drug demand reduction.

<sup>288</sup> Survey of Member State (demand/harm) on e-health implementation: Great extent: 4/25; Some extent: 11/25; Not at all/rarely: 10/25

- The strategy and action plan did not achieve to ensure full coverage of harm reduction interventions across the EU, e.g. opioid agonist treatment, needle and syringe programmes with overall performance still below WHO targets.
- Member States operate very differently as regards their approach to health in prison settings, and there is very limited data on substance use and mental health in prisons.

**The action plan had a limited impact on access to harm reduction services across the EU** as there are differences in the availability of services<sup>289</sup>. In some countries, the introduction of measures like drug consumption rooms or take-home naloxone programmes are impeded by the lack of the necessary legal framework, with national-level discussions prompted in part by the Strategy<sup>290</sup>. Also, to date, only five of the 17 Member States with available data have reached the WHO targets in needle and syringe programmes, suggesting that improvements are needed to ensure sufficient access to effective harm reduction measures<sup>291</sup>. Furthermore, there is lack of scientifically underpinned information on what constitutes effective harm reduction interventions for people who use (synthetic) stimulants, synthetic opioids, new types and forms of cannabis products, as well as dissociative drugs like ketamine indicating a gap in preparedness to maintain harm reduction effectiveness in a changing drugs landscape<sup>292</sup>.

**While the strategy steered the implementation of minimum quality standards on harm reduction, current studies suggest these standards are often not formally adopted**, even if they may be applied in practice<sup>293</sup>. At EU level, concrete guides and toolkits such as the European drug prevention quality standards or the FENIQS-EU toolkit provide principles to help develop quality of drug services at national level yet there are not EU-wide measurable indicators to assess effectiveness of these standards.

#### **Best Practices example: Minimum Quality Standards<sup>294</sup>**

Czech Republic: Czech Republic has had national quality standards in demand and harm reduction in place since the 1990s and was the first to link quality standards to funding, as a means of ensuring continuous delivery of services in line with agreed criteria. Since 2007 certification is required for any organisation/ civil society/ service provider who wants to access government funding in this area. The standards for demand and harm reduction have been revised several times, most recently in 2021, under the Government Council for Drug Policy Coordination (GCDPC). The revision process was part of a project funded under the European Social Fund (ESF).<sup>295</sup>

<sup>289</sup> See details in “Table: Overview of available harm reduction measures in the EU” under Section 3.

<sup>290</sup> Interviews with Member State

<sup>291</sup> EUDA (2024). EU Drug Report 2024.

<sup>292</sup> Ibid.

<sup>293</sup> Jerkovic, D. et al. (2023). ‘Implementation of Quality Standards in drug demand reduction: Preliminary findings from the FENIQS-EU project’.

<sup>294</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs. Case study 4: Minimum Quality Standards.

<sup>295</sup> This revision was supported within the RAS Project Systematic Support for the Development of Addiction Services within the Integrated Drug Policy”. An ESF project focused on the systematic

**Limitations in data difficult assessing the link between the strategy and the objective of reducing drug-related deaths and non-fatal overdoses yet, trends up to 2022 indicate challenges persist.** Reported drug-induced deaths in the EU increased in 2022 (approx. 6,400); while the number of overdose deaths for 50-64-year-olds is estimated to have increased by 69% between 2012 and 2022 (43% women and 101% men)<sup>296</sup>. Overall, testing is insufficient, contributing to late diagnosis, thus more effort is needed to reduce harms linked to local HIV outbreaks associated with stimulant injecting<sup>297</sup>.

**Member States' approach to health in prison settings varies significantly**<sup>298</sup> and remains poorly coordinated among the different authorities responsible in delivering healthcare in prisons<sup>299</sup> and the penitentiary authorities, fact that hampers the implementation of minimum quality standards in prison settings<sup>300</sup>. While data on substance use and mental health in prisons remains very limited, challenges persist in combating infectious diseases in prisons<sup>301</sup> and use of new synthetic substances in prisons emerges as a concern with some countries also reporting use of opioids (nitazenes)<sup>302</sup>. Harm reduction treatment in prisons remains limited with few needle and syringe programmes (3) or take-home naloxone programmes (7) and gaps in reducing stigma and providing full rehabilitation services remain. EUDA monitors and collects data on drug use in prisons to support preparedness as people in prisons have higher rates of infection and higher mortality<sup>303</sup>.

**Drug interventions in prison settings:** provision of healthcare in prisons sits with different authorities across Member States and little is known and shared at EU level: while in Italy, Luxembourg, France and Finland healthcare delivery is managed solely by the Ministry of Health; in Germany, Austria, Belgium and the Netherlands it is managed by the Ministry of Justice. In all other Member States this is a shared competence between both Ministries, however, there seems to be insufficient information on how this cooperation works in practice and what the exact division of responsibilities is (WHO study), this is sometimes the case for countries with federal structures with no uniform approach to health in prisons (Germany).

**While direct conclusions cannot be presented due to the analytical constraints and data available**, the evaluation finds that the Strategy and Action plan have contributed to some extent to **promoting public health and protecting the well-being of society and individuals**. The assessment noticed efforts in promoting demand reduction with the implementation of prevention and life-skills programmes focusing on reduction

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development of addiction services under the GCDPC (2016–2021). For more information see: [https://www.rozvojadiktologickyhsluzeb.cz/wp-content/uploads/2018/07/PR\\_RAS\\_AJ-FINAL.pdf](https://www.rozvojadiktologickyhsluzeb.cz/wp-content/uploads/2018/07/PR_RAS_AJ-FINAL.pdf)

<sup>296</sup> EUDA (2024). EU Drug Report 2024.

<sup>297</sup> EUDA (2023). EU Drug Report 2023: half of new cases were diagnosed late.

<sup>298</sup> Ibid

<sup>299</sup> Ministry of Health (4/27); Ministry of Justice (4/27); or shared (19/27).

<sup>300</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs. Case study 4

<sup>301</sup> WHO (2023). Creating supportive conditions to reduce infectious diseases in prison populations.

<sup>302</sup> EUDA (2024). EU Drug Report 2024.

<sup>303</sup> EUDA (2021). Prison and drugs in Europe.

of drug use in youth or with measures to make drug treatment accessible with no discrimination. However, there is no significant decrease in drug use noticeable at EU-level during the reporting period, with rather an increase in the use of cocaine, among young adults (15-34), while risks of synthetic drug and opioids use are expanding. Also, vulnerable groups in particular women still face challenges in accessing drug treatment. **The reinforced focus on harm reduction** benefited the human-rights approach to drugs in national and international policies. At the same time, harms related to drug-induced deaths remain a challenge as new substances and drug use trends pose new health risks in people who use drugs, and the strategy and action plan have not been successful in reducing the number of overdose deaths which instead continued to increase.

Overall, the measurable impact of demand and harm reduction measures on society remains difficult to assess due to limited data collection and reporting at national level. However, data collected shows that the effective contribution of the strategy to these objectives appears uneven across Member States due to diverse prioritisation and implementation of measures and in some cases lack of restrictive measures. Issues such as the complexity of interventions, insufficient resources and cross-services coordination challenges, limit the overall capacity to measure success of the strategy and action plan in this area. Effective harm reduction and treatment strategies to respond to psychostimulants risks and new threats from synthetic opioids and new psycho-active substances remain inadequate.

#### **4.1.3 To what extent has the strategy and action plan effectively contributed to enhance international cooperation, research and internal coordination?**

Main findings:

- The strategy and action plan contributed to promoting **international cooperation** on drugs with third countries and regions, with political dialogues and through technical support from EU-funded programmes and EU agencies. However, the strategic framework did not manage to reduce the increasing trend of organised drug crime operating transnationally and the increasing traffic of drugs into the EU from third countries, particularly Latin America. The assessment finds that operational cooperation with third countries to address drug trafficking was not enhanced enough by the strategy. On the other hand, the EU Roadmap to fight drug trafficking and organised crime aligned with the Strategy but prioritised operational cooperation and the need to focus on intelligence-sharing and law enforcement capacity-building with third countries affected by drug trafficking stressing Latin America and the Caribbean and West Africa (cocaine) or China (precursors).
- The strategy and action plan might have, to some extent, influenced positively measures to enhance **research, innovation and foresight** in the EU and Member States; with some progress in monitoring new drug trends and developing

detection technologies. EUDA's contribution to this objective has been reinforced with its new mandate with improved data collection and monitoring capacities, comprehensive annual flagship reports (e.g. European Drugs Report & EUDA-Europol EU drugs market report) and increased epidemiological knowledge (wastewater analysis reports). However, areas not yet effective relate mainly to gaps in data collection for key indicators which are often not harmonised across the EU and to the timeline for data reporting by Member States which remains long and hampers swift policy responses to emerging needs and trends on the drug market.

- The Strategy and Action plan supported EU and national policy **coordination** across supply, demand and harm reduction pillars via the Council's Horizontal Working Party on Drugs (HDG), and internationally, nurturing dialogues in the CND and with third countries. The Strategy though, did not steer systematic monitoring and implementation of actions across Member States in part due to unclear ownership in the implementation of actions.

## International cooperation

**The strategy promoted EU's active role in international dialogues on drugs, both bilateral and multilateral.** Long-standing regional dialogues, such as those with the United States, Latin America and the Caribbean, the Western Balkans, and Central Asia, have become more structured, allowing for improved information exchange on an annual basis. However, some stakeholders and institutional representatives noted that the action plan did not contribute to make these dialogues more operational or impactful with concrete deliverables<sup>304</sup>. Some bilateral dialogues with key third countries have been enhanced, mainly promoted by the EU Roadmap. First, in 2023 **cooperation with China** was leveraged with a view to reinforce political and technical exchanges on drug supply and demand and on diversion and trafficking of drug precursors, which led to a successful follow up and the next Drugs dialogue with China to take place in 2025. Second, **cooperation with Latin America and the Caribbean region** has increased as the region is the main departure and transit point for cocaine shipments to EU. EU's efforts consisted of enhanced cooperation through the EU and the Latin American Committee on Internal Security (CLASI) in 2023, placing the fight against transnational criminal networks on top of their political agenda. Technical assistance programmes have expanded including EL PAcCTO 2.0 launched in 2023, reinforcing law enforcement cooperation and information sharing, operations and data utilization between Europol and Colombia to dismantle criminal drug trafficking networks; COPOLAD III supporting drug demand reduction measures, and the operationalisation of the EU CELAC Mechanism for Cooperation and Coordination on Drugs enabling the implementation of the EU-CELAC Declaration signed in La Paz in 2024. The Global Illicit Flows

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<sup>304</sup> EU Delegations survey: Q 15: Great extent: 3/16; Moderate extent: 3/16; Minor extent: 2/16; Not at all: 5/16; Don't know: 3/16.

Programme (GIFP) continued to provide capacity building support on illicit trafficking through projects such as AIRCOP, SEACOP, COLIBRI, and CRIMJUST.

**The strategy emphasised the role of EU agencies and Member State engagement in boosting international cooperation.** In practise, efforts from Europol resulted in increased cooperation with third countries, with international partners being associated and contributing to EMPACT operational actions against drug trafficking. Precisely, enhanced cooperation within EMPACT is demonstrated by an increased participation from candidate countries in the relevant Operational Action Plans (namely CCH and SYD/NPS), resulting in significant outcomes from joint operations conducted between partner countries and EU Member States<sup>305</sup>.

Other positive results include increased exchange of information, the posting of liaison officers and more structured cooperation with third countries. Cooperation at operational level varies depending on the existing framework. Similarly, Eurojust also contributed to achieving better international cooperation, providing support in cross-border investigations on drug related crimes, mainly through the conclusion of cooperation agreements with third countries. However, there are still limitations on this cooperation regarding the exchange of personal data<sup>306</sup>.

The new mandate of the EUDA strengthens its role in international cooperation to assist third countries<sup>307</sup>. The EUDA has specifically been tasked to support candidate countries in developing their drug policies in accordance with the EU's strategic framework and in establishing or consolidating their national focal points, data collection systems and national early warning systems. This new mandate will also support the dissemination of data with these countries and international organisations, including UNODC in developing their drugs policy according to the EU *acquis*.

**The strategy and action plan also contributed to enhance EU's human rights and the balanced approach**, integrating its priorities (e.g. harm reduction) into drug policy discussions in international fora, particularly in the framework of the CND. The CND continues to serve as a vital forum for EU's advocacy on international drug policy and global drug control frameworks, including with the scheduling of drugs, such as NPS and synthetic drugs.

**The strategy has advocated for EU support to drug policies in third countries via EU-funded programmes** on development, neighbourhood and external security. COPOLAD, GIFP, EU4MD, EL PACCTO, IPA7 and 8, helped to reinforce the EU's external actions and partnerships in drug policy, and their effectiveness lies in their measurable contributions to capacity-building, such as training of professionals in law

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<sup>305</sup> As an example, EU member States and EU candidate countries implemented several Joint Action Days South East Europe (EMPACT JAD SEE), leading in 2023 to the seizure of almost a tonne of drugs including 626 kg of cocaine, about 300 kg cannabis, heroin and marijuana plants.

<sup>306</sup> Details on type of agreements concluded and third countries involved in Section 3.

<sup>307</sup> Regulation (EU) 2023/1322.

enforcement, public health, and judicial systems development, improved drug policy coordination.

**The Commission has progressively increased its support to candidate countries and potential candidates to align with Chapter 24 of the EU acquis, using the Drugs Strategy as reference<sup>308</sup>**. Projects under IPA7 and IPA8 have played a significant role in strengthening technical cooperation with Western Balkan partners by establishing national drug observatories and early warning systems. To date, most of the region has institutional structures but lag behind schedule in operationalising them<sup>309</sup>. Progress remains uneven in the alignment with and effective implementation of legislation on anti-money laundering, and asset recovery, including the set-up of Asset Recovery Offices and the strengthening of tracing and confiscation powers. With EU4MD II, technical assistance was prioritised to Georgia and Ukraine to help them in meeting requirements of the accession requirements.

### **Research, innovation and foresight**

**The Strategy prioritized research coordination** and identified programs like Horizon Europe to support data-driven policymaking and emphasized the use of technology and early warning systems (EWS) to address new drug market threats, including digitally. This might have also contributed to enhance research capacities and activities in Member States focused on overcoming knowledge gaps related to drug use and testing capacities<sup>310</sup> or by collaborating with the European research community<sup>311</sup> with data sharing and reporting.

**The strategy enhanced EU level measures to contribute to the objective of research, innovation and foresight.** It called for the reinforcement of the mandate of the EUDA, which entered into force in July 2024, strengthening the agency's capacity to collect and analyse data on emerging drug trends, including consumption patterns and intervention strategies<sup>312</sup>. Foresight and anticipation are central to the new responsibilities of the EUDA, focusing on the early identification of potential market threats and coordinating with member states to devise preparedness strategies. In particular, the new European drug alert system will enhance EU's ability to respond swiftly to potential public health risks. Finally, the EUDA has facilitated the creation of a European Network of Forensic and Toxicological Laboratories that will promote the exchange of best practices, standardization of methodologies, and collaborative research efforts, improving the detection and analysis of illicit substances.

Europol's EU Innovation Hub for Internal Security contributes to research and operational strategies for disrupting drug trafficking networks. The Hub's focus on

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<sup>308</sup> Interview with EU stakeholder.

<sup>309</sup> Details in Section 3.

<sup>310</sup> Survey for MS: 5/21 “to a great extent”, 15/21 “to some extent”, and 1/21 “Rarely/Not at all”.

<sup>311</sup> Survey for MS): 5/21 “to a great extent”, 15/21 “to some extent”, and 1/21 “Rarely/Not at all”.

<sup>312</sup> EUDA Regulation 2023/1322.

**technology foresight** and **horizon scanning** can identify new methods that can be used by law enforcement for drug-related investigations.

**Overall**, evaluating the effectiveness of research, foresight, and innovation remains a challenge mostly due to limited (or lack of) systematic reporting of data by Member States on the impact of research in drug policy. In addition, the timeframe for data collection and reporting still suffers a two-year gap which does not allow to draw a link between research and monitoring and response to emerging threats in the drug market.

### **Coordination and governance**

**The strategy and action plan contributed to guide the work of the EU and the Member States** via the Council's Horizontal Working Party on Drugs (HDG) and provided a reference point for Commission initiatives and for the work of the EUDA and Europol. Results from the assessment show the important role of HDG in coordinating drug policies in Member States and enhancing the exchange of best practices while promoting EU priorities in drug policy. HDG has also contributed to coordinate the implementation of the EU Roadmap in 2024 and 2025. However, the strategy does not seem to have steered HDG and Presidencies in carrying systematic monitoring of the implementation of the Strategy and Action Plan on drugs at national level<sup>313</sup>.

**While the Strategy and Action plan supported Member States national policies across supply, demand and harm reduction pillars**, in practice, drug prevention policies remain national policies primarily, and their implementation varies depending on prioritisation. The Strategy did not achieve to be implemented in a systematic manner across Member States, in part this is due to national policy and political context but also due to the lack of assignment of responsibilities and ownership in the implementation of actions by the evaluated framework. Member States consider the framework as guidance for national policies<sup>314</sup>. Further, Commission-level action to drive coordination on demand and harm reduction has remained rather limited.

**The strengthened mandate of EUDA** has significantly bolstered its role in advancing drug policies and tackling present and future challenges related to the drug phenomenon. This enhancement will also fortify EU governance and coordination in this field in the future.

**The strategy supported EU and Member States progress in developing drugs policy internationally** nurturing dialogues in the CND and with third countries and regions. Member States report having developed efficient collaboration mechanisms at national level between drug policy and other relevant policies<sup>315</sup>, although some identify insufficient operational cooperation as an obstacle to achieve concrete objectives<sup>316</sup>.

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<sup>313</sup> Interviews with EU entity and Member State authority

<sup>314</sup> Interviews with Member States.

<sup>315</sup> Survey to MS authorities: *To a great extent* (13/26) *To some extent* (13/26)

<sup>316</sup> Interviews with Member State authorities

#### 4.1.4 Efficiency of the Strategy and action plan

Main findings:

- **The Strategy's efficiency is affected by external factors:** the evolving drugs market, characterised by new production trends (new synthetic drugs), new trafficking routes (Balkan route, LAC, Central Asia) and changing use patterns influence the overall efficiency of the drugs strategic framework. These trends may have impacted on the number of drug-induced deaths across the EU which keeps growing (6,400 in 2022 compared to 6,100 in 2021)<sup>317</sup>. In addition, drug criminal networks exploit sophisticated technologies and encrypted communications to bolster their criminal techniques and trafficking activities evading detection which also impact the efficiency of the strategy and action plan, particularly limiting law enforcement investigations into drug trafficking<sup>318</sup>. Furthermore, geopolitical instability and the COVID-19 pandemic have influenced drug markets and drug use patterns<sup>319</sup>.
- **The Strategy's efficiency is affected by internal factors:** the efficiency of the Strategy is largely affected by the lack of quantitative indicators on costs and public expenditure related to drug policy combined with the limited reporting of data by Member States. The strategy's efficiency might have been limited also due to the unclear ownership of actions. This, coupled with the action's broad approach, undermines implementation and weakens efficiency of the framework.
- Despite increased EU funding for agencies aligning with the EU Drugs Strategy, stakeholders highlight concerns about its adequacy and strategic deployment. Public consultations suggest funding remains insufficient for harm reduction services, civil society projects, and national-level drug services<sup>320</sup>.
- Key benefits include operational support against drug organised crime in ports, improved information exchange and increased arrests and drug seizures, expanded prevention programmes and expanded harm reduction interventions such as supervised consumption rooms and take-home naloxone.

A comprehensive assessment of the efficiency of the strategy and action plan was hindered by limitations in data availability and inconsistencies in national reporting. As indicated in Section 4.1, the evaluation could not identify robust measurable data due to late (or lack of) reporting from Member States, timeframe gaps on data reporting and on implementation of national strategies, and limited measurable indicators attributed to results from the action plan. Limitations were also affected by the lack of ownership of actions by responsible actors. Given these limitations, most costs and benefits are assessed qualitatively, considering the implementation of actions (section 3), the trends on drugs (section 2) and the stakeholder's views and findings of the evaluation questions.

<sup>317</sup> Ibid.

<sup>318</sup> Europol (2025) - SOCTA 2025

<sup>319</sup> See Section 3.1 – Main trends.

<sup>320</sup> Details in Annex II

**As regards costs** related to the implementation of the strategy and action plan, the evaluation considered mainly monetary costs related to expenditure on drug policies while non-monetary costs, such as social costs, did not provide enough conclusive evidence and were not assessed<sup>321</sup>. Based on budgetary data available for a limited sample of Member States<sup>322</sup>, funding for drug-related activities varies significantly across Member States, with national budgets ranging from EUR 20 million to over EUR100 million<sup>323</sup>. However, it is not possible to directly relate these costs to the implementation of the Strategy and Action Plan due to limited data reported.

While the direct influence of the Strategy and Action Plan on national budgets is unclear, some qualitative evidence shows national budgets on drugs have evolved since 2021. Some Member States reported funding efforts to curb drug supply with more cooperation between national authorities and with third countries. For instance, France and the Netherlands have allocated more resources for cooperation projects with third countries<sup>324</sup>. Another example is the allocation of resources linked countries' participation in the European Ports Alliance. In addition, some countries have allocated resources to disrupting drugs trafficked in EU ports and some also fund activities aimed at reducing online drug trade, disrupting criminal money flows, closing legal economic avenues exploited by criminals<sup>325</sup>. Funding for demand and harm reduction seems to have increased in some Member States but civil society and other stakeholders still consider this insufficient<sup>326</sup>. Furthermore, various drug-related harm reduction services and projects have received public funding (e.g. through the National Strategic Reference Framework (NSRF)'s regional programmes). Several Member States indicated allocating resources to research and innovation initiatives, however, the overall assessment found that funding remains limited<sup>327</sup>.

At the EU level, substantial financial resources have been allocated to agencies and programmes supporting drug policy efforts. The EUDA received EUR 93 million (2021–2025) for evidence-based drug policies and research<sup>328</sup>. Europol (EUR 1 billion), Eurojust (EUR 293 million), contributed to law enforcement and judicial coordination as well as operational support. EU funding also supports supply reduction programmes with Horizon Europe's ANITA and BorderSense projects, or the Internal Security Fund (ISF) supporting initiatives like MAOC-N. Demand reduction has been supported to some extent by the Justice programme and the EU4Health. Externally, EU-funded programmes such as IPA 8, EU4DM II, COPOLAD III, EL PAcCTO 2.0, and GIFP have continued to promote international cooperation.

**As regards benefits directly attributed to the Strategy**, the evaluation assessed the Strategy as a comprehensive framework that connects and steers different existing EU legislation and policies that have influence in drug policy and its delivery (e.g. asset recovery, customs, drug precursors) and new policy developments adopted during

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<sup>321</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs

<sup>322</sup> Data primarily stem from surveys conducted as part of this research and comprise estimates for BE, CZ, HR, LT, NL, RO, SI.

<sup>323</sup> Estimates provided are generally for the Study period as a whole as opposed to individual years

<sup>324</sup> More details in Annex VI.

<sup>325</sup> Ibid.

<sup>326</sup> Results of Public consultation; Civil society workshop and surveys with Member States (Annex V)

<sup>327</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs

<sup>328</sup> EUDA. 2023. 'Single programming document 2023–2025.'

implementation (e.g. EU Roadmap to fight drug trafficking). Thus, the strategy and action plan may have contributed to prioritising measures to **address drug trafficking and the organised crime** groups behind it and strengthened efforts to dismantle major cartels with some positive operational outcomes, yet market developments have limited their impact. The evaluation considered the strategy also enhanced cooperation between existing structures, sometimes challenging them and asking for further reinforcement (e.g. European Multidisciplinary Platform Against Criminal Threats - EMPACT, Siena, Early Warning System for synthetic drugs). For instance, operational efforts were seen in increased law enforcement exchange of information for drug-related investigations, with 284,813 SIENA messages in 2023 (115,617 in 2019) and more EMPACT operations<sup>329</sup>. Also, the outputs of the strategy were evaluated in connection with key actors and programmes that have a key role in drug policy. For instance, Europol more than doubled the number of arrests in 2023 (534) compared to 2021 (132) and saw a considerable increase in value of cash and assets seized from drug-related operations (see table below). More synthetic laboratories were dismantled during this period (442 in 2021 and 439 in 2022)<sup>330</sup>, most of these including drug precursors. In addition, **continued financing of MAOC-N** further strengthened maritime operations against drug trafficking at sea with significant results, seizing 403,000 tonnes of cocaine and 674,000 tonnes of cannabis since 2021<sup>331</sup>.

Table benefits: Europol operational outcomes on drugs<sup>332</sup>

	2021	2023
<b>Europol outcomes</b>		
Value of cash seized	EUR 4,979,000	EUR 287,039,709
Value of assets seized	EUR 27,750,000	EUR 251,821,000
Number of arrests	132	534
Value of drugs seized (with Eurojust support)	EUR 7 billion	EUR 25 billion

While direct benefits of the strategy are not conclusive, the assessment identified it contributed to reinforce **drug demand reduction measures** through expanded evidence-based prevention, awareness-raising and improved treatment services. However, despite the efforts, it did not manage to decrease the use of main drugs (cocaine) among young adults while statistics show increased availability of new drugs suggests new drug use patterns. Prevention initiatives targeting young population have been developed in some Member States which could benefit their life skills development, yet there is no available information on the overall demand among young people to draw conclusions and the available data still sets the age of onset on 15 years old<sup>333</sup>. **The Strategy has reinforced harm reduction as a core pillar**, promoting initiatives and facilitating discussions at EU and national level and internationally. While this has supported the expansion of these interventions in some Member States, it is difficult to draw conclusions on benefits in avoiding drug-induced deaths and new drug use patterns seem to pose new harms. Also, implementation remains inconsistent due to funding shortages and legal barriers. For instance, opioids agonist treatment and needle and syringe programmes are available in all EU Member States although for the latest, only five of 17 countries with available

<sup>329</sup> More details in Section 4.1.1.

<sup>330</sup> EUDA (2024). European Drug Report 2024

<sup>331</sup> Interviews with EU institutions and agencies (DG HOME).

<sup>332</sup> Data provided by Europol.

<sup>333</sup> EUDA (2024). European Drug Report 2024

data meet the WHO targets<sup>334</sup>. Take-home naloxone programmes to prevent overdose deaths are available in 16 Member States, four more than in 2021, and 10 Member States report having opened at least one supervised drug consumption room, one more than in 2021. A positive trend though is the decline in injecting drug use<sup>335</sup>. The evaluation identified developments directly attributable to **the EU Drugs Agency and its new mandate adopted in 2024** which are to be attributed to the strategy and its implementation. There is a strong link between the strategy and the agency's new mandate for instance in contributing to strategic priorities such as enhancing networks of forensic and toxicological laboratories or fostering research and foresight capacities to anticipate drug market threats

**The Strategy has enhanced international cooperation**, aligning EU efforts with global drug policy forums. Additionally, some Member States report increased funding allocation to cooperation with third countries, through partnerships with source and transit countries. However, more operational engagement with third countries affected by drug trafficking would be beneficial to enhance collaboration.

**In sum**, while the Strategy and Action Plan provide a structured framework and support coordination, their direct cost-effectiveness remains unclear due to funding disparities, data limitations, and implementation gaps.

#### 4.1.5 Coherence of the Strategy and action plan

Main findings:

- The Strategy and Action Plan provide a coherent framework aligned with EU, national and international objectives, policies and legislative developments in the areas of security, organised crime and health. It aligns with the competencies and mandates of EU agencies.
- The strategy and action plan do not fully integrate the complexity and dynamism of the drug landscape with flexible and operational measures that respond to emerging security and health threats. Remaining and emerging trends in drug markets and drug use patterns challenge the strategic framework's capacity to adapt and respond to the current drug landscape.

**The Strategy aligns the drug supply pillar with key related EU policies**, particularly the 2021 EU Security Union Strategy<sup>336</sup> and the 2021 EU Organised Crime Strategy<sup>337</sup>. It builds upon the enhanced European security ecosystem in 2021 and emphasises synergies with Europol and EMPACT. The focus on disrupting high-risk drug-related organised criminal groups, the interlink with other security threats, or the need for cooperation between law enforcement and customs are all reflected in the Strategy and Action Plan. While there is coherence with organised crime policy, the Strategy and Action Plan are weak in responding, with concrete measures, to remaining or emerging practices of drug criminal networks including their use of technology and

<sup>334</sup> EUDA (2024). EU Drug Report 2024

<sup>335</sup> Ibid.

<sup>336</sup> COM(2020) 605 final

<sup>337</sup> COM/2021/170 final

AI, violence and child recruitment for criminal activities and online drug trafficking and missed opportunities to integrate digital policies effectively. Additionally, it did not strongly emphasize the importance of public-private partnerships in combating drug trafficking. The Strategy remains coherent with the ambitions set by the new Directive on asset recovery and confiscation, and the new money laundering legislation, recognising the importance to recover the illicit profits derived from drug trafficking and avoid they go back into the illicit drug supply chain. Alignment also exists with the EU Customs Action Plan<sup>338</sup> promoting coordinated actions to prevent the illegal movement of drugs across EU borders.

While the **Strategy aligns with EU health policies**, it places greater emphasis on drug-related harm and treatment than other EU health initiatives. Links between mental health and drug use could be more comprehensively addressed across health policies including in the latest EU Communication on mental health<sup>339</sup>. The Strategy recognises the links between illicit drug consumption and drug-related infectious diseases included in the two EU Action Plans on combatting HIV and AIDS. The Strategy is also coherent with EU **research** priorities, particularly Horizon Europe's forensic drug analysis projects and other EU programmes supporting research projects on the understanding of addiction patterns and mechanisms in drug consumption.

The Strategy and Action Plan are coherent with the mandates and missions of the main relevant **EU agencies** and centres, including the EUDA, Europol, CEPOL, Frontex, Eurojust, the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency. In general, the annual working programmes of the EU agencies need to be coherent with the relevant EU Strategic frameworks including the EU Drugs Strategy.

At the **national level**, most Member States align their drug strategies with the EU policies on supply reduction<sup>340</sup> and drug prevention<sup>341</sup>, however, drug related harm is not considered a strategic pillar in some countries. Regulatory frameworks are generally consistent with the Council Framework Decision as regards controlled substances<sup>342</sup>.

Drugs policy continues to be significant in the EU enlargement policy as cooperation on drugs is assessed under Chapter 24 (Fundamentals Cluster) of accession negotiations, progress which largely determines the pace of negotiations. The 2023 Communication on EU enlargement policy<sup>343</sup>, emphasised the need to align policies with the EU drugs strategic framework.

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<sup>338</sup> Customs Action Plan - <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2020:581:FIN>

<sup>339</sup> COM(2023) 298 final

<sup>340</sup> Member States survey, Supply reduction: 19/25 “great extent”, 6/25 “some extent”

<sup>341</sup> Member States survey, Demand reduction: 19/26 “great extent”, 7/26 “some extent”

<sup>342</sup> Council Framework Decision 2004/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking

<sup>343</sup> COM(2023) 690 final

**Internationally**, the Strategy aligns with UN conventions and policy documents, including the 2016 UNGASS outcome document and the 2019 Ministerial Declaration<sup>344</sup>, and even goes beyond UN conventions as regards the approach to harm reduction.<sup>345</sup>,

#### **4.4 How did the EU intervention make a difference at EU and to whom?**

Main finding:

- The EU drugs strategic framework generated EU added value insofar it contributed to steer national drug strategies and policies comprehensively and promoted the EU approach to drugs with “one voice” at international level; delivering results that individual Member States could not achieve alone<sup>346</sup>.
- The strategy and action plan played a guiding role at national level since national strategies often aligned with the strategic objectives, yet the action plan did not fully steer implementation as some actions still require further follow up. For civil society organisations, the strategy served as a tool for advocacy to enquire political action and funding and supported the definition of project priorities.
- The Action Plan’s added value is questioned by its lack of operational focus and concrete, action-oriented measures with clear attributions to responsible parties.
- At EU level, the strategy fosters a united approach to drugs and contributes to identify key relevant actors at EU levels, promoting coordination and presenting a level playing field for political dialogue and policy exchanges among Member States, EU agencies and EU institutions. However, while actors are identified, the action plan do not attribute concrete tasks to each actor leading to lack of ownership for implementation and lack of reporting on results.

**The EU Drugs Strategy provided a comprehensive, evidence-based framework and identified EU priorities for drug policy for the years 2021-2025**, it contributed to an EU holistic approach to the drugs phenomenon, incorporating perspectives from civil society, the private sector, and international partners, and steered national and EU efforts to ensure coherence across these policies and priorities. In addition, the Strategy prioritised policy coordination and the HDG served as the fora for policy exchanges between Member States and with EU institutions and agencies in line with the strategy. However, there was not systematic reporting and monitoring on the implementation of the strategic priorities and actions, and until today comprehensive information is missing to assess the level of implementation and the added value related to the action plan.

**The Strategy contributed to a coordinated national approach to drug supply, demand, and harm reduction.** Most Member States align their drug strategies with EU strategic pillars and priorities although some still lack updated national drug strategies<sup>347</sup>,

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<sup>344</sup> 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.

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<sup>346</sup> ICF (2024). Final supporting study – Evaluation of the EU Strategy and Action Plan on Drugs

<sup>347</sup> E.g. DE strategy dates to 2012, BG’s 2020-2024 strategy was adopted in 2019.

or have no national strategy<sup>348</sup>, and some do not consider harm reduction as a pillar. As implementation gaps remain, they raise concerns that the Strategy and particularly the Action Plan is often viewed primarily as a guiding document rather than a catalyst for concrete action a national level.

**The Strategy promoted the role of EU agencies in the drug policy area** (Europol, Eurojust, EUDA) and aligned with key EU funding instruments, including the Internal Security Fund (ISF), the Justice Programme, and Horizon Europe. In addition, it provided a tool for civil society and other stakeholders to advocate for drug policies within their governments. An example is the strategy's influence in strengthening Europol's role in combating drug trafficking, for instance, the evaluation considered that the strategy steered the Europol's drug intelligence fusion platform, crucial for operations and responses to drug-related threats. As a result of this drug intelligence fusion platform, Europol operational activities led to concrete achievements on the ground (e.g. operational activities by Europol doubled from 172 in 2017 to 446 in 2023). This is interpreted as a positive development, triggered by the strategy and contributing to achieving the objective of supply reduction.

**The strategy promoted the role of the EU as a key player in steering security policies** and ensuring coordination and response to emerging threats from the drugs market. While the action plan did not directly attributed roles to EU actors, in practice the evaluation has noticed contribution of institutions and agencies to the promotion of drug supply reduction, preparedness and research and foresight activities. The EU Roadmap had a significant impact in achieving some strategic objectives (e.g. enhanced resilience in EU ports through the EU ports alliance, contributing to increasing seizures) which might not have been achieved otherwise. It reinforced the role of EU actors in addressing drug trafficking and organised crime with concrete actions and projects<sup>349</sup>. The EU Roadmap is part of the drugs framework but not only, as it is also influenced by other frameworks including the EU Strategy to tackle organised crime. Therefore, the achievements of the EU Roadmap, with its complementary operational response at EU level, are considered as "partially" attributable to the EU Drug Strategy.

**Externally, the Strategy has strengthened the EU's voice in international drug policy**, fostering a more unified approach in forums such as the UN Commission on Narcotic Drugs (CND) and in dialogues with third countries. On the other hand, recent geopolitical developments—such as Russia's war of aggression against Ukraine and conflicts in the Middle East—have disrupted cooperation with Russia and Iran, respectively making some aspects of the Action Plan<sup>350</sup> no longer aligned with current EU foreign policy.

**In sum, while the Strategy provides a strong foundation, its sustainability is not guaranteed.** The evolving nature of drug markets raises the question whether this framework should remain time-bound or evolve into a more flexible and continuous one. The Strategy could be a longer-term document, meanwhile, the Action Plan could be

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<sup>348</sup> E.g. in EL, there is a draft national strategy which is yet to be adopted; NL relies on a set of policy documents

<sup>349</sup> Almost all actions of the EU Roadmap have been implemented.

<sup>350</sup> Action 57

more targeted to current and emerging priorities, aligned with real-time data and evolving trends, it could enhance resilience against shifting drug-related challenges. For this, to maximize effectiveness, the EU could consider decoupling the duration of the Action Plan from that of the Strategy, allowing for a more adaptive, real-time approach that responds to emerging trends.

#### 4.5 Is the intervention still relevant?

Main findings:

- The EU Drugs Strategy remains relevant as it provides a comprehensive and balanced approach to drug policy and identifies strategic priorities that are still important nowadays, in view of current trends and emerging drug-related challenges at EU level and across Member States. However, flexibility and adaptability are main concerns for this strategy and question whether a time-bound strategy is relevant to respond to evolving drug markets and trends.
- The EU Action Plan on drugs, although it builds on the strategic priorities it presents several shortcomings that hampered its implementation and question its fitness for addressing current challenges on drug policy. First, it does not attribute concrete actions to concrete actors, highlighting an issue in ownership of implementation and reporting. Second, it lacked an action-oriented approach that is measured with concrete indicators and results.

**As regards relevance of the Strategy and its priorities**, the Strategy is valued as a crucial framework for fostering a comprehensive, coordinated, and forward-looking approach to addressing drug policies. Key strategic priorities continue to be highly relevant such as: combating transnational organised crime, tackling drug trafficking in main routes and entry points, and reinforcing the approach to production of drugs and dismantling laboratories (supply reduction); reinforcing prevention measures, including gender-sensitive approaches, and ensuring access to treatment for drug users while eliminating societal barriers and stigmatisation (demand reduction); enhancing preparedness and addressing the risks associated with the use of new substances (NPS) while preventing fatal overdose with harm reduction programmes, such as opioid antagonist treatment or drug consumption rooms. In this line, national authorities and respondents to the public consultation consider harm reduction strategic priorities as “definitely relevant”<sup>351</sup> and priorities linked to demand reduction “very important”<sup>352</sup>.

**The strategy’s area on international cooperation** remains essential across all pillars, especially for addressing drug trafficking. Hereby, the Strategy fosters a unified EU representation in international drug policy forums. On the other hand, the current situation with increased trafficking of drugs from Latin America, or the expansion of routes to other third countries, could benefit of clearer measures for concrete cooperation with specific third countries and regions.

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<sup>351</sup> Responses from the survey to national authorities on demand reduction

<sup>352</sup> Annex V.

Notwithstanding this holistic approach, the evolving nature of drug markets, the adaptability of organised criminal networks, and the persistent gaps in harm reduction services emphasise the need for ongoing adaptation of strategic priorities. First, the sophisticated techniques used for drug trafficking, the expansion to new transnational trafficking routes and the increased use of online markets for drug distribution, are areas broadly covered by the strategy that could benefit of more concrete operational measures to be relevant to the current situation. In addition, while it emphasises the main routes and entry points of trafficking of drugs, the strategy could better target major transit and entry points across transport modes, including secondary logistical hubs and reinforce the public-private partnership concept. A strategic EU approach to tackling production of synthetic drugs remains relevant and could benefit of further research as to how efficiently and safely detect and dismantle laboratories, with the use of new technologies and cooperation with relevant actors and national authorities and further steps to control importation of designer precursors. Second, complex patterns of polydrug use, the transmission of blood-borne diseases and the risks associated with NPS, are emerging health threats that could benefit of policies promoting effective preventive fatal overdose treatments, such as opioid antagonist treatment, which existence varies across Member States. This approach is welcomed as a positive and relevant change by several stakeholders<sup>353</sup>.

**As regards the relevance of the Action Plan**, the evaluation finds issues with its lack of an action-oriented approach, measurable performance indicators and clear ownership in its implementation. Measures to reduce drug supply vary in clarity and ambition, with many lacking a concrete actor responsible for execution or measurable indicator of success. Measures often face implementation and monitoring difficulties due to unclear priorities or insufficient national commitment. Measures on drug demand and harm reduction are broadly framed rather than results-driven, lacking clear ownership. While EUDA has contributed significantly to achieve some of the priorities, most of the measures fall under national competences, and the lack of commonly agreed monitoring methods and different national approaches have made EU-level monitoring difficult. The evaluation does consider the EU Roadmap as a best practice example of an action plan as opposed to the action plan evaluated when it comes to identifying responsible parties and proposed achievable and concrete actions whose result can be measured.

## **5. WHAT ARE THE CONCLUSIONS AND LESSONS LEARNED?**

### **5.1. Conclusions**

This evaluation presented an assessment of the effectiveness, efficiency, coherence, EU added value and relevance of the drugs strategic framework complemented by an overview of the state of play of EU and national implementation of such framework. The assessment highlights positive developments and identifies areas where remaining and emerging challenges require further action. It is worth noting that the analysis found

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<sup>353</sup> Interviews with 4 national authorities and 3 civil society organisations.

important limitations in drawing direct links between the strategy and achieved (non-achieved) results due to data constraints, lack of impact indicators and external factors influencing drug policy that challenged any impact analysis. To overcome these limitations, the evaluation used data available from selected overarching indicators to predict trends on drugs used, drug use patterns, type and quantity of drugs trafficked into the EU and evolution of drug markets. It also provided an estimate analysis of qualitative data available based on drug-related studies and stakeholder consultations. Based on this analysis, the evaluation found that:

The **EU illicit drug market** value remains stable at over EUR 31 billion, while there has been an increase of drugs available with the amount of cocaine seized in or towards EU seaports reaching 1826 tonnes between 2019 and 2024. Cooperation and security in ports are increasing, with seizures in major EU ports falling in 2024, while criminals keep diversifying their routes and methods to smaller ports, using encrypted technology and communications, increasing their online operations and becoming more international and less traceable. Drug-induced deaths reported until 2022 continued increasing while the emergence of new potent substances and changing drug use patterns elevated the potential risk of fatal overdose. Levels of violence and corruption linked to drug markets are deepening in EU's society, raising insecurity among citizens, particularly the youth, with increased levels of youth crime and negative impacts on their life quality.

Overall, the Strategy and Action Plan provide a **coherent** framework aligned with EU, national and international objectives, policies and legislative developments. Coherence with the 2021 EU Security Union Strategy is strong, particularly in combating organised crime, though integration of operational responses to emerging security threats posed by organised drug crime, as well as promotion of public-private collaboration to enhance security against drug trafficking, are less prominent. While the Strategy aligns with EU health and social policies, it places greater emphasis on drug-related harm and treatment than other EU health initiatives. Stronger links with local crime prevention are also needed as the drug-related violence affecting communities and driving insecurity in citizens is increasing. At the national level, most Member States align their drug strategies with the EU framework, particularly in supply reduction and drug demand reduction.

The Strategy and Action plan have partially contributed to **promoting security** and **tackling organised crime** by underlying the importance of cooperation between law enforcement, judiciary and customs authorities and EU agencies (Europol, EUDA) and steering the support to investigations into drug trafficking. While progress in **detecting drug trafficking and tackling exploitation of logistical hubs** has been noticed particularly in EU ports, as major entry points for cocaine trafficked into the EU, the evaluation suggests that this achievement cannot be directly linked to the strategy and action plan. This framework alone would not have been sufficient to respond to the high levels of infiltration and corruption linked to drug trafficking (particularly the huge quantity of cocaine smuggled in major ports during 2022 and 2023) mainly due to its

lack of operational response. The Commission adoption of the EU Roadmap in October 2023 boosted the fight against drug trafficking and organised crime, contributing to a greater extent to strengthening operational actions to reduce drug supply.

The Strategy and Action plan have contributed to some extent to **promoting public health** and **protecting the well-being of society and individuals** steering national drug strategies to reinforce measures to reduce drug demand and harm across Europe through expanded evidence-based prevention, improved treatment services as well as with reinforced focus on harm reduction and EU level strengthened response to new emerging substances including NP. In practice however, the effective contribution to these objectives might be uneven across Member States due to differences in national policy and political contexts; and the measurable impact on society remains difficult due to limited data available and indicators. The strategy and action plan have positively contributed to a reinforced international cooperation, research, foresight and coordination. However, the evaluation finds that greater emphasis and operational response should be given to international cooperation in the fight against drug trafficking given the increased transnational dimension of the crime.

The **Strategy's efficiency** is affected by the evolving drugs market, characterised by the increased production, rise of potent new substances, advanced criminal techniques using also digital technologies, geopolitical instability, and events like the COVID-19 pandemic which complicated enforcement efforts. Internally, inadequate resource allocation and unclear ownership of actions weaken implementation. The cost-benefit assessment found a wide variation in Member States' financial commitments, with data gaps hindering comprehensive analysis; there seems to be progress in resource allocation to support supply reduction measures as well as support for demand and harm reduction. There has been increased EU funding for EU agencies and cooperation programmes which support national efforts in line with strategic priorities, but attribution to specific outcomes remains unclear. Public consultations suggest funding remains insufficient for harm reduction services, civil society projects, and national-level drug services. Addressing these challenges requires not just financial investment but also improved governance, accountability, and prioritisation of resources.

The EU Drugs Strategy remains **relevant** in addressing both current and future drug-related challenges at EU level and across Member States, however given the changing nature of drug policies, a time-bound strategy is not considered enough flexible to respond to evolving drug markets and trends. The Strategy maintains a balanced approach between demand, supply and harm reduction provides and identifies priorities that are still important nowadays and promote drug policy discussions at EU and international level. The evaluation shows that the Action Plan develops the objectives of the strategy but often lacks clear outputs and prioritisation as well as defined responsibilities, making it difficult to assess specific implementation and relevance at national and EU level. EU-driven initiatives and platforms successfully foster cooperation but there are challenges in ensuring that Member States take specific

measures, particularly when actions are vague or lack clear obligations, hindering their monitoring and effectiveness.

Drug policy is inherently complex, intersecting with security, health, and socio-economic policies while requiring coordination across regional, national, and international levels. Addressing drug-related challenges at the EU level has demonstrated significant **added value**, delivering results that individual Member States could not achieve alone, while the Action Plan lacks the operational focus necessary to translate strategic goals into impactful measures at EU and national level. Overall, the EU Drugs Strategy offers a structured, evidence-based approach that aligns national policies and promotes EU-wide coordination, and a unified stance in international forums. It proved to enhance high-quality research and innovation on drug-related issues with support of EUDA and Europol; and promoted EU initiatives and funding programmes to bolster international cooperation with third countries and partners. While the strategy helps to promote a “one voice” approach, disparities in prioritisation and implementation of measures to reduce demand and harm at national level make the EU level impact more challenging to assess. On the other hand, it should be noted that no direct links between the strategy and national implementation of measures could be drawn as there is no enforcement nor accountability derived from the strategy. Instead, the strategy steered national policies and served as a reference for national drug strategies.

## 5.2. Lessons learned

The strategy and action plan have had a moderate impact on achieving its general objectives to reduce supply demand and harm. First, strategic priorities and actions are found overly general, they do not identify clear actors responsible for their implementation and results cannot be measured with existing indicators. A timeline for completion should be proportionate to the context and the available resources. Further, clarity on allocation of responsibilities and accountability for monitoring harm and demand reduction measures implemented at national level is needed, as drug-related health aspects are primarily the responsibility of Member States. Second, the absence of harmonisation and reporting structures, as well as limited measurable indicators, makes it challenging to monitor the implementation actions at EU level and assess their effectiveness in contrast to the results and the current drug landscape. The EUDA's renewed mandate enhances data collection and monitoring, promoting a unified and informed response across Europe, providing the agency with sufficient tools for the implementation of many actions of the EU Drugs policy. Last, the evolution of the EU drug market from 2021 to 2024 highlights the need for flexible and adaptive policies to address the emerging security and health threats. EU's role in promoting these policies is essential to ensure coherent approaches to drug policies and strengthen coordination and cooperation at international level in close cooperation with EU agencies.

Following the findings of the evaluation, further lessons learnt can be considered:

In terms of scope and baseline:

- Considerations should be given for a strategic framework that is sufficiently flexible and operational encompassing clear and tangible actions with a manageable number of priorities and realistic targets. The need to allocate concrete tasks and targets to responsible parties with some leverage in achieving results should be also explored.
- In terms of baseline or point of departure: a strategic framework could be more focused on anticipation and preparedness, linking measures and results to evidence-based indicators and knowledge including security threat analysis, toxicological analysis and wastewater analysis. Better indicators and timely data collection and reporting by Member States, with support of EUDA, could improve monitoring.

In terms of strategic priorities and achievable objectives:

- The dismantling of high-risk drug-related criminal networks (HRCNs) in the EU and transnationally could benefit of a more proactive approach building on existing structures. Further considerations should be given to how to disrupt these networks, the role of EMPACT activities in combating drug production and trafficking, the role of international operational cooperation including support and exchanges with EU agencies, and the role of Europol in ensuring effective investigations into drug trafficking activities.
- There is a need to increase operational cooperation and enhanced security resilience to combat the infiltration of organised crime into society. Security measures in EU ports, including smaller ones, could be strengthened to address corruption and ensure thorough personnel security checks. The monitoring of other trafficking methods, particularly postal services and aviation could be prioritised, as well as monitoring criminal drug operations from prison settings.
- Organised criminal communications and operations are technology-driven, often using encrypted channels to avoid detection, while social media and the dark web are becoming common channels for drug distribution. In order to maintain the ability to effectively investigate drug trafficking activities, legal and practical measures to ensure lawful and effective access to data should be proposed, while upholding fundamental rights and without undermining cybersecurity. Cooperation with the industry through existing platforms (EUIF) should be promoted.
- There is a need to continue to support and strengthen the capacity of national and EU early warning systems to increase situational awareness, increase the ability of forensic science and toxicology laboratories to identify drugs, including new psychoactive substances as well as their precursors and metabolites, and strengthen preparedness planning and the development of response measures. It would be important to ensure that threats are communicated to all stakeholders in a timely manner

- Member States, with support from the EUDA, could explore the adoption of a unified approach to standardise data collection. This would enhance the evaluation of efforts in drug supply, demand, and harm reduction, focusing on scaling up gender-responsive treatment and prevention programmes for youth.
- Member States could expand harm reduction services such as drug consumption rooms and take-home naloxone which are crucial to mitigate the challenges posed by synthetic drugs, opioids and polysubstance use. In doing so they could ensure accessibility and implementation in prison settings.
- An EU-wide approach to quality minimum quality standards for demand and harm reduction services incorporating measurable need-based indicators could contribute to drug prevention and harm reduction, along with workforce training. These could be extended to prison settings.

## ANNEX I: PROCEDURAL INFORMATION

### 1. Lead DG and Decide Planning

The Roadmap on the Evaluation of the implementation of the EU drugs strategy and action plan 2021-2025 was launched by DG Migration and Home Affairs (DG HOME) on the Commission's 'Have your say' webpage in December 2023<sup>354</sup>. The Terms of Reference for engaging with the contractor to carry out an external study as part of the evaluation process were prepared during Q3-Q4 2023. Parallelly, a call for evidence was drawn and translated into all EU languages and launched on 19 December 2023 until 16 January 2024. After an evaluation of proposals carried by an evaluation committee of DG HOME staff, the Commission selected the contractor ICF S.A. to carry the external evaluation with the contract signed on 23 January 2024.<sup>355</sup> The external study started in January 2024 and ended in December 2024. This study will be published together with the Commission evaluation report.

### 2. Organisation and timing

As per the Better Regulation Guidelines, an inter-service group on drugs (ISG- drugs) was set up within the Commission to oversee the evaluation. Several Directorates-General (DGs) within the Commission<sup>356</sup> and the European External Action Service (EEAS) were invited to nominate representatives to the inter-service group on drugs.

The meetings of this steering group were chaired by the Unit on Organised Crime and Drugs at DG Migration and Home Affairs (HOME D.5). HOME D5 regularly consulted the ISG-drugs over the course of the evaluation, typically in conjunction with the submission of specific draft reports by the contractor responsible for carrying out the external study. These consultations took place in the context of regular in-person and online meetings and via email. The steering group provided written and oral feedback to all the reports prepared by the external consultant, this feedback was consolidated by DG HOME and sent to the external contractor in due time before each meeting with the ISG group, to ensure a coherent and well-informed discussion.

During the evaluation period in 2024, the ISG-drugs met four times with the contractor. A first meeting in February to discuss the methodology and work-plan, a second meeting in March to discuss the inception report proposing the list of stakeholders and the methods used for the consultation, a third meeting in May to discuss the interim report with the first results of the analysis and a fourth meeting in November to discuss the final study. The ISG-drugs input on the draft reports and final report was provided by email before each meeting and clarified and discussed in the meeting with the external contractor. The evaluation was extended given the fact that the public consultation was launched later than initially anticipated. This decision was made in line with the Better Regulation Guidelines and in order to allow the contractor adequate time to account for all responses to the Consultation (which ended on 26 August 2024). In practice, this led to the postponement of the delivery of the contractor's first draft Final Report in September 2024 and the acceptance of the Final Report in December 2024.

The ISG-drugs was also consulted and invited to provide feedback by email and in meetings on relevant steps in the evaluation starting with the Terms of Reference for the external study; the Stakeholder Consultation Strategy which described how the Commission intended to consult with different stakeholder groups in the context of the evaluation; templates related to stakeholder consultation activities and other research tools (public consultation questionnaire, interview questionnaire, case studies templates).

Finally, the ISG-drugs was consulted during the drafting of this staff working document- evaluation in March 2025. The written consultation was followed by an in-person and online meeting to discuss the outcome of the first draft report and where services could clarify their main comments and remarks, based on their expertise.

### 3. Consultation of the Regulatory Scrutiny Board

This evaluation was selected by the Regulatory Scrutiny Board (RSB) to undergo a scrutiny in 2025. The Commission draft evaluation report was sent to the RSB on 3rd April 2025. The Board sent on 24th April the initial assessment of the evaluation report stating how the main requirements in the Better Regulation have been met. HOME D5 prepared a written reply to the RSB assessment which was sent to the RSB on Monday 28th April. This assessment was discussed during an in-person meeting on 30<sup>th</sup> April between the six members of the Board and DG HOME represented at Director level and with the participation of the policy unit responsible (HOME D5). The RSB assessment listed three main issues for discussion during the meeting listed below:

1. What is the precise scope of the evaluation of the Drugs strategy? What baseline is used?

<sup>354</sup> [Implementation of the EU drugs strategy and EU drugs action plan 2021-2025 – evaluation](#)

<sup>355</sup> The request for services N 71 was issued via framework contract HOME/2018/ISFB/PR/EVAL/0017 Lot 2. Three contractors submitted bids to carry out the evaluation. The evaluation committee considered a number of criteria in selecting a winning bid, namely: compliance with the technical specifications described in the Terms of Reference; demonstrated understanding of the objectives and tasks; the quality of the preliminary assessment of difficulties and expected results; the quality of the proposed methodology; and the quality of the project management and team organisation. The Commission ultimately awarded the contract to ICF.

<sup>356</sup> The DGs invited to participate in the steering group included: the Secretariat-General of the Commission (SG); Legal Service (LS); Human Resources (HR); Budget (BUDG); Justice and Consumers (JUST); International Partnerships (INTPA); Mobility and Transport (MOVE); Internal Market, Industry, Entrepreneurship and SMEs (GROW); Taxation and Customs Union (TAXUD); Health and Food Safety (SANTE); Health emergency, preparedness and response (HERA); Enlargement and Eastern Neighbourhood (ENESE); Maritime Affairs and Fisheries (MARE); Trade (TRADE); Agriculture and Rural Development (AGRI); Environment (ENV) Research and Innovation (RTD); and the Joint Research Centre (JRC), Foreign Policy Instruments (FPI), Regional and Urban policy (REGIO).

2. What benefits attained can be directly attributable to the Drugs Strategy taking into account that its actions and implementation are often also rooted in other frameworks? What is the status of implementation at Member State level?
3. How could the conclusions better reflect uneven contribution of the strategy across the Member States? What is the underpinning evidence? What are the lessons learned from the evaluation, in particular in relation to the drug landscape developments and future evaluation (indicators, data, methods)?

On 5<sup>th</sup> May 2025 the RSB communicated to DG HOME the Positive Opinion with recommendations on the draft report Evaluation on the drugs strategy and action plan 2021-2025. Following the positive opinion with recommendations from RSB, HOME D5 reviewed the Evaluation report in view of launching the Interservice consultation (ISC). The main changes focus on the following elements: Section 1 (introduction) was extended as regards the methodology, clarifying scope and purpose of the evaluation and its main limitations, the logic of the intervention was clarified as well as the nature of the strategy and the interlinks between the Strategy and other existing structures and frameworks including Europol and EU Drugs agency; Section 2 was revised to include a new sub-section on impact indicators, together with a paragraph on limitations and complemented with a Table providing an overview of the trends over last years (with available data), and to expand the section on the baseline assessment adding data and trends from 2018 until 2022 and linking the data to impact indicators, to enable conclusion on trends and challenges identified at the time of adoption of the strategy; Sections 3 & 4 were revised to nuance the interpretation of effectiveness to avoid drawing any direct or causal links between the strategy and policy developments or actions taken where there is not enough evidence of causality, limitations of the strategy effectiveness and efficiency caused by unpredictable factors and the changing context were also clarified; Section 4 (effectiveness, efficiency, coherence) added case studies and best examples for Member States on some of the strategic priorities and actions, clarified the Strategy cohesion with existing structures and frameworks and expanded on the actions of the EU Roadmap, highlighting which drug-related actions have contributed to the achievement of strategic priorities; Section 4 (added value) improved links between the Strategy and coexisting frameworks and initiatives, including the EU Roadmap and agencies; finally Section 5 (conclusions and lessons learnt) were adapted suggesting also the way forward as regards cope and indicators.

#### **4. Evidence, sources and quality**

The evaluation is based on different types of documents at EU, international and national level, respectively. Documents at the EU level provided indications as to the nature and scope of EU policy in the field of drugs and organised crime, as well as security, health, precursors and international cooperation. Particular attention was paid to relevant legislation, other initiatives and developments in the sectors covered by the Strategy. At international level, documents were reviewed describing international initiatives and developments relating to drugs policy and those where the EU has influence. Finally, at the national level, documents of relevance included national drug strategies, action plans and legislative measures that in one way or another were relevant to the EU approach to drugs as illustrated by the Strategy or relevant in implementing the actions contained in the Action Plan.

In addition to the review of relevant documents, the evaluation also relied on extensive consultations with a wide range of stakeholders. These consultations served as opportunities to collect new data, fill gaps or confirm the validity of already collected data. Additional information concerning the stakeholder consultations is provided in Annex III.

#### **5. External expertise**

The evaluation counted with input from a wide range of external experts, both at EU and national level, including national authorities, civil society, industry, policy experts at the EU institutions and expertise from international organisations

## ANNEX II. METHODOLOGY AND ANALYTICAL MODELS USED

In this annex, the methods and sources referenced and carried out in the evaluation are described, as well as the limitations encountered.

The methodological process was divided into four phases: (1) the preparatory phase, (2) fieldwork and data collection, (3) data analysis and triangulation and (4) reporting.

### Preparatory Phase

The external contractor and DG HOME had a preparatory meeting to discuss the project its processes and protocols. This included outlining expectations and requirements for the data collection, key tasks of the study and a discussion of the three strands (supply, demand and harm reduction) of the Strategy. The external team conducted scoping interviews with the European Drug Agency and Europol to discuss data availability and cooperation to support the data collection process. Throughout the process of drafting the External Evaluation Report, DG HOME and the external contractor met to exchange preliminary feedback.

To ensure the participation of national stakeholders, the external contractor also made presentations to the Council's Horizontal Working Party on Drugs (DG) and the European Information Network on Drugs and Drug Addiction (Reitox). The Preparatory Phase was finalised by revising the intervention logic, Evaluation Matrix, and refining the methodology. The data collection tools were fully developed and shared with the Inter-Service Group (ISG) for approval.

### Fieldwork and Data Collection

The external study was guided by an evaluation framework setting out the guidelines and principles for the analysis (see Annex 3). This allowed the Report of the Drugs Action Plan and Strategy to be assessed according to the evaluation criteria (effectiveness, relevance, coherence, efficiency and EU-added value). To complete this evaluation, there were desk research, consultations with stakeholders and data analysis to better understand what had been done and what could still be improved on from the 2021-2025 Drugs Strategy.

**Desk research** aimed to collect and analyse relevant literature. This included legal, policy, and foresight literature on the EU, national and international levels that were relevant to the evaluation questions and criteria. Specialised agencies on the subject matter were also consulted to include their insights and data, particularly EMPACT-relevant documents. Research included quantitative data collection to further enhance and complement the insights collected from stakeholder interviews.

The **stakeholder consultations** were conducted in a targeted manner, to gain insights from specific relevant actors to the Action Plan and Strategy, as well as a public manner, to get a broader range of perspectives from civil society. A diverse set of stakeholders were consulted in the preparation of this Evaluation. This included national Member States authorities, members of the EU institutions or delegations, civil society organisations, academia and individual citizens. This allowed a broad understanding of the perspective shaped by the role of the organisation regarding illicit drugs (i.e. focus on harm, demand, or supply reduction), as well as their own national background. The interviews and virtual call for evidence were further complemented by the expert survey and civil society workshop that were organised. The call for evidence and public consultations were virtually accessible to allow diverse responses. A virtual civil society workshop designed to get a wide range of ideas from civil society organisations and EU citizens.

The data collection process was complemented by topic **case studies** in key strategic areas of the Drugs Strategy, accompanied by interviews and desk research. For each case study, 3-4 Member States were selected based on their national experiences and good practices to gain further insights and complement desk research.

### Data analysis and triangulation

The data analysis included a cost-effectiveness analysis, quantitative data analysis, a coherence analysis, a foresight analysis and a “traffic light” assessment accompanying the SWOT analysis.

The **cost-effectiveness analysis** was applied to the implemented activities driven by the Strategy and Drugs Action Plan 2021-2025. It examined the budgetary allocation and the earmarking of resources to deliver actions at the EU and national level and where the resulting benefits justified the costs. The general approach for the CEA was as follows: first, a long/ detailed list of potential costs and benefits associated with the Strategy and its Action plan was identified; after which a data inventory was carried out, providing an indication of data availability (including gaps); third, the selection of costs/ benefits to quantify and/ or report on ensued - data availability and quality helped inform the prioritisation process; finally, selected cost and outcome indicators were quantitatively and qualitatively assessed and discussed.

The **quantitative data analysis** aimed to collect indicators relevant to the Strategy and Action plan to explore links between indicators and test research hypotheses. It compared trends across three periods, 2017-2018, 2019-2020 and 2021-2022, to assess the effectiveness of the Strategy with consideration for data limitations through high-quality informative indicators. Additionally, multivariate methods such as Principal Component Analysis (PCA), driver analysis, and hypothesis-driven regression were used to uncover significant relationships between variables and predict changes in outcomes. The analysis built on a database of primary indicators carefully populated through standardised extraction of relevant data from public sources (e.g. EUDA, Eurostat, etc.). Available quantitative data suffers from multiple limitations that are accounted for in the process of extraction to the database. Only data that are deemed of sufficient quality and informative enough for the purposes of the quantitative analysis are added to the database.

The **coherence assessment** of the Strategy and Action Plan explored the coherence of the documents with international, EU and national level drugs policies. It was primarily developed by referring to information collected with desk research and, for national level coherence, stakeholder consultation, including survey and interviews with national authorities.

The “**traffic light**” **assessment** complementing the SWOT analysis helped visualise the progress of the implementation of an action from the Strategy and Action Plan. It aimed to establish the degree of implementation of the 85 actions defined in the Drugs Action Plan, as well as the 43 priority areas and 11 strategic priorities defined in the Strategy. This helped to identify key areas of improvement, strengths and potential obstacles of the overall implementation as well as the results on the level of each action, priority area and strategic priority. The assessment was informed by desk research, online surveys, interviews and case studies. It was further expanded by a Strengths – Weaknesses – Opportunities – Threats (SWOT) analysis.

The **foresight analysis** built on existing analysis and forecasts to reflect on emerging trends in the field and better inform the recommendation development process. This was done by an **experts’ survey analysis**. This built on existing analysis and forecasts of the drug field to help further inform the development of recommendations.

Following these analyses and assessments, the study team **synthesised and triangulated the evidence** gather to prepare the formal answers to the Study questions. The team formulated and elaborated key findings with respect to each of the Study questions, drawing from the entire body of evidence collected throughout the Study. The key findings and conclusions allowed the study team to formulate the main lessons learnt and develop operational recommendations for the Commission’s consideration. These recommendations were designed to be feasible and actionable so as to provide DG HOME with suggestions and possible actions to inform the future EU Drugs policy framework.

## Reporting

Following the recommendations, the **interim report and draft final report** were written and submitted to DG HOME for review and feedback from the Commission ISG.

## Limitations

A significant limitation in the process of writing this evaluation report is the limited data available on drugs. Data available after 2020 was limited to 2021 and 2022, and in rare cases for 2023. The lack of data from the 2021-2025 period of the Strategy and Action Plan is a significant obstacle in evaluating the effectiveness of the implementation of relevant actions and priorities on the EU and national levels. For this reason, data was included for 2017-2018 to allow for an assessment of potential added effects of the EU Drugs Strategy and Action Plan as well as monitoring for existing trends. This low availability of periodic data for certain indicators and year-to-year fluctuations in statistics was accounted for by aggregating data over 2-year periods to increase the robustness of data measurement across member states and provide more reliable assessment.

The main source of data was the EUDA’s Statistical Bulletin 2024, last updated on the 11<sup>th</sup> of June, 2024. Other reports reviewed were largely based on data from the EUDA or its webpage. A Eurobarometer study was ongoing at the time of the Strategy and Action Plan’s assessment. This study’s data could not be included in the evaluation due to its unavailability within the study’s timeframe.

## Overarching indicators for the EU Drugs Action Plan 2021-2025<sup>357</sup>

1) **Developments in targeting high-risk organised crime groups:** indicator based on cases reports and available statistical information on operations to disrupt high-risk organised crime groups targeting the EU, including review of major assets recovery operations and financial investigations and significant developments in cross border cooperation. (Sources Europol, European Commission, Member States, EMCDDA)

<sup>357</sup> These indicators will be informed by statistical and other routine sources of information collected as part of ongoing efforts to monitor and respond to drug use in Europe and provide the most comprehensive set of EU-level resources to support the monitoring and evaluation of the EU Drugs Strategy 2021-2025 and EU Drugs Action Plan 2021-2025. Whilst the most up-to-date information available will be used, the data available will not necessarily correspond directly with the 2021-2025 period. Even though routine sources will be used whenever possible, some additional data collection exercises may be required to support the reporting of some of the indicators listed here. Therefore, they support a comprehensive evaluation and facilitate the assessment of the effectiveness, efficiency, relevance, coherence and EU added value of the Strategy and its Action Plan.

2) **Trends in drug-related organised crime, corruption, intimidation and gang violence:** indicator based on a summary of available structured data sources collected using a common methodology, case reports and expert opinion. (Sources: Europol, EMCDDA, Member States, European Commission)

3) **Drug Markets Dashboard:** Market Trends by market level in: number and quantities of seized illicit drugs; number of drug production labs seized; number of drug production related offences, drug prices and purity/dose (by market level where possible); data from other relevant information sources sensitive to understanding differences in drug availability, content and form, at different levels of the drug market where these are available; trends in the availability and use of precursors and other chemicals required for drug production; trends and developments in the use of the darknet and other digital-facilitated means for drug sales. (Sources: EMCDDA; Europol, European Commission, Member States)

4) **Impact on communities:** indicator measuring through two Eurobarometer studies (2021 and 2025) and, if available, other relevant national or EU-level data sources, perceptions of how drugs, their availability and the operation of drug markets impact on public health, safety and the security of communities, including drug-related violence and intimidation. (Sources: European Commission, Member States)

5) **Health Dashboard:** EU-level reporting on the health impact of drug use. Trends in drug related morbidity and mortality. Providing a summary analysis of the most recent available data from both established and developing sources on: trends in drug-related hospital emergencies, drug-related deaths, infectious diseases and associated health problems, including injecting drug use and other high-risk drug use behaviours, as well as mental health issues related to drug use, if data available. (Sources: EMCDDA, Member States)

6) **Prevalence and patterns of drug use:** indicator of trends from surveys of the general population who have used drugs (recently and ever) and from youth or school surveys on drug use (last year and ever) and the age of first drug initiation, and information on prevalence and patterns of drug use from other important subpopulations where available. (Sources: EMCDDA, ESPAD, HBSC, Member States)

7) **Reducing Harm Dashboard:** indicator of measures of availability of evidence-based prevention, treatment, harm reduction services, and alternatives to coercive sanctions<sup>358</sup>

8) **Trends and developments in NPS:** indicator from Early Warning System on the appearance of and harm caused by new psychoactive substances, derived from reporting to the Early Warning System and Risk Assessment exercises on new psychoactive substances. (Sources: EMCDDA, Europol, Member States, European Commission)

9) **Emerging Threats Dashboard:** indicator that highlights potential emerging threats based on the triangulation of data from more timely and forward-looking sources (where available) including for example, levels of drug volumes consumed in community/cities from waste water analysis, web surveys, forensic, toxicological reporting, etc. (Sources: EMCDDA, Member States)

10) **Responding to drug use in prison:** indicator on the availability and coverage of responses to address the issue of drugs use in custodial settings including an assessment of the extent to which a comprehensive and balanced approach to responding to drug use exists in custodial settings. (Sources: EMCDDA, Member States)

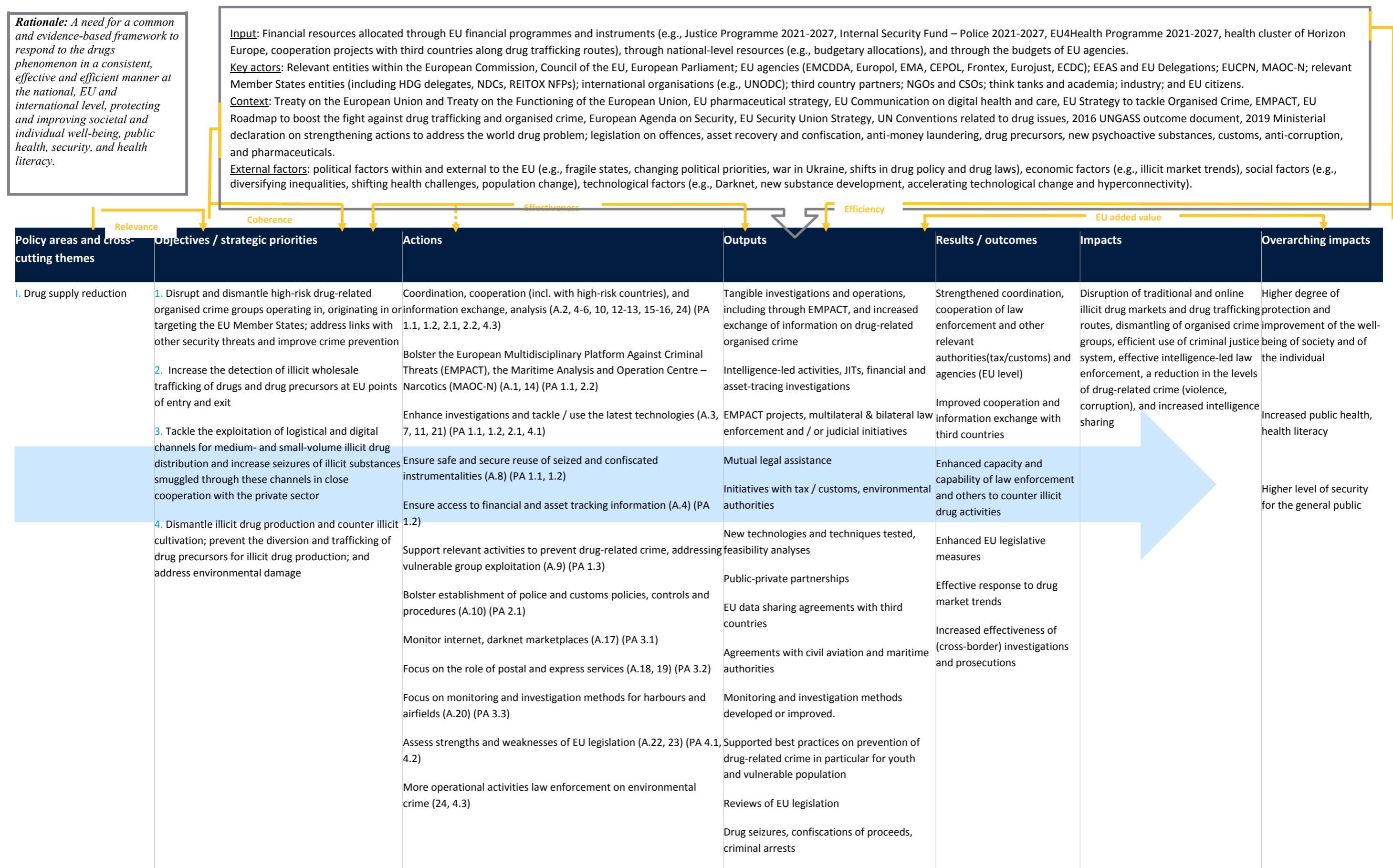
11) **Meeting commitments of the Sustainable Development Goals:** indicator of progress made in relation to the 2030 Agenda for Sustainable Development Goals (Eurostat report on the progress made towards achieving the SDGs relevant to drug issues). (Sources: Eurostat, European Commission)

#### Intervention logic (table below)

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<sup>358</sup> The term ‘alternatives to coercive sanctions’ could, according to the national legislation of the Member States, also refer to alternatives that are used instead of or alongside the traditional criminal justice measures for drug-using offenders (see Council conclusions: Promoting the use of alternatives to coercive sanctions for drug using offenders, 8 March 2018. for drug-using offenders. Availability and coverage of opioid agonist treatment, availability of needle and syringe programmes and coverage of HCV, HIV and HBV testing and treatment for people who inject drugs. (Sources: EMCDDA, Member States)

Figure 1. Intervention Logic



Policy areas and cross-cutting themes	Objectives / strategic priorities	Actions	Outputs	Results / outcomes	Impacts	Overarching impacts
			Trainings of law enforcement  Dismantling illicit drug production facilities in the EU, including precursors			
II. Drug demand reduction	5. Prevent drug use and raise awareness of the adverse effects of drugs  6. Ensure access to and strengthen treatment and care services	Implement environmental and universal prevention interventions and strategies (A.25) (PA 5.1)  Ensure access to drug treatment and other (needs-responsive) services for all (A.32, 36, 40, 41) (PA 6.1, 6.3, 6.5, 6.6)  Implement educational campaigns and awareness raising (A.26, 31) (PA 5.1, 5.5)  Increase reliable prevention information (A.27) (PA 5.1)  Implement evidence-based targeted communication activities for vulnerable groups (A.28) (PA 5.2)  Bolster partnership approach (A.29) (PA 5.3)  (Funded) education, training, continuous professional development (A.30, 33, 39) (PA 5.4, 6.1, 6.4)  Promote peer-led outreach, group work (A.35) (PA 6.2)  Support research and innovation (A.31, 34, 37, 42) (PA 5.5, 6.1, 6.3, 6.7)  Implementation of (EU, national) standards / guidelines (A.38) (PA 6.3)	Evidence-based environmental and universal prevention interventions and strategies  Best practice exchanges between health practitioners and services, training providers  Improved access to treatment and care services (inc., electronic/mobile health delivery options)  Administrative measures  Prevention programmes  Targeted campaigns, awareness raising activities  Outreach programmes to vulnerable groups, youth.  Evidence-based and targeted early intervention measures  Educated and trained stakeholders (including primary healthcare, schools)  Participation of expert peers (Research) projects  New innovative tested approaches  Implementation of EU minimum quality standards on demand reduction	Delayed age of onset, prevented and reduced problem drug use, treated drug dependence, and recovery and social reintegration  Enhanced effectiveness and quality of prevention measures  Reduced barriers to treatment for women  Improved health/ mental health	Health and safe development of children and young people, reduction of the use of illicit drugs	

Policy areas and cross-cutting themes	Objectives / strategic priorities	Actions	Outputs	Results / outcomes	Impacts	Overarching impacts
III. Addressing drug-related harm	<p><b>7.</b> Risk- and harm-reduction interventions and other measures to protect and support people who use drugs</p> <p><b>8.</b> Address the health and social needs of people who use drugs in prison settings and after release</p>	<p>Implement risk and harm reduction measures (A.43, 44, 46, 49) (PA 7.1, 7.2, 7.4)</p> <p>Exchange of best practices (A.43, 46, 49) (PA 7.1, 7.2, 7.4)</p> <p>Ensure professional training (A.43, 46) (PA 7.1, 7.2)</p> <p>Evaluation and monitoring (A.46, 49) (PA 7.2, 7.4)</p> <p>Focus on identifying, assessing, and responding to new trends (A.45) (PA 7.1)</p> <p>Involve civil society (A.48) (PA 7.3)</p> <p>Data sharing (A.47) (PA 7.2)</p> <p>Specific measures geared at those using drugs in prison settings (A.50-54) (PA 8.1-8.4)</p>	<p>Risk and harm reduction measures to reduce the prevalence of drug-related infectious diseases, measures against overdoses and drug-related deaths,</p> <p>Measures as alternatives to coercive sanctions</p> <p>Opioid agonist treatment, supervised drug consumption facilities (DRC)</p> <p>Best practice exchanges</p> <p>Trained practitioners</p> <p>New trends and developments identified / assessed for response</p> <p>Participation of civil society</p> <p>Forensic and toxicological data shared</p> <p>Policy and guidelines</p> <p>Healthcare provision in prison and by probationary services, testing and preventive measures in prisons, overdose prevention and referral services</p> <p>Implementation of EU minimum quality standards on harm reduction</p>	<p>Better protection of and support for people who use drugs, including those (having been in) prison settings</p> <p>Improved quality and effectiveness of treatment and rehabilitation measures</p>	<p>Prevention or reduction of the possible health and social risks and harm for users, for society and in prison settings.</p>	
IV. International cooperation	<p><b>9.</b> 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</p>	<p>Contribute to shaping international agenda on drug policy (A.55) (PA 9.1)</p> <p>Reinforce dialogue, coordination, cooperation, and partnerships (A.56, 57, 58, 59, 61, 63, 64, 65, 68) (PA 9.1, 9.2, 9.3, 9.4, 9.5, 9.7)</p> <p>Strengthen the role of EU agencies (A.60) (PA 9.3)</p> <p>Support (potential) candidate countries (A.62) (PA 9.4)</p> <p>Strengthen alternative development (A.66, 67) (PA 9.6)</p> <p>Oppose death penalty (A.69) (PA 9.7)</p>	<p>(Re)new(ed) cooperation initiatives and programmes in third countries considering all policy aspects</p> <p>Evaluations of initiatives and programmes</p> <p>Dialogues on drugs and expert meetings with third countries including LAC region, Colombia, Brazil, Peru, US, China, WB, Central Asia, Moldova, among others)</p> <p>Meetings and conferences with third countries &amp; international policymakers</p> <p>Agreements, strategy papers, action plans, multilateral commitments</p> <p>Targeted technical assistance to (potential) candidate countries</p> <p>Funding, expertise for alternative development programmes</p>	<p>Integration of EU drugs policy within the overall foreign policy framework</p> <p>Improved visibility of EU approach internationally</p>	<p>Strengthened dialogue and cooperation between the EU, third countries and international organisations</p>	

Policy areas and cross-cutting themes	Objectives / strategic priorities	Actions	Outputs	Results / outcomes	Impacts	Overarching impacts
			International cooperation and other activities on drugs with Europol, EMCDDA			
V. Research, innovation and foresight	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	<p>Strengthen research capacities (A.70) (PA 10.1)</p> <p>Ensure proactive innovation and improve strategic foresight (A.71, 72) (PA 10.2, 10.3)</p> <p>Increase value and complementarity of research efforts (A.73) (PA 10.4)</p> <p>Provide financing (A.74) (PA 10.5)</p>	<p>Papers, studies, reports, reviews</p> <p>Research projects</p> <p>Grants and contracts awarded</p> <p>Networking, coordination, and other similar events in the European research community</p> <p>Horizon-scanning activities</p> <p>Activities involving Europol, EMCDDA</p>	<p>Adequate investment in research, innovation, and foresight capacities</p> <p>Developed EU knowledge infrastructure</p>	<p>Better understanding of and readiness for all aspects of the rapidly evolving drugs phenomenon and the impacts of interventions</p>	
VI. Coordination, governance and implementation	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	<p>Ensure monitoring and evaluation (A.75, 77)</p> <p>Exchange of best practices (A.76, 78)</p> <p>Ensure appropriate funding (A.79)</p> <p>Ensure internal and external (policy) coherence (A.81, 83)</p> <p>Involve relevant parties appropriately (A.80, 82, 85)</p> <p>Promote EU approach (A.84)</p>	<p>Regular data reporting by parties</p> <p>External EU evaluation, separate national evaluations</p> <p>Best practice exchanges</p> <p>Dedicated funding for EU Strategy and Action Plan</p> <p>Meetings with HDG</p> <p>Coordination meetings (international, EU, national), including civil society</p> <p>Review of EMCDDA mandate, redefinition of REITOX network responsibilities and operation</p>	<p>Enhanced implementation, understanding and dissemination of Strategy &amp; Action Plan</p> <p>Effective EU and national coordination within the drugs field, with other fields</p> <p>Open dialogue with / active participation of civil society</p>	<p>Effective, coordinated policies and active engagement of actors at all levels and across sectors</p>	

Source: ICF elaboration

**ANNEX III. EVALUATION MATRIX AND, WHERE RELEVANT, DETAILS ON ANSWERS TO THE EVALUATION QUESTIONS (BY CRITERION)**

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
<b>EFFECTIVENESS</b>					
<b>EQ1.</b> To what extent have the objectives of the Strategy and the EU Drugs Action Plan 2021-2025 been met?					
<b>EQ1.1.</b> To what extent have the <b>general objectives</b> of the Strategy been effective in delivering the intended results?	<b>EQ.1.1.1.</b> To what extent have the Strategy contributed to protecting and improving the well-being of society and of the individual?  <b>EQ.1.1.2.</b> To what extent have the Strategy contributed to protecting and promoting public health?  <b>EQ.1.1.3.</b> To what extent have the Strategy contributed to offering a high level of security and well-being for the general public?  <b>EQ.1.1.4.</b> To what extent have the Strategy contributed to increasing health literacy?	<p>The Strategy contributed to protecting and improving the well-being of society and of the individual.</p> <p>The Strategy made a tangible impact on protecting and promoting public health.</p> <p>The Strategy contributed to offering a high level of security and well-being for the general public.</p> <p>The Strategy contributed to increasing health literacy.</p>	<p><i>*This question will mainly be answered by the cumulative results and findings of EQ2, EQ3 and EQ4 below.</i></p>	<p>Traffic lights assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>
<b>EQ1.2.</b> What have been the <b>results and impacts</b> (both quantitative and qualitative) of the actions on drug supply reduction, demand reduction, addressing drug related harm,	<b>EQ.2.1.</b> To what extent were the Actions in the Action Plan successfully implemented?  <b>EQ.2.2.</b> To what extent did the	<p>Each of the 85 Actions in the Action Plan led to tangible results and impacts.</p> <p>There was a high degree of successful</p>	<p><i>*This question will mainly be answered by the cumulative results and findings of EQ2, EQ3 and EQ4 and the results of the Traffic Light Assessment.</i></p>	<p>Traffic lights assessments</p> <p>Foresight analysis</p>	<p>Desk research</p> <p>Interviews</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
research, innovation, and foresight; and coordination, governance and implementation?	Actions in the Action Plan yield tangible results and impacts?	completion of the Actions in the Action Plan.  The actions on drug supply reduction, demand reduction, addressing drug related harm, research, innovation, and foresight; and coordination, governance and implementation produced results and impacts (both quantitative and qualitative)	Degree of implementation and progress of each of the 85 Action in the Action Plan  Qualitative and quantitative evidence on effectiveness, results and impacts achieved per Action	Baseline assessment  Case studies  Public consultation	Surveys  Surveys  Surveys
<b>EQ1.3.</b> To what extent and how have <b>external factors</b> influenced the effectiveness of the implementation of the Strategy and the EU Drugs Action Plan 2021-2025?	<b>EQ1.3.1.</b> Were there any exogenous factors that contributed to the progress / the lack of progress towards the objectives linked to the strategy?  <b>EQ1.3.2.</b> To what extent is the progress/ lack of progress towards the objectives linked to the strategy?  <b>EQ1.3.3.</b> What factors have hindered or facilitated the achievement of the objectives of the Strategy and the EU Drugs Action Plan 2021-2025?	Factors that <b>hindered or facilitated</b> the achievement of the objectives of the Strategy and the EU Drugs Action Plan 2021-2025 can be identified	<b>Qualitative indicators</b> - Typologies of factors explaining why certain specific or operational objectives are not or insufficiently covered - Categorization of external factors that hindered or facilitated the achievement of the Strategy or Action Plan's objectives  <b>Opinion-based indicators</b> - Proportion of stakeholders considering that the objectives of the Strategy and Action Plan have been implemented to no, partial and or full extent. - Share (%) of stakeholders agreeing that there were external factors that hindered or facilitated the achievement of the Strategy or Action Plan's objectives	Traffic lights assessments  Foresight analysis  Baseline assessment	Desk research  Interviews  Surveys  Case studies  Public consultation

**Answer:** The Strategy and Action plan have contributed to **promoting security** by enhancing cooperation between law enforcement, judiciary and customs authorities and EU agencies (Europol, EUDA) and reinforcing investigations into drug trafficking. However, the evaluation identifies that this drug strategic framework alone would not have been effective enough to respond to the growing levels of infiltration and corruption linked to drug trafficking and the increased quantity of drugs, particularly cocaine, smuggled in major ports during 2022 and 2023, mainly due to its lack of operational response. The Commission adoption of the EU Roadmap in October 2023 boosted the fight against drug trafficking and organised crime contributing to a greater extent to strengthening operational actions to support the strategic priority to reduce drug supply. The Strategy and Action plan have contributed to some extent to **promoting public health** and **protecting the well-being of society and individuals** with measures to with more reliable information on prevention interventions and implementation of evidence-based prevention programmes, as well as with the reinforced focus on harm reduction and EU level strengthened response to new emerging substances including NPS. In practice however, the effective contribution to these objectives might be uneven across Member States due to inconsistent prioritisation and implementation of measures; and the measurable impact on society remains difficult due to limited data available. The strategy and action plan have positively contributed to a reinforced international cooperation, research and foresight and coordination; however, the evaluation find that greater emphasis and operational response should be given to international cooperation in the fight against drug trafficking given the increased transnational

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
dimension of the crime.					
The Strategy and action plan have been affected by <b>external factors</b> . The evolving drugs market, characterised by the rise of potent new substances and changing use patterns that have impacted on the number of drug-induced deaths across the EU (6,400 in 2022 compared to 6,100 in 2021) driven mainly by polydrug use; advanced criminal techniques using digital technologies are expanding, widely available encrypted communication channels and networks specifically developed for and used by criminal organisations challenge investigations of law enforcement into drug trafficking; last, geopolitical instability, and events like the COVID-19 pandemic have triggered increased drug use in the EU, driven by job losses and unemployment, which intensified mental health struggles.					
<b>EQ2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to a <b>reduction of drug supply</b> in Europe?					
<b>EQ2.1.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in <b>preventing and tackling the phenomenon of drug trafficking</b> in Europe?	<b>EQ2.1.1.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to tackle the diversion and trafficking of drug precursors and the development of alternative chemicals? <b>EQ2.1.2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effectively contributing to improving the capacity of customs authorities to perform their duties? <b>EQ2.1.3.</b> To what extent were the anticorruption measures implemented in relation to the major known entry and exit hubs effective in preventing the phenomenon of drug trafficking in Europe? <b>EQ2.1.4.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to address the environmental crime related to illicit drug trafficking?	<p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in countering the trafficking of drugs and drug precursors in and out of the EU.</p> <p>Anti-corruption measures implemented in relation to the major known entry and exit hubs were effective in preventing the phenomenon of drug trafficking in Europe.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to address the environmental crime related to illicit drug trafficking.</p> <p>Monitoring of border crossings that are not part of established trade channels were increased to more effectively prevent illicit or undeclared crossings of the EU external borders.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in improving the capacity of customs authorities to perform their duties in key areas.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to the effective stricter monitoring of shipments containing illicit</p>	<p><b>Overarching indicators</b></p> <p>1, 2, 3, 8, 9</p> <p><b>Quantitative indicators</b></p> <ul style="list-style-type: none"> <li>-Number of Europol or other regional bodies (e.g. SELEC) operations targeting drug trafficking in major ports, airports, and land entry and exit points carried out in the Study period, and the quantity of seized drugs and precursors to drugs before and after the adoption of the Strategy</li> <li>-Number of actions targeting drug trafficking in major ports, airports, and land entry and exit points carried out in the Study period vs seizure of drug and precursors to drugs</li> <li>-Percentage (%) decrease in the trafficking of drug precursors</li> <li>-Number and quantities of drug precursor seizures over the Study period.</li> <li>-Number of identified illegal drug laboratories</li> <li>-Number of alternative chemicals identified and monitored</li> <li>-Number of documented environmental incident cases linked to illegal drug trafficking</li> </ul>	<p>Traffic lights assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<p><b>EQ2.1.5.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to addressing security challenges at EU borders including the smuggling of drugs and drug precursors in and out of the EU? Are these actions still relevant in view of the current needs and challenges?</p> <p><b>EQ2.1.6.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to the effective monitoring of the maritime, land and air borders to prevent illicit crossings relating to the drug trade?</p> <p><b>EQ2.1.7.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to strengthening the monitoring of the aviation space, and of cross-EU rail and fluvial channels?</p> <p><b>EQ2.1.8.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to any development-centred drug policy interventions as means of addressing phenomena such as drug trafficking and urban drug markets in developing countries?</p>	<p>substances .</p> <p>The Strategy effectively enabled the role of new technologies and artificial intelligence in improving controls and procedures including the risk assessment of postal items.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to tackle the diversion and trafficking of drug precursors and the development of alternative chemicals.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to addressing security challenges at EU borders including the trafficking of drugs and drug precursors in and out of the EU.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to the effective monitoring of the maritime, land and air borders to prevent illicit crossings relating to the drug trade.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to strengthening the activities such as those conducted by the Maritime Analysis and Operation Centre – Narcotics (MAOC (N))</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 effectively contributed to strengthening the monitoring of the aviation space, and of cross-EU rail and fluvial channels.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to development-centred drug policy interventions as means of addressing phenomena such as drug trafficking and urban drug markets in developing countries.</p>	<p>and production</p> <p>-Number of arrested drug traffickers, number and quantity of drug seizures.</p> <p>-Percentage (%) change in the number of JITs, Europol-led operations to dismantle or disrupt high-risk drug-related organized crime groups within or targeting the EU</p> <p><b>Qualitative indicators</b></p> <p>-Examples of documented corruption cases associated with drug trafficking at major entry and exit hubs before and after the implementation of anticorruption measures</p> <p>-Examples of prevented environmental incident cases linked to illegal drug trafficking and production</p> <p>-Examples of successful drug trafficking interceptions as a result of introducing new surveillance technologies to monitor airspace, sea area and green borders in different Member States before and after the implementation of the Strategy.</p> <p>-Examples of improved collaboration and information sharing between Frontex, Europol and Member States in tackling drug trafficking, measured through increased number of joint operations and joint investigations.</p> <p><b>Opinion-based indicators</b></p> <p>-Most pressing challenges regarding drug smuggling identified by EU border security agencies.</p> <p>-Share (%) of stakeholders agreeing that anticorruption measures have been effective in reducing drug trafficking at the identified hubs</p>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<ul style="list-style-type: none"> <li>-Share (%) of stakeholders agreeing on the effectiveness of strategies employed by the Strategy to regulate and control the development and use of alternative chemicals</li> <li>-Share (%) of stakeholders agreeing that the Strategy and the Action plan have reduced the environmental crime related to illicit drug trafficking</li> <li>-Share (%) of customs authorities' stakeholders agreeing that: 1)the risk analysis of containers and cargo and profiling; 2) 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</li> <li>-Improved exchange of information and closer cooperation between customs and police authorities improved due to the Strategy</li> </ul>		
<b>EQ2.2.</b> To what extent have they contributed to <b>disrupting and dismantling drug-related organised crime groups</b> originating or targeting the EU?	<b>EQ2.2.1.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to the reduction of drug supply in: Large-scale operations (volume of drugs or profits); Smaller scale but particularly harmful (e.g., new psychoactive substances (NPS), synthetic opioids, heroin, cocaine and methamphetamine) Channels that supply illicit drugs and NPS into prisons	<p>The Strategy has been effective in (a) disrupting and dismantling high-risk drug-related organised crime groups operating in, originating in or targeting the EU Member States and (b) in addressing the links with other security threats and improve crime prevention.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to the reduction of drug supply in the following main areas:</p> <ul style="list-style-type: none"> <li>Large-scale operations (volume of drugs or profits)</li> <li>Smaller scale but particularly harmful (e.g., new psychoactive substances (NPS), synthetic opioids, heroin, cocaine and methamphetamine)</li> </ul>	<p><b>Overarching indicators</b></p> <p>1, 2, 3, 8, 9</p> <p><b>Quantitative indicators</b></p> <ul style="list-style-type: none"> <li>-Percentage (%) increase in quantity and number of drug seizures in postal and express service shipments post-implementation of the Strategy.</li> <li>-Overall quantity and number of illicit drug seizures within postal and express shipments before and after the implementation of the Strategy</li> <li>-Comparison of quantity and number of drug seizures rates at these hubs pre and post implementation</li> </ul>	<p>Traffic light assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<p>Plan 2021-2025 equally effective in targeting both top-level and established mid-level targets important for sustaining the operational continuity of organised crime groups?</p> <p><b>EQ2.2.3.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effectively addressing the links between drug-related criminality and other forms of serious crime need to be addressed?</p> <p><b>EQ2.2.4.</b> Under Strategic Priority 3 of the Strategy, one of the three main priorities areas is that of targeting drugs trafficking via postal and express services. To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to the effective stricter monitoring of shipments containing illicit substances? In this context, was the cooperation with postal and express services effectively enabled by the Strategy?</p> <p><b>EQ2.2.5.</b> Has the Strategy effectively enabled the role of new technologies and artificial intelligence in improving controls and procedures including the risk assessment of postal items?</p>	<p>Channels that supply illicit drugs and NPS into prisons (<i>Strategic priority 8</i>)</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 were equally effective in targeting both top-level and established mid-level targets important for sustaining the operational continuity of organised crime groups.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effectively addressing the links between drug-related criminality and other forms of serious crime need to be addressed.</p>	<ul style="list-style-type: none"> <li>-Number of high-value targets and overall number of drug trafficking offenders arrested operating within or targeting the EU.</li> <li>-Number of drug laboratories in the EU and in MS discovered or dismantled, indicating disruption in illicit drug production.</li> <li>-Number of JITs, EUROPOL-led or FRONTEX led operations resulting in seized falsified documents or encryption technology linked to illicit drug trade, signalling increased control and monitoring measures.</li> <li>-Percentage (%) decrease in the market value of illicit drug markets in the EU and in MS (e.g., heroin, cocaine, methamphetamine)</li> <li>-Number of JITs, Europol-led operations resulting in arrests top-level individuals (high-value targets) linked to organised crime groups related to drug trafficking and distribution and number of arrested high-value targets since the adoption of the Strategy</li> <li>-Number or percentage (%) change in dismantled or disrupted mid-level crime operations associated with drug trafficking, impacting organised crime groups</li> </ul> <p><b>Qualitative indicators</b></p> <ul style="list-style-type: none"> <li>-Examples of cases where AI and new technologies have successfully aided in identifying illicit substances or suspicious packages.</li> <li>-Disruptions in continuity of OCGs in the different MS measured by fluctuations in Price/Purity of drugs</li> </ul> <p><b>Opinion-based indicators</b></p> <ul style="list-style-type: none"> <li>-Share (%) law enforcement/customs</li> </ul>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>stakeholders agreeing that the Strategy has contributed to stricter monitoring and detection of illicit substances in express and postal deliveries.</p> <p>-Share (%) of stakeholders agreeing on the positive impact and effectiveness of new technologies and AI in improving controls and procedures related to postal items.</p> <p>-The proportion of stakeholders agreeing that the Strategy have contributed to disrupting and dismantling drug-related high-risk organised crime groups</p>		
<p><b>EQ2.3.</b> To what extent have the measures and actions ensured efficient <b>tracking, tracing, freezing and confiscation</b> of criminal assets linked to the illicit drug markets?</p>	<p><b>EQ2.3.1.</b> How did the Strategy and the EU Drugs Action Plan 2021-2025 contributed to fight against drug trafficking and related offences in order to remove organised crime groups' capacity to engage in future crimes and to infiltrate the legal economy?</p> <p><b>EQ2.3.2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effectively limiting 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?</p>	<p>The measures and actions have ensured efficient <b>tracking, tracing, freezing and confiscation</b> of criminal assets linked to the illicit drug markets.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to fight against drug trafficking and related offences in order to remove organised crime groups' capacity to engage in future crimes and to infiltrate the legal economy.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effectively limiting 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.</p>	<p><b>Overarching indicators</b></p> <p><b>Quantitative indicators</b></p> <p>-Percentage (%) increase in quantities and number of drug seizures in airports, train stations since the implementation of the Strategy.</p> <p>-Number and quantity of drug seizures in fluvial channels and ports across the EU before and after the implementation of the Strategy.</p> <p>-Number and volume of the seizures of illicit drugs, drug precursors, or assets linked to organized crime groups involved in drug-related activities</p> <p>-Percentage (%) increase in the money laundering pre-trial investigations and indictments in the MS, where the predicate crime is drug-related, since the implementation of the Strategy and the Action Plan</p> <p>-Percentage (%) increase in number and value of asset seized and confiscated related to drug trafficking, showing improved asset recovery</p>	<p>Traffic light assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p><b>Qualitative indicators</b></p> <ul style="list-style-type: none"> <li>-Examples of increased detection and seizure of particularly harmful substances (e.g., new psychoactive substances, synthetic opioids) within the EU market that brought notable reduction in the supply</li> <li>-Examples of reduced drug supply channels facilitating the entry of illicit drugs and NPS into prison facilities</li> </ul> <p><b>Opinion-based indicators</b></p> <ul style="list-style-type: none"> <li>-Proportion of the stakeholders agreeing that the Strategy and the Action plan have led to increased number of actions preventing criminal groups' infiltration into legitimate markets, curbing their influence.</li> </ul>		
<p><b>EQ2.4.</b> To what extent has they contributed to <b>countering violence, corruption, money laundering and exploitation of vulnerable groups</b> resulting from the drug-related crime in Europe?</p>	<p><b>EQ2.4.1.</b> To what extent did the Strategy and the EU Drugs Action Plan 2021-2025 contribute to countering the threats posed by drug-related crimes, such as violence and intimidation, corruption and money laundering, and their associated negative effect on the legal economy?</p>	<p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to countering violence, corruption, money laundering and exploitation of vulnerable groups resulting from the drug-related crime in Europe.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to tackling the impact of drug-related crime, in particular on communities.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to countering the threats posed by drug-related crimes, such as violence and intimidation, corruption and money laundering, and their associated negative effect on the legal economy.</p>	<p><b>Overarching indicators</b></p> <p>1, 2, 3, 8, 9</p> <p><b>Quantitative indicators</b></p> <ul style="list-style-type: none"> <li>-Percentage decrease in gun-related crime linked to drugs in the EU and MS.</li> <li>-The proportion of stakeholders agreeing that the links between drug-related criminality and other forms of serious crime are effectively addressed with the implementation of the Strategy and the Action Plan</li> </ul> <p><b>Qualitative indicators</b></p> <ul style="list-style-type: none"> <li>Examples of good practices in countering drug-related violence and crime</li> </ul> <p><b>Opinion-based indicators</b></p> <ul style="list-style-type: none"> <li>The proportion of stakeholders agreeing that the implementation of the Strategy and the Action Plan have resulted in more effective countering violence, corruption, money laundering and exploitation of vulnerable</li> </ul>	<p>Traffic light assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification	
			groups			
<p><b>Answer:</b> The strategy and action plan have effectively contributed to prioritising measures to <b>address drug trafficking</b> and the organised crime groups behind it. Since 2021, progress has been noticed particularly in the reinforced operational support provided by Europol and the enhanced cooperation and increased exchange of information on drug related operations between law enforcement, judiciary and customs authorities as well as EU agencies, in particular Europol and EUDA. However, this drug strategic framework alone would not have been effective enough to respond to the growing levels of violence and corruption linked to drug trafficking and the increased quantity of drugs, particularly cocaine, smuggled in major ports during 2022 and 2023, mainly due to its lack of operational response and stakeholder engagement. The October 2023 EU Roadmap to boost the fight against drug trafficking and organised crime provided a useful contribution to the strategic priority to disrupt drug supply with its action-oriented focus. Notwithstanding these efforts, trends during the evaluation period show the increased sophistication of organised drug criminal groups, their adaptive and divers trafficking operations and violent methods that keep challenging EU and national responses in the implementation of the current framework. Drug seizures have kept rising throughout the evaluation period but availability, price and purity of illicit drugs on the market appears not diminished. Recent figures of a drop in seizures in major EU seaports do suggest supply reduction efforts are causing a shift in modus operandi.</p> <p>The assessment shows the need to strengthen the operational response at all levels and sectors, including internationally, to address the increased sophisticated trafficking methods in big and small ports but also via postal services and online; the technology-driven drug distribution through social media and dark web platforms; the infiltration of organised crime in EU's supply chain using violence and corruption; the increased production of synthetic drugs and their environmental consequences; and the transnational dimension of drug crime with increased expansion and diversion to less restrictive trafficking routes.</p>						
<p><b>EQ3.</b> To what extent and how have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to a <b>reduction of drug demand</b> in Europe? To what extent have the strategic priorities and actions helped in preventing drug use, raising awareness and ensuring access to treatment in the EU?</p>						
<p><b>EQ3.1.</b> To what extent and how have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to <b>preventing drug use</b> in the EU?</p>		<p><b>EQ3.1.1.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in ensuring the appropriateness of the prevention measures to the local social context and to the needs of the target population?</p> <p><b>EQ3.1.2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in increasing the availability of measures to prevent the development of severe drug-use disorders through appropriately targeted early interventions for people at risk of such progression?</p>	<p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in ensuring the appropriateness of the prevention measures to the local social context and to the needs of the target population.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in increasing the availability of measures to prevent the development of severe drug-use disorders through appropriately targeted early interventions for people at risk of such progression.</p>	<p><b>Overarching indicators</b> 4, 5, 6, 7</p> <p><b>Quantitative indicators</b></p> <ul style="list-style-type: none"> <li>-Prevalence of problem drug use in the EU and in MS</li> <li>-Percentage increase in drug prevention programmes implemented across the EU.</li> <li>-Number of awareness campaigns aimed at drug prevention and number of people reached.</li> <li>-Rise in the number of first-time entrants and all entrants, receiving treatment for drug addiction</li> <li>-Percentage increase in the implementation of early intervention programmes targeting individuals at risk of severe drug-use disorders.</li> <li>-Number of at-risk individuals provided with</li> </ul>	<p>Traffic lights assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>and engaged in targeted early intervention programmes</p> <p><b>Qualitative indicators</b></p> <ul style="list-style-type: none"> <li>-Prevalence of drug use among general population and young adult</li> <li>-The proportion of stakeholders agreeing that the Strategy and the Action plan have ensured appropriate measures to the local social context and to the needs of the target population prevention measures.</li> </ul>		
<b>EQ3.2.</b> To what extent and how have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to <b>raising awareness</b> in the EU?	<b>EQ3.2.1.</b> To what extent the awareness raising initiatives implemented under the Strategy proved effective in reaching young people by, e.g., make full use of new and innovative digital communication channels?	<p>The awareness raising initiatives implemented under the Strategy proved effective in reaching young people by, e.g., make full use of new and innovative digital communication channels.</p>	<p><b>Overarching indicators</b></p> <p>4, 5, 6, 7</p> <p><b>Quantitative indicators</b></p> <ul style="list-style-type: none"> <li>-Number of young people engaged through digital communication channels for drug awareness initiatives before and after the implementation of the Strategy.</li> <li>-Number of innovative digital communication strategies implemented under the Strategy aimed at young people</li> </ul> <p><b>Opinion-based indicators</b></p> <ul style="list-style-type: none"> <li>-The proportion of the stakeholders agreeing that the awareness raising initiatives implemented under the Strategy proved effective in reaching young people</li> </ul>	<p>Traffic lights assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>
<b>EQ3.3.</b> To what extent and how have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to <b>ensuring access to treatment</b> in the EU?	<b>EQ3.5.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in ensuring voluntary access to treatment and care services that work in close <b>coordination</b> and <b>collaboration</b> with other health and social support services?	<p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in ensuring voluntary access to treatment and care services that work in close <b>coordination</b> and <b>collaboration</b> with other health and social support services.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in promoting</p>	<p><b>Overarching indicators</b></p> <p>4, 5, 6, 7</p> <p><b>Quantitative indicators</b></p> <ul style="list-style-type: none"> <li>-Percentage increase in peer-led initiatives facilitating access to treatment under the Strategy</li> <li>-Number of programmes or initiatives</li> </ul>	<p>Traffic lights assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<p><b>EQ3.6.</b> How effective have the Strategy and the EU Drugs Action Plan 2021-2025 been in promoting peer-led work as a way of sharing information for the access to treatment?</p> <p><b>EQ3.7.</b> Were the Strategy and the EU Drugs Action Plan 2021-2025 effective in identifying and remedying the barriers to accessing treatment and ensure and, where needed, extend coverage of treatment and care services based on individual needs?</p> <p><b>EQ3.8.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in reducing stigma, in ensuring the wide implementation of treatment and care addressing the specific needs of women, as well as in implementing models of care that are appropriate for groups with special care needs?</p> <p><b>EQ3.9.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in providing and, where needed, improving access to, availability and appropriate use of substances for medical and scientific purposes?</p>	<p>peer-led work as a way of sharing information for the access to treatment.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in identifying and remedying the barriers to accessing treatment and ensure and, where needed, extend coverage of treatment and care services based on individual needs.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in reducing stigma, in ensuring the wide implementation of treatment and care addressing the specific needs of women, as well as in implementing models of care that are appropriate for groups with special care needs.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in providing and, where needed, improving access to, availability and appropriate use of substances for medical and scientific purposes.</p>	<p>addressing specific needs of women under the Strategy</p> <p>-Percentage increase in the number of women entering drug treatment programmes</p> <p><b>Qualitative indicators</b></p> <p>-Examples of successful coordination and collaboration among treatment and social support services facilitated by the Strategy</p> <p>-Examples of successful instances where peer-led work facilitated information sharing for accessing treatment under the EU Drugs Action Plan</p> <p>-Examples of identified barriers to accessing treatment under the Strategy</p> <p>-Example of improving availability and access to substances for medical and scientific purposes attributed to the Strategy and Action Plan</p> <p><b>Opinion-based indicators</b></p> <p>-The proportion of the stakeholders agreeing that the Strategy and the Action Plan have been effective in ensuring voluntary access to treatment and care services that work in close coordination and collaboration with other health and social support services</p> <p>-The proportion of the stakeholders agreeing that the Strategy and the Action Plan have been effective in promoting peer-led work as a way of sharing information for the access to treatment</p> <p>-The proportion of the stakeholders agreeing that the Strategy and the Action Plan have been</p>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>effective in identifying and remedying the barriers to accessing treatment and ensure and, where needed, extend coverage of treatment and care services based on individual needs.</p> <p>-The proportion of the stakeholders agreeing that the Strategy and the Action Plan have been effective in reducing stigma, in ensuring the wide implementation of treatment and care addressing the specific needs of women, as well as in implementing models of care that are appropriate for groups with special care needs</p> <p>-The proportion of the stakeholders agreeing that the Strategy and the Action Plan have been effective in ensuring appropriate usage of substances for medical and scientific purposes</p>		

**Answer:** The strategy and action plan **have steered national drug strategies to reinforce measures to reduce drug demand across Europe** through expanded evidence-based prevention, awareness-raising and improved treatment services, yet their effectiveness varies widely across countries. Member States still face challenges in fully realising the goals of the action plan due to underdeveloped prevention infrastructures, uneven access to treatment services, limited resource allocation, and insufficient integration between social, mental health, and drug treatment systems. In addition, the overall effectiveness assessment on drug demand reduction, found data limitations to measure the amount of population using drugs per year during the evaluated period 2021-2024<sup>359</sup>. Moreover, the treatment demand indicator (TDI) has data available until 2022 only, which does not allow a complete assessment<sup>360</sup>. On the other hand, the wastewater analysis<sup>361</sup> has become useful in determining key trends in illicit drug consumption, despite not tracking the use of drugs per year<sup>362</sup>.

<sup>359</sup> Last-year prevalence (which measures the proportion of a population that has used a specific drug within the past 12 months) is the most common method for assessing consumption of a certain drug among a population. Being survey-based, it has the advantages of providing detailed demographic data, including age, gender, and socioeconomic factors, which help to identify specific user groups and trends over time. However, these surveys are reliant on self-reported data, potentially leading to underreporting, and are typically conducted infrequently: only two Member States have reported data for the year 2023 (the current most recent year), and the majority of Member States are not present in the data before 2021. This is the case for the majority of drugs covered in this dataset hosted by EUDA. [https://www.euda.europa.eu/data/stats2024/gps\\_en](https://www.euda.europa.eu/data/stats2024/gps_en)

<sup>360</sup> [https://www.euda.europa.eu/data/catalogue/stats2024/tdi\\_en](https://www.euda.europa.eu/data/catalogue/stats2024/tdi_en) .

<sup>361</sup> Wastewater analysis estimates drug consumption by analysing the presence of drug metabolites in municipal wastewater. It can deliver near real-time data, allowing monitoring of temporal trends and geographic distribution of drug use. This method is particularly effective for identifying emerging substances and patterns, such as during festivals or in specific urban areas. However, it does not provide information on individual user demographics or consumption frequency. It has limitations related to the stability of biomarkers, the impact of environmental factors on results, and uncertainties in population size estimation for sampled areas.

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
<p>Notwithstanding data limitations, available data on drug use suggests cannabis use among young adults (15-34) remains stable<sup>363</sup>, with 15 per cent of young adults having used it; while the use of cocaine is on the rise, as surveys conducted until 2023 indicate that almost 2.5 million 15-to-34-year-olds (2.5 % of this age group) had used cocaine the year before<sup>364</sup>. Also in 2023, cocaine residues in municipal wastewater increased in 50 out of 72 cities with data compared with 2022. In addition, some countries reported higher estimates in the drug use among young adults for synthetic stimulants, (1.5 million) and MDMA (2.2 million, with 1.1 million aging below 24 years). These results suggest the strategy and action plan have not been able to decrease drug use or delay the age of onset.</p>					
<p><b>EQ4.</b> To what extent and how have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to addressing <b>harm reduction</b> in Europe?</p>					
<b>EQ4.1.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in reducing the prevalence and incidence of drug-related infectious diseases and other negative health and social outcomes?	<p><b>EQ4.1.1.</b> Was the availability, accessibility and coverage of risk- and harm-reduction services sufficient for the effective implementation of <i>Strategic priority 7</i>?</p> <p><b>EQ4.1.2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in preventing the treat of blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and in reaching high-risk populations and put them in touch with care and other support services?</p> <p><b>EQ4.1.2.</b> To what extent have the</p>	<p>The measures and actions implemented under the Strategy and the EU Drugs Action Plan 2021-2025 have been effective to ensure protection and support to the people who use drugs.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in reducing the prevalence and incidence of drug-related infectious diseases and other negative health and social outcomes:</p> <p>Availability, accessibility and coverage of risk- and harm-reduction services were sufficient. The training activities on evidence-based measures have been effectively implemented.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 have been effective in preventing the implementation of Strategic priority 7</p>	<p><b>Overarching indicators</b> 4, 5, 6, 7</p> <p><b>Quantitative indicators</b> -Percentage change in the number of harm reduction programmes and their clients in the EU and in MS attributed to the Strategy and Action Plan -Trends in the reduction of the prevalence and incidence of drug-related infectious diseases and other negative health social outcomes in the Study period -Number and main trends in the accessibility, availability and coverage of risk- and harm-reduction services sufficient for the effective implementation of Strategic priority 7</p>	<p>Traffic lights assessments Foresight analysis Baseline assessment Quantitative analysis</p>	<p>Desk research Interviews Surveys Case studies Public consultation</p>

[https://www.euda.europa.eu/publications/html/pods/waste-water-analysis\\_en](https://www.euda.europa.eu/publications/html/pods/waste-water-analysis_en)

<sup>362</sup> Yi et al. (2023). 'Wastewater-Based Epidemiology: Assessing Illicit Drug Usage and Impact through an Innovative Approach'. *Water*, 15, pp. 4192.

<https://doi.org/10.3390/w15234192>

<sup>363</sup> EUDA (2024). European Drug Report 2023. [https://www.euda.europa.eu/publications/european-drug-report/2023/cannabis\\_en](https://www.euda.europa.eu/publications/european-drug-report/2023/cannabis_en)

<sup>364</sup> Of the 13 European countries that have conducted surveys since 2021 and provided confidence intervals, five report higher estimates than their previous comparable survey and eight report a stable trend; EUDA (2024). Cocaine – the current situation in Europe (European Drug Report 2024). [https://www.euda.europa.eu/publications/european-drug-report/2024/cocaine\\_en#edr24-cocaine-prevalence](https://www.euda.europa.eu/publications/european-drug-report/2024/cocaine_en#edr24-cocaine-prevalence)

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<p>Strategy and the EU Drugs Action Plan 2021-2025 contributed (a) to improving the existing needle and syringe programmes, linked to low threshold social and health care services, (b) to implement opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions?</p>	<p>treat of blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and in reaching high-risk populations and put them in touch with care and other support services. The Strategy and the EU Drugs Action Plan 2021-2025 have contributed (a) to improving the existing needle and syringe programmes, linked to low threshold social and health care services, (b) to implement opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions.</p>	<p>-Number of training activities on evidence-based measures effectively implemented in the Member States and cross-border  -Number of the main initiatives and interventions linked to the implementation of the Strategy and the EU Drugs Action Plan 2021-2025 for preventing the treat of blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and for reaching high-risk populations and put them in touch with care and other support services implemented in the Member States  -Number of initiatives implemented through the Strategy and the EU Drugs Action Plan 2021-2025 aiming (a) to improving the existing needle and syringe programmes, linked to low threshold social and health care services, and (b) to implement opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions  -Percentage change in incidence of drug-related infectious diseases</p> <p><b>Qualitative indicators</b></p> <p>-Examples of reported instances demonstrating the provision of protection and support to people who use drugs as a result of the implemented measures.  -Example of reduction of the prevalence and incidence of drug-related infectious diseases and other negative health and social outcomes attributed to the Strategy and Action Plan  -Examples of risk- and harm-reduction services sufficient for the effective implementation of</p>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>Strategic priority 7</p> <p>-Examples of training activities on evidence-based measures effectively implemented in the Member States and cross-border</p> <p>-Examples of the main initiatives and interventions linked to the implementation of the Strategy and the EU Drugs Action Plan 2021-2025 for preventing the treat of blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and for reaching high-risk populations and put them in touch with care and other support services implemented in the Member States</p> <p>-Examples of initiatives implemented through the Strategy and the EU Drugs Action Plan 2021-2025 aiming (a) to improving the existing needle and syringe programmes, linked to low threshold social and health care services, and (b) to implement opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions</p> <p><b><u>Opinion-based indicators</u></b></p> <p>The proportion of the stakeholder agreeing that the Strategy and the Action Plan have been effective in ensuring harm reduction services that provide protection and support to the people who use drugs in the EU and in MS</p> <p>-Share (%) of stakeholders agreeing that there was a reduction of the prevalence and incidence of drug-related infectious diseases and other negative health and social outcomes attributable to the Strategy and Action Plan</p> <p>-Share (%) of stakeholders rating the accessibility, availability and coverage of risk-</p>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>and harm-reduction services sufficient for the effective implementation of Strategic priority 7</p> <p>-Share (%) of stakeholders agreeing that training activities on evidence-based measures were effectively implemented in the Member States and cross-border</p> <p>-Share (%) of stakeholders agreeing that initiatives and interventions linked to the implementation of the Strategy and the EU Drugs Action Plan 2021-2025 for preventing the treat of blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and for reaching high-risk populations and put them in touch with care and other support services have been effectively implemented in the Member States</p> <p>-Share (%) of stakeholders agreeing that initiatives implemented under the Strategy and the EU Drugs Action Plan 2021-2025 aiming (a) to improving the existing needle and syringe programmes, linked to low threshold social and health care services, and (b) to implement opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions have been effective in the Member States</p>		
<p><b>EQ4.2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 been effective in preventing drug overdoses?</p>	<p><b>EQ4.2.1.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to the effective implementation of the use of the opioid antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses?</p>	<p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to the effective implementation of the use of the opioid antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses.</p> <p>The Strategy and the EU Drugs Action Plan</p>	<p><b>Overarching indicators</b> 4, 5, 6, 7</p> <p><b>Quantitative indicators</b> Trends in the use of opioid antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses</p> <p>Number of programmes distributing opioid</p>	<p>Traffic lights assessments</p> <p>Foresight analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<p>overdoses?</p> <p><b>EQ4.2.2.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to the implementation of new measures on drug services? (e.g., <i>innovative approaches for people who use stimulant drugs and for young people who go to nightclubs and parties</i>)</p> <p><b>EQ4.2.3.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to a better monitoring and reporting of overdose deaths across the EU?</p>	<p>2021-2025 have contributed to the implementation of new measures on drug services.</p> <p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to a better monitoring and reporting of overdose deaths across the EU.</p>	<p>antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses</p> <p>Number of new measures on drug services (e.g., <i>innovative approaches for people who use stimulant drugs and for young people who go to nightclubs and parties</i>) implemented in the Member States</p> <p>Percentage change in the number of overdose deaths</p> <p><b>Qualitative indicators</b></p> <ul style="list-style-type: none"> <li>-Examples of the use of opioid antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses in Member States</li> <li>-Best practices in the use of opioid antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses traceable in the Member States</li> <li>-Examples of new measures on drug services (e.g., <i>innovative approaches for people who use stimulant drugs and for young people who go to nightclubs and parties</i>) effectively implemented in the Member States</li> </ul> <p><b>Opinion-based indicators</b></p> <ul style="list-style-type: none"> <li>-Share (%) of stakeholders agreeing the use of opioid antagonist naloxone, including take-home naloxone programmes, as a way of responding to or intervening in opioid overdoses has been effectively implemented in the Member States under the Strategy and the</li> </ul>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			EU Drugs Action Plan 2021-2025 -Share (%) of stakeholders agreeing that new measures on drug services (e.g., <i>innovative approaches for people who use stimulant drugs and for young people who go to nightclubs and parties</i> ) have been effectively implemented in the Member States under the Strategy and the EU Drugs Action Plan 2021-2025 Share (%) of stakeholders agreeing that the Strategy and the EU Drugs Action Plan 2021-2025 contributed to a better monitoring and reporting of overdose deaths across the EU		
<b>EQ4.3.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed 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?	The Strategy and the EU Drugs Action Plan 2021-2025 contributed 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.	The Strategy and the EU Drugs Action Plan 2021-2025 contributed 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.	<u><b>Overarching indicators</b></u> 4, 5, 6, 7 <u><b>Quantitative indicators</b></u> Number of initiatives on the 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 promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025 contributed to promote and encourage  <u><b>Qualitative indicators</b></u> Examples of initiatives on the 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 promoted and implemented	Traffic lights assessments Foresight analysis Baseline assessment Quantitative analysis	Desk research Interviews Surveys Case studies Public consultation

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>under the Strategy and the EU Drugs Action Plan 2021-2025</p> <p><b>Opinion-based indicators</b> Share (%) of stakeholders agreeing that initiatives on the 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 promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025 have been effective</p>		
<p><b>EQ4.7.</b> To what extent have the Strategy and the EU Drugs Action Plan 2021-2025 contributed to the implementation of alternatives to coercive sanctions 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?</p>		<p>The Strategy and the EU Drugs Action Plan 2021-2025 contributed to the implementation of alternatives to coercive sanctions 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.</p>	<p><b>Overarching indicators</b> Number of initiatives on alternatives to coercive sanctions 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 promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025</p> <p>Percentage change in the prevalence of drug use before and after prison</p> <p><b>Quantitative indicators</b></p> <p><b>Qualitative indicators</b> -Examples of initiatives on the 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</p>	<p>Traffic lights assessments Foresight analysis Baseline assessment</p> <p>Quantitative analysis</p>	<p>Desk research Interviews Surveys Case studies Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>of drug policies promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025</p> <p>-Examples of initiatives on alternatives to coercive sanctions 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 promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025</p> <p><b><u>Opinion-based indicators</u></b></p> <p>-Share (%) of stakeholders agreeing that initiatives on the 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 promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025 have been effective</p> <p>-Share (%) of stakeholders agreeing that initiatives on alternatives to coercive sanctions 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 were effectively promoted and implemented under the Strategy and the EU Drugs Action Plan 2021-2025</p>		

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
<p>Answer: The strategy has contributed effectively to promoting initiatives and facilitating discussions at EU and national level on harm reduction interventions, but efforts in practice have fallen short of ensuring full effectiveness with only some Member States aligning their policies or developing harm reduction measures. Member States seemed positive with the inclusion of harm reduction pillar in the Strategy<sup>365</sup> at EU-level, however in most national strategies harm reduction is not a separate pillar but belongs to the demand reduction pillar. The assessment also noticed that the reinforced focus on harm reduction benefited the human-rights approach to drugs in international policies. At the same time, harms related to drug-induced deaths remain a challenge as new substances and drug use trends pose new health risks in people who use drugs, and the strategy and action plan have not been successful in reducing the number of overdose deaths which instead continued to increase.</p> <p>Overall, the measurable impact of harm reduction measures on society remains difficult to assess due to limited data collection and reporting at national level. However, data available shows that the effective contribution of the strategy to these objectives appears uneven across Member States due to inconsistent prioritisation and implementation of measures and in some cases lack of restrictive measures. Issues such as the complexity of interventions, insufficient resources and cross-services coordination challenges, limit the overall success of the strategy and action plan in this area. Effective harm reduction and treatment strategies to respond to new threats from synthetic opioids and new psycho-active substances remain inadequate.</p>					

<sup>365</sup> Interviews with Member States

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
<b>EFFICIENCY</b>					
<b>EQ6.</b> What are the benefits of the Strategy and the Drugs Action Plan 2021-2025 and costs generated? To what extent has the Strategy been cost-effective?	<b>EQ6.1</b> What are the benefits of the Strategy and the Drugs Action Plan 2021-2025? What are the benefits of supply reduction? What are the benefits of demand reduction? What are the benefits of harm reduction?	The Strategy and the Action Plan 2021-2025 delivered measurable benefits (in monetary terms) in the three policy areas.	<b>Quantitative indicators</b> The social and economic cost of the drug phenomenon at the EU / National level as a share of GDP Overall funding for activities in the field of drugs and drug addictions at the EU / national level as a share of GDP <b>Opinion based indicators</b> The proportion of stakeholders considering that the Drugs Strategy and the Action Plan provided for sufficient funding of activities in the field of drugs and drug addictions to achieve the necessary results at the EU / national level for each of the 11 priorities of the Drugs Strategy The proportion of stakeholders considering that the Drugs Strategy and the Action Plan provided for adequate distribution of funding for activities in the field of drugs and drug addictions on the national level linked to the 11 strategic priorities The proportion of stakeholders considering that resources are spent in a cost-efficient way	Cost-effectiveness analysis Baseline assessment Quantitative analysis	Interviews Surveys Case studies Desk research EUDA and Europol reports External Studies of different programmes such as EIPACCTO, EUROFRONT, CRIMJUST, COPOLAD and the Global Illicit Flows Programme Audits and Studies of National Drug programmes and drug action plans
	<b>EQ6.2</b> What are the direct costs generated as a result of the implementation of the Strategy and its Action Plan on the EU and national level? What are the costs of supply reduction? What are the costs of demand reduction? What are the costs of harm reduction?	Stakeholders implementing the Strategy and its Action Plan have incurred direct costs.	<b>Quantitative indicators</b> Evolution of the overall budget allocated to actions in the field of drugs and drug addiction on the EU/national level following the adoption of the Strategy and Action Plan Evolution of the budget allocated for the specific actions listed under the 11 strategic priorities of the Strategy on the EU / national level <b>Qualitative indicators</b> Examples of national stakeholders having earmarked additional funding in response to the Strategy and its Action Plan Examples of national stakeholders having	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<b>Primary research</b> Interviews with stakeholders; Surveys Budgets of EU agencies, national bodies, drug-related programmes  <b>Secondary research</b> Audit and Study reports; EUDA reports EUDA statistical bulletin National assessments of drug-related expenditure

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			prioritised funding in accordance with the Strategy and its Action Plan		
	<b>EQ6.3</b> To what extent has the Strategy been cost-effective? In the area of supply reduction? In the area of demand reduction? In the area of harm reduction?	The Strategy and the Action Plan 2021-2025 cost-effectively delivered tangible strategic benefits:  measurable reduction of the prevalence of drug use (by type of drugs), problem drug use, treatment demand from never previously treated, drug-related mortality, morbidity, and social exclusion. disruption of the illicit drugs market and a measurable reduction in drug market size, increased availability and coverage of responses to address the issue of drug use in custodial settings. measurable progress made concerning the 2030 Agenda for Sustainable Development Goals.	<b>Quantitative indicators</b> Costs for drug-related activities in the field of reduction of the demand for drugs compared to the prevalence of drug use and drug-related mortality, health and social risks and harms (Overarching indicators 4-9) on the EU / national level before and after the adoption of the Strategy. Costs for drug-related activities in the disruption of the illicit drugs market compared to levels of illegal drug seizures, market value, prices, etc. (Overarching indicators 2-3) on the EU / national level before and after the adoption of the Strategy. Costs for drug-related activities in the field of cross-border police and judicial cooperation compared to the number of joint operations, and specifically asset recovery and financial investigations (Overarching indicator 1) on the EU / national level before and after the adoption of the Strategy Costs of drug-related activities in the field of responding to drug use in prison compared to the prevalence of drug use before and inside prison and availability of health and social services in prisons (Overarching indicator 10) on the EU / national level before and after the adoption of the Strategy; Costs of drug-related activities for meeting commitments of the Sustainable Development Goals compared to measurable progress on SDG targets (Target 3.3, 3.5, 3.8, 3.b) on the EU / national level before and after the adoption of the Strategy (Overarching indicator 11)	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<b>Primary research</b> Interviews with stakeholders; Public consultation; Budgets of EU agencies, national bodies, drug-related programmes  <b>Secondary research</b> Audit and Study reports; EUDA and Europol reports EUDA statistical bulletin National assessments of drug-related expenditure, social/economic costs of drug use and drug addictions External Studies of different programmes such as EIPACCTO, EUROFRONT, CRIMJUST, COPOLAD and the Global Illicit Flows Programme UNODC and Eurostat reports on the progress made towards achieving the SDGs relevant to drug issues

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p><b>Qualitative indicators</b> Progress in achieving the Strategy objectives at the EU/national level Progress in attaining SDG targets</p> <p><b>Opinion-based indicators</b> The proportion of stakeholders considering that costs are reasonable and sufficient compared to achieved objectives The proportion of stakeholders considering that costs are similar compared to other EU initiatives of such scale (e.g. internal security, migration)</p>		
EQ7. What are the factors that have influenced the efficiency of the Strategy and the Drugs Action Plan 2021-2025 measures?	EQ 7.1 What internal to the EU factors have influenced the efficiency of the Strategy and the Action Plan?	Internal factors, such as changes in EU and national priorities and available financial resources, have influenced the Strategy and the Action Plan.	<p><b>Quantitative indicators</b> Trends in the EU and national budgets allocated to each of the 6 pillars of the Drugs Strategy and the respective tasks listed in the Action plan.</p> <p><b>Qualitative indicators</b> Examples of changes in prioritisation of the drugs phenomenon in strategies and policy documents at EU and national level within the Study period</p> <p><b>Opinion based indicators</b> The proportion of stakeholders considering that internal factors have had an impact on the efficiency of drug-related expenditure (e.g. financial and budgetary)</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<p><b>Primary research</b> Interviews with stakeholders; Open public consultation; Budgets of EU agencies, national bodies, drug-related programmes</p> <p><b>Secondary research</b> EUDA, EUROPOL and other EU agencies budgets and annual reports National budgets allocated to the drug phenomenon EU and national strategic and policy documents Academic publications</p>
	EQ 7.2 What factors external to the EU have influenced the efficiency of the Strategy and the Action Plan?	Global or regional trends, such as an increase in levels of drug trafficking and drug consumption in the EU and the appearance of new NPS, are influencing the	<p><b>Quantitative indicators</b> Global and regional trends (e.g. drug trafficking patterns, drug consumption trends, the appearance of new NPS and other political, scientific, economic or societal trends) with</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<p><b>Primary research</b> Interviews with stakeholders; Public consultation;</p> <p><b>Secondary research</b></p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
		efficiency of the Strategy and the Action Plan.	<p>impact on drug supply and demand – overarching indicators 2,3,6,8,9</p> <p><b>Qualitative indicators</b> Example of changes in cross-border cooperation with third countries and international organisations which impact the Strategy and the Action Plan – overarching indicator 1 Examples of changes in legislation and enforcement of policies to drug supply from third countries</p> <p><b>Opinion based indicators</b> The proportion of stakeholders considering that external factors [e.g. political, scientific, economic or societal] have had an impact on the efficiency of drug-related expenditure</p>		<p>EUDA, EUROPOL and other EU agencies budgets and annual reports</p> <p>National budgets allocated to the drug phenomenon</p> <p>EU and national strategic and policy documents</p> <p>Reports from UNODC, INCB and other relevant international organisations</p> <p>Academic publications</p>
<p><b>EQ8.</b> To what extent have the Strategy and the Drugs Action Plan 2021-2025 had an impact on the Member States' budgetary resources and to what extent are these costs proportionate given the associated benefits?</p>	<p><b>EQ 8.1</b> How have Member States' budgetary resources changed during the Study period?</p>	<p>National budgetary resources have been aligned with the priorities and objectives of the Strategy and the Action Plan.</p>	<p><b>Quantitative indicators</b> National budgets compared to base-line and year-over-year National budgets compared to national demand and supply indicators (overarching indicators 2,3,5,6,8,9) Drug-related expenses as a percent of GDP</p> <p><b>Qualitative indicators</b> Examples of changes in national priorities to align national strategies and drug-related policies to the Strategy and Action Plan Assessment of additional budget committed vs. benefits delivered</p> <p><b>Opinion based indicators</b> The proportion of stakeholders considering that the Strategy and the Action Plan impacted national budgets dedicated to the drug</p>	<p>Cost-effectiveness analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p><b>Primary research</b> Interviews with stakeholders; Public consultation; National strategies, action plans National budget allocations (or estimates) of resources for implementation of the Strategy</p> <p><b>Secondary research</b> EUDA, EUROPOL, UNODC, and other relevant agencies' reports National statistics and Eurostat data</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<b>EQ 8.2</b> How do national costs and benefits compare among Member States, considering the challenges they face regarding demand and supply of drugs?	National budgetary resources correspond to the benefits intended after mitigating each Member State's challenges.	<p><b>Quantitative indicators</b> Comparison of national budgets to national demand and supply indicators (overarching indicators 2,3,5,6,8,9) Comparison between Member States' spending and achieved results (key supply and demand indicators - overarching indicators 2,3,5,6,8,9)</p> <p><b>Qualitative indicators</b> Progress in achieving the Strategy objectives at national level Examples of how specific challenges have been overcome Examples of benefits delivered at the national level</p> <p><b>Opinion based indicators</b> The proportion of stakeholders considering that the Strategy and the Action Plan impacted national budgets dedicated to the drug phenomenon considering the challenges they faced The proportion of stakeholders considering that the Strategy and the Action Plan impacted the intended benefits considering the challenges they faced</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<p><b>Primary research</b> Interviews with stakeholders; Public consultation; National strategies, action plans National budget allocations (or estimates) of resources for implementation of the Strategy</p> <p><b>Secondary research</b> EUDA, EUROPOL, UNODC, and other relevant agencies' reports National statistics and Eurostat data</p>
<b>EQ9.</b> To what extent have the resources allocated throughout the years been relevant for reaching the objectives of the Strategy and the Drugs Action Plan 2021-2025?	<b>E9.1</b> To what extent have the resources allocated at the EU level throughout the years been relevant for reaching the Strategy and the Drugs Action Plan 2021-2025 objectives?	Resources at the EU level have been relevant and sufficient for reaching the objectives of the Strategy and the Action Plan.	<p><b>Quantitative indicators</b> Year-over-year allocation of resources at key EU agencies and international programmes</p> <p><b>Qualitative indicators</b> Level of achievement of actions from the Action Plans</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<p><b>Primary research</b> Interviews with stakeholders Traffic-light assessment</p> <p><b>Secondary research</b> Annual reports and budgets of EU agencies and international</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>Level of achievement of objectives of the Strategy</p> <p>Examples of financial shortcomings to achieve the intended benefits of actions</p> <p><b>Opinion based indicators</b></p> <p>The proportion of stakeholders considering that the available EU-level resources in the Study period have been sufficient and relevant</p>		<p>programmes;</p>
<p><b>E9.2</b> To what extent have the resources allocated nationally throughout the years been relevant for reaching the objectives of the Strategy and the Drugs Action Plan 2021-2025 objectives?</p>	<p>Resources at the national level have been relevant and sufficient for reaching the objectives of the Strategy and the Action Plan.</p>		<p><b>Quantitative indicators</b></p> <p>Year-over-year allocation of resources at the national level,</p> <p><b>Qualitative indicators</b></p> <p>Level of achievement of actions from the Action Plans</p> <p>Level of achievement of objectives of the Strategy</p> <p>Examples of financial shortcomings to achieve the intended benefits of actions</p> <p><b>Opinion based indicators</b></p> <p>The proportion of stakeholders considering that the available national-level resources in the Study period have been sufficient and relevant</p>	<p>Cost-effectiveness analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p><b>Primary research</b></p> <p>Interviews with stakeholders</p> <p>Traffic-light assessment</p> <p><b>Secondary research</b></p> <p>Estimates of national drugs-related resources</p>
<p><b>EQ10.</b> To what extent have the resources allocated throughout the years been relevant for strengthening drug related research, monitoring and foresight?</p>	<p><b>EQ10.1</b> To what extent have the resources allocated on the EU level throughout the years been relevant for strengthening drug related research, monitoring and foresight?</p>	<p>Resources at the EU level have been relevant and sufficient to strengthen drug-related research, monitoring and foresight per the objectives set in the Strategy and the tasks in the Action Plan.</p>	<p><b>Quantitative indicators</b></p> <p>Year-over-year allocation of resources for drug-related research, monitoring and foresight by EU funding programmes or directly to EU agencies and international programmes</p> <p>Costs for drug-related activities in the field of monitoring, research and foresight results compared to the number of research/Study initiatives at the EU level before and after the adoption of the Strategy</p>	<p>Cost-effectiveness analysis</p> <p>Baseline assessment</p> <p>Quantitative analysis</p>	<p>Interviews with stakeholders</p> <p>Targeted stakeholder surveys</p> <p>Desk research</p> <p>Academic databases and repositories (e.g. Google Scholar, Zenodo, Scopus, etc.)</p> <p>EUDA and Europol reports</p> <p>External Studies of different programmes such as Ei</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p><b>Qualitative indicators</b>            Progress in achieving the objectives in the Action Plans and the Strategy at the EU level            Examples of innovations, synergies, and systemic changes regarding research, monitoring and foresight at the EU level delivered cost-effectively.</p> <p><b>Opinion based indicators</b>            The proportion of stakeholders considering that costs are reasonable and sufficient compared to achieved objectives            The proportion of stakeholders considering that costs are similar compared to other EU initiatives of such scale (e.g. internal security, migration)</p>		PAcCTO, EUROFRONT, CRIMJUST, COPOLAD and the Global Illicit Flows Programme
<b>EQ10.2</b> To what extent have the resources allocated nationally throughout the years been relevant for strengthening drug related research, monitoring and foresight?		Resources at the national level have been relevant and sufficient to strengthen drug-related research, monitoring and foresight as per the objectives set in the Strategy and the tasks of the Action Plan.	<p><b>Quantitative indicators</b>            Year-over-year allocation of resources for drug-related research, monitoring and foresight by national funding programmes or directly to EU agencies and international programmes            Costs for drug-related activities in the field of monitoring, research and foresight results compared to the number of research/Study initiatives at the national level before and after the adoption of the Strategy</p> <p><b>Qualitative indicators</b>            Progress in achieving the objectives in the Action Plans and the Strategy at the national level            Examples of innovations, synergies, and systemic changes regarding research, monitoring and foresight at the national level are delivered cost-effectively.</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	Interviews with stakeholders Targeted stakeholder surveys Desk research EUDA and Europol reports External Studies of different programmes such as PAcCTO, EUROFRONT, CRIMJUST, COPOLAD and the Global Illicit Flows Programme Audits and Studies of National Drug programmes and drug action plans

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p><b>Opinion based indicators</b> The proportion of stakeholders considering that costs are reasonable and sufficient compared to achieved objectives</p>		
<b>EQ11.</b> Could the results, delivered through the implementation of the Strategy and Drugs Action Plan 2021-2025, have been achieved with less European and/or national funding? Could the use of other policy instruments or mechanisms, on European and/or national level, have provided better cost-effectiveness?	<b>EQ11.1</b> Could the results, delivered through the implementation of the Strategy and Drugs Action Plan 2021-2025, have been achieved with less European and national funding?	There has been no waste of resources or non-absorption of resources.	<p><b>Quantitative indicators</b> Comparison of selected cost-effectiveness ratios between the actions undertaken as part of the Action Plan and similar activities under EU programmes or Member State initiatives.</p> <p><b>Qualitative indicators</b> Cases of lack of progress or under-achievement of objectives in any of the 6 pillars of the Strategy Cases of spending at the EU or national level that do not produce tangible results Cases of allocated resources at EU or national level which have not been spent or have been partially spent Cases of alternative instruments/mechanisms with higher cost-effectiveness ratios</p> <p><b>Opinion based indicators</b> The proportion of stakeholders considering that there were excessive expenses or unused resources at the EU/national level;</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<b>Primary research</b> Interviews with stakeholders; Public consultation; Targeted stakeholder surveys  <b>Secondary research</b> Financial and activity reports Audit reports and Studies of national and EU action plans or international programmes

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	<b>EQ10.2</b> Could the use of other policy instruments or mechanisms, on a European and/or national level, have provided better cost-effectiveness?	Instruments or mechanisms which could be more effective in achieving the objectives of the Strategy have been identified	<p><b>Qualitative indicators</b> Examples of other EU strategies with proven cost-effectiveness, applying alternative financial instruments and mechanisms</p> <p>Examples of international or third countries' drugs-related instruments or mechanisms with proven cost-effectiveness</p> <p><b>Opinion based indicators</b> The proportion of stakeholders considering that alternative instruments or mechanisms could be more cost-effective than the one applied in the Strategy</p>	Cost-effectiveness analysis Baseline assessment Quantitative analysis	<p><b>Primary research</b> Interviews with stakeholders; Public consultation;</p> <p><b>Secondary research</b> Study reports of EU or international strategies and programmes applying alternative instruments and mechanisms</p>

**Answer:** The **Strategy's efficiency** is affected by the evolving drugs market, characterised by the increased production, rise of potent new substances, advanced criminal techniques using also digital technologies, geopolitical instability, and events like the COVID-19 pandemic which complicated enforcement efforts. Internally, inadequate resource allocation and unclear ownership of actions weaken implementation. The cost-benefit assessment found a wide variation in Member States' financial commitments, with data gaps hindering comprehensive analysis; there seems to be progress in resource allocation to support supply reduction measures as well as support for demand and harm reduction, with some disparities across countries. There has been increased EU funding for EU agencies and cooperation programmes which supports national efforts in line with strategic priorities, but attribution to specific outcomes remains unclear. Public consultations suggest funding remains insufficient for harm reduction services, civil society projects, and national-level drug services. Addressing these challenges requires not just financial investment but also improved governance, accountability, and prioritization of resources.

Study questions	Evaluation sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
<b>RELEVANCE</b>					
EQ12. To what extent have the Strategy and the Drugs Action Plan 2021-2025 been relevant in view of the	<b>EQ12.1.</b> What are the current and likely future needs and challenges in each of the three policy areas of the Strategy:  Drug supply reduction: Enhancing Security; Drug demand reduction: prevention, treatment	The Strategy and the Drugs Action Plan 2021-2025 have been relevant in addressing the current and likely future EU needs/challenges in each of the three policy areas of the Strategy.	<p><b>Qualitative indicators</b> Typology of current needs, problems and challenges</p> <p>Mapping and comparison of future needs to current needs and needs at the time of the</p>	Baseline assessment  Traffic light assessment  Foresight analysis	Desk research  Interviews  Surveys  Case studies  Public

Study questions	Evaluation sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
EU needs/challenges and is it still relevant in view of current needs and challenges?	<p>and care services, Addressing drug-related harm</p> <p><b>EQ12.2.</b> What are the current and likely future needs and challenges in each of the cross-cutting themes in support of the policy areas of the Strategy:</p> <ul style="list-style-type: none"> <li>International cooperation</li> <li>Research, innovation and foresight;</li> <li>Coordination, governance and implementation?</li> </ul>	<p>have been relevant in addressing the current and likely future EU needs/challenges in each of the cross-cutting themes in support of the policy areas of the Strategy.</p>	<p>introduction of the Strategy as well as the Drugs Action Plan 2021-2025</p> <p>Degree of alignment of the Strategy and the Drugs Action Plan 2021-2025 to current and future needs and challenges</p> <p>Degree of alignment of national strategies and action plans to EU Strategy and the Drugs Action Plan 2021-2025</p> <p>Gaps of needs and challenges in the EU Strategy and the Drugs Action Plan 2021-2025</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders that agree the Strategy and Drugs Action Plan are aligned to current needs and challenges</p> <p>Stakeholder perceptions of the degree to which the Strategy and Drugs Action Plan have a clear purpose and components that may be redundant or missing</p>	<p>Quantitative analysis</p>	<p>consultation</p>
<p><b>EQ13.</b> To what extent have the Strategy and the Drugs Action Plan 2021-2025 been relevant in view of specific needs of stakeholders, in particular Member States and civil society?</p>	<p><b>EQ13.1.</b> What are the current and likely future needs and challenges for Member States in each of the three policy areas of the Strategy:</p> <ul style="list-style-type: none"> <li>Drug supply reduction: Enhancing Security;</li> <li>Drug demand reduction: prevention, treatment and care services,</li> <li>Addressing drug-related harm</li> </ul> <p>In this respect, what are the needs of the civil society?</p> <p><b>EQ13.2.</b> What are the current and likely future needs and challenges for Member States in each of the cross-cutting themes in support of the policy areas of the Strategy:</p> <ul style="list-style-type: none"> <li>International cooperation</li> <li>Research, innovation and foresight;</li> <li>Coordination, governance and implementation?</li> </ul>	<p>The Strategy and the Drugs Action Plan 2021-2025 have been relevant in addressing the current and likely future EU needs/challenges for the Member States and the civil society in each of the three policy areas of the Strategy.</p> <p>The Strategy and the Drugs Action Plan 2021-2025 have been relevant in addressing the current and likely future EU needs/challenges for the Member States and the civil society in each of the cross-cutting themes in support of the policy areas of the Strategy.</p>	<p><b>Qualitative indicators</b></p> <p>Typology of current needs, problems and issues by stakeholder type</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that the Strategy and Drugs Action Plan addressed the needs for (i) demand reduction; (ii) supply reduction; (iii) coordination; (iv) international cooperation and (v) research and monitoring in all MS</p> <p>Civil society stakeholder's perceptions of the degree to which the Strategy and Drugs Action Plan addresses their needs</p> <p>Stakeholder perception of changes required in the Strategy and Drugs Action Plan to meet the evolution of needs</p>	<p>Baseline assessment</p> <p>Traffic light assessment</p> <p>Foresight analysis</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Study questions	Evaluation sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
	In this respect, what are the needs of the civil society?				
<b>EQ14.</b> To what extent have the Strategy and the Drugs Action Plan 2021-2025 been relevant to achieve a better international cooperation with third countries, regions, international and regional organisation on drug policy?		The Strategy and the Drugs Action Plan 2021-2025 have been relevant to achieve a better international cooperation with third countries, regions, international and regional organisations on drug policy	<b>Opinion based indicators</b> Proportion of stakeholders considering that the Strategy and Drugs Action Plan addressed the need for (i) coordination; (ii) international cooperation and (iii) research and monitoring Stakeholder perceptions of the degree to which the Strategy and Drugs Action Plan addresses their needs Stakeholder perception of changes required in the Strategy and the Action Plan to meet the evolution of needs	Baseline assessment Traffic light assessment Foresight analysis Quantitative analysis	Desk research Interviews Surveys Case studies Public consultation

**Answer:** The EU Drugs Strategy remains relevant in addressing both current and future drug-related challenges at EU level and across Member States. Stakeholders consider that the Strategy maintains a balanced approach between demand, supply and harm reduction and is key to promote drug policy discussions at EU and international level. The study shows that the Action Plan develops the objectives of the strategy but often lacks clear outputs and prioritisation as well as defined responsibilities, making it difficult to assess specific implementation and relevance at national level. EU-driven initiatives and platforms successfully foster cooperation but there are challenges in ensuring that Member States take specific measures, particularly when actions are vague or lack clear obligations, hindering their monitoring and effectiveness.

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
<b>COHERENCE</b>					
		<b>EQ15.</b> To what extent are the objectives and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 coherent with <b>other relevant EU policy developments</b> , in the fields of security, health, research and EU enlargement and neighbourhood policy?	The Strategy and the Drugs Action Plan 2021-2025 have been coherent with <b>other relevant EU policy developments</b> , in the fields of security, health, research and EU enlargement and neighbourhood policy.	<b>Quantitative indicators</b> Financial resources allocated to EU activities in the field of security, health, research, and EU enlargement Number of objectives of the Strategy and Drugs Action Plan aligned with and non-contradictory to objectives of other EU policy developments and interventions Number of activities of the Drugs Action Plan aligned and non-contradictory to the activities of other EU policy developments and interventions	Coherence analysis Baseline assessment Desk research Interviews Surveys Case studies Public consultation

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p><b>Qualitative indicators</b>  Degree of alignment of the objectives of EU Strategy and Drugs Action Plan and the objectives of other EU policy interventions  Degree of alignment of the activities determined by the EU Strategy and the Action Plan and the activities of other EU policy interventions  Extent of the inclusion of priorities related to security, health, research, and EU enlargement in strategies of relevant EU bodies</p> <p><b>Opinion based indicators</b>  Proportion of stakeholders considering that the objectives and activities of the Strategy and Drugs Action Plan are in line with other objectives and activities of the EU in the fields of security, health, research and EU enlargement, both in the EU and in candidate and neighbouring countries</p>		
<b>EQ16.</b> To what extent are the objectives and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 <b>coherent with the relevant international policy developments</b> , in particular as <b>international policy developments</b> , in particular regards the UN drugs policy?	The objectives and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 have been <b>coherent with the relevant international policy developments</b> , in particular as <b>international policy developments</b> , in particular regards the UN drugs policy		<p><b>Quantitative indicators</b>  Number of actions and strategic priorities (and relevant key areas of intervention assessed as overall coherent with the Strategy and Action plan)</p> <p><b>Qualitative indicators</b>  Degree of alignment of the objectives of EU Strategy and Drugs Action Plan and the relevant international policy developments (e.g., in regard to the UN drugs policy)  Degree of alignment of the activities determined by the EU Strategy and the Action Plan and the relevant international policy developments (e.g., in regard to the UN drugs policy)  Extent of the inclusion of priorities from the relevant international policy developments (e.g., in regard to the UN drugs policy) within the Strategy and Action Plan</p> <p><b>Opinion based indicators</b>  Proportion of stakeholders considering that the objectives</p>	Coherence analysis Baseline assessment	Desk research Interviews Surveys Case studies Public consultation

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 have been <b>coherent with the relevant international policy developments</b>, in particular as regards the UN drugs policy</p>		
<b>EQ17.</b> To what extent are the objectives and activities determined by the Strategy and the Drugs Action Plan 2021-2025 with other objectives and activities of EU agencies, including notably the European Union Drugs Agency (EUDA), Europol, European Centre for the Prevention of Disease Control (ECDC) and the European Medicines Agency (EMA), and of the Member States?	<b>EQ17.1.</b> What are the <b>overlaps and potential synergies</b> of the Strategy and the Drugs Action Plan 2021-2025 with other objectives and activities of EU agencies, including notably the European Union Drugs Agency (EUDA), Europol, European Centre for the Prevention of Disease Control (ECDC) and the European Medicines Agency (EMA), and of the Member States?	<p>The objectives and activities determined by the Strategy and the Drugs Action Plan 2021-2025 have been coherent with other objectives and activities of EU agencies, including notably the European Union Drugs Agency (EUDA), Europol, European Centre for the Prevention of Disease Control (ECDC) and the European Medicines Agency (EMA), and of the Member States.</p> <p>There were overlaps and potential synergies of the Strategy and the Drugs Action Plan 2021-2025 with other objectives and activities of the Commission, of EU agencies, including notably the European Union Drugs Agency (EUDA), Europol, European Centre for the Prevention of Disease Control (ECDC) and the European Medicines Agency (EMA), and of the Member States.</p>	<p><b>Quantitative indicators</b></p> <p>Number of actions and strategic priorities (and relevant key areas of intervention assessed as overall coherent with the Strategy and Action plan with the reference to the following actors:</p> <p>European Union Drugs Agency (EUDA), Europol European Centre for the Prevention of Disease Control (ECDC) European Medicines Agency (EMA) Agencies of the Member States</p> <p><b>Qualitative indicators</b></p> <p>Degree of alignment of the <b>objectives</b> of EU Strategy and Drugs Action Plan and the objectives and activities of the following actors:</p> <p>European Union Drugs Agency (EUDA), Europol European Centre for the Prevention of Disease Control (ECDC) European Medicines Agency (EMA) Agencies of the Member States</p> <p>Degree of alignment of the <b>activities</b> of EU Strategy and Drugs Action Plan and the objectives and activities of the following actors:</p> <p>European Union Drugs Agency (EUDA), Europol European Centre for the Prevention of Disease Control (ECDC) European Medicines Agency (EMA) Agencies of the Member States</p>	Coherence analysis Baseline assessment	Desk research Interviews Surveys Case studies Public consultation

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			<p>Extent of the inclusion of priorities from the following relevant actors:</p> <p>European Union Drugs Agency (EUDA), Europol European Centre for the Prevention of Disease Control (ECDC) European Medicines Agency (EMA) Agencies of the Member States</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that the objectives and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 have been <b>coherent with the following relevant actors</b>:</p> <p>European Union Drugs Agency (EUDA), Europol European Centre for the Prevention of Disease Control (ECDC) European Medicines Agency (EMA) Agencies of the Member States</p>		
<b>EQ18.</b> To what extent have the objectives and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 proved <b>complementary to other interventions by the EU and Member States</b> initiatives in the field of drugs policy?		The objectives and activities detailed in the Strategy and the Drugs Action Plan 2021-2025 proved complementary to other interventions by the EU and Member States initiatives in the field of drugs policy.	<p><b>Quantitative indicators</b></p> <p>Number of actions and strategic priorities (and relevant key areas of intervention) of the Strategy and Action assessed as overall <b>complementary to other interventions by the EU and Member States</b> initiatives in the field of drugs policy</p> <p><b>Qualitative indicators</b></p> <p>Degree of <b>complementarity to other interventions by the EU and Member States</b> initiatives in the field of drugs policy of EU Strategy and Drugs Action Plan</p> <p>Examples of areas of the Strategy and the Drugs Action Plan 2021-2025 that are complementary <b>other interventions by the EU and Member States</b> initiatives</p> <p><b>Opinion based indicators</b></p>	<p>Coherence analysis Baseline assessment</p>	<p>Desk research Interviews Surveys Case studies Public consultation</p>

Study questions	Study sub-questions	Judgement criteria	Indicators	Data analysis	Means of verification
			Proportion of stakeholders considering that there are areas of the Strategy and the Drugs Action Plan 2021-2025 that are complementary <b>other interventions by the EU and Member States</b> initiatives		
<b>EQ19.</b> To what extent are the Strategy and the Drugs Action Plan 2021-2025 coherent with the developments in international fora and with the EU external action?		The Strategy and the Drugs Action Plan 2021-2025 have been coherent with the developments in the international fora and with the EU external action.	<p><b>Qualitative indicators</b> Degree of alignment of the developments in the international fora (e.g. decisions and declarations of UNGASS) and the Strategy and Action Plan</p> <p><b>Opinion-based indicators</b> Proportion of stakeholders considering that the objectives and activities of the Strategy and Action Plan are in line with the developments in the international fora (e.g. decisions and declarations of UNGASS) and with the EU external action</p>	Coherence analysis Baseline assessment	Desk research Interviews Surveys Case studies Public consultation
<p><b>Answer:</b> the Strategy and Action Plan provide a coherent framework aligned with EU, national and international objectives, policies and legislative developments. Coherence with the EU Security Union Strategy is strong, particularly in combating organised crime, though integration of operational responses to emerging security threats posed by organised drug crime, as well as promotion of public-private collaboration to enhance security against drug trafficking are less prominent. While the Strategy aligns with EU health and social policies, it places greater emphasis on drug-related harm and treatment than other EU health initiatives, where more synergies with mental health or gender-sensitive approaches to drug treatment and drug-related harms are needed. Stronger links with local crime prevention are also needed as the drug-related violence affecting communities and driving insecurity in citizens is increasing. At the national level, most Member States align their drug strategies with the EU framework, particularly in supply reduction and drug demand reduction.</p>					

Research questions	Research sub-questions	Judgement criteria	Indicators	Data analysis	Mean of verification
<b>EU ADDED VALUE</b>					
<b>EQ20.</b> What is the European added value of the Strategy and the Drugs Action Plan 2021-2025?		The Strategy and the Drugs Action Plan 2021-2025 had a clear EU Added Value.	<p><b>Qualitative indicators</b> Correspondence between the strategic objectives and actions of key stakeholders (e.g. EUDA, Europol) and those of the Action</p>	Traffic light assessment Foresight analysis Baseline assessment	Desk research Interviews Surveys

Research questions	Research sub-questions	Judgement criteria	Indicators	Data analysis	Mean of verification
			<p>Plan and the Strategy</p> <p>Degree of implementation of the actions of the Action Plan</p> <p>Examples of actions and interventions with high added value that have been taken because of the Strategy, at EU level</p> <p><b>Opinion based indicators</b></p> <p>The proportion of stakeholders considering that the EU Strategy and Action Plan brought additional value to EU-level actions</p>		<p>Case studies</p> <p>Public consultation</p>
<b>EQ21.</b> What is the additional value resulting from EU activities, compared to what could be achieved by Member States at national and/or regional levels?	<b>EQ21.1.</b> What could be achieved at Member States level without the EU activities (especially on the key priority areas and cross-cutting themes)? <b>EQ21.2.</b> What could be achieved at National level without the EU activities (especially on the key priority areas and cross-cutting themes)? <b>EQ21.3.</b> What could be achieved at regional level without the EU activities (especially on the key priority areas and cross-cutting themes)?	<p>The result of the EU activities was of clear added value if compared to what could be achieved by Member States at national and/or regional levels.</p> <p>At Member States level similar results could be achieved without the EU activities (especially on the key priority areas and cross-cutting themes).</p> <p>At national level similar results could be achieved without the EU activities (especially on the key priority areas and cross-cutting themes).</p> <p>At regional level similar results could be achieved without the EU activities (especially on the key priority areas and cross-cutting themes).</p>	<p><b>Qualitative indicators</b></p> <p>Correspondence between the strategic objectives and actions of key stakeholders at national level (e.g. LEA, health authorities) and those of the Action Plan and the Strategy</p> <p>Degree of implementation of the actions of the Action Plan</p> <p>Examples of actions and interventions with high added value that have been taken because of the Strategy, at EU level</p> <p><b>Opinion based indicators</b></p> <p>The proportion of stakeholders considering that the EU Strategy and Action Plan brought additional value to the national and regional actions</p> <p>The proportion of stakeholders considering that similar results could NOT be achieved without the EU activities the EU Strategy and Action Plan</p>	<p>Traffic light assessment</p> <p>Foresight analysis</p> <p>Baseline assessment</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>
<b>EQ22.</b> To which extent had the	<b>EQ22.1.</b> Are there	The Strategy and the Drugs	<b>Quantitative indicators</b>	Traffic light assessment	Desk research

Research questions	Research sub-questions	Judgement criteria	Indicators	Data analysis	Mean of verification
Strategy and the Drugs Action Plan 2021-2025 an impact on national drug strategies and action plans (if relevant) of EU Member States?	indications that there is an indirect impact on national drug policies beyond the EU? <b>EQ22.2. Are there national drug policies beyond the EU.</b> There are national drug strategies and action plans that have been directly implemented in response to the Strategy and Action Plan?	Action Plan 2021-2025 had an impact on national drug strategies and action plans (if relevant) of EU Member States. There is an indirect impact on national drug policies beyond the EU. There are national drug strategies and action plans that have been directly implemented in response to the Strategy and Action Plan.	Number of objectives in the Strategy and Action Plan that can be found in each of the MS national strategies (when existing) Number of EU common statements supported by other third countries at UNGASS and in other international fora since 2021 <b>Qualitative indicators</b> Correspondence between the objectives of the Strategy and Action Plan and the objectives of the strategies and action plans of the MSs (when existing) Examples of candidate, neighbouring or other third countries, which national drug strategies have been impacted by the Strategy and the Action Plan Examples of developments resulting from EU common statements at UNGASS and in other fora <b>Opinion based indicators</b> The proportion of stakeholders considering that the objectives of the Strategy and Action Plan had a positive impact on the national drug strategies and action plans of the EU Member States The proportion of stakeholders considering that the objectives of the Strategy and Action Plan had a positive indirect impact on the national drug strategies and action plans of candidate, neighbouring or other third countries	Foresight analysis Baseline assessment	Interviews Surveys Case studies Public consultation
<b>EQ23.</b> To what extent are the outcomes of the Strategy and the Drugs Action Plan 2021-2025 sustainable? Are the effects likely to last after the intervention ends?	The outcomes of the Strategy and the Drugs Action Plan 2021-2025 are sustainable. The effects of the Strategy and the Drugs Action Plan 2021-2025 are likely to last after the intervention ends.		<b>Qualitative indicators</b> Examples of sustainable outcomes and effects achieved as a result of the implementation of the Strategy and Action Plan objectives <b>Opinion based indicators</b> Proportion of stakeholders considering that the outcomes of the Strategy and Action Plan are sustainable and will therefore last after the intervention ends	Traffic light assessment Foresight analysis Baseline assessment	Desk research Interviews Surveys Case studies Public consultation
<b>EQ24.</b> What would be the most likely consequences of not having an EU-wide Drugs Strategy and Drugs Action Plan?	There will be certain consequences of not having an EU-wide Drugs Strategy and Drugs Action Plan.		<b>Qualitative indicators</b> Examples of modifications (outcomes) in MSs due to the adoption of the EU Strategy and Action Plan Examples of cooperation and synergies in place between	Traffic light assessment Foresight analysis Baseline assessment	Desk research Interviews Surveys Case studies

Research questions	Research sub-questions	Judgement criteria	Indicators	Data analysis	Mean of verification
			<p>Member States and authorities, which would not have occurred if the Strategy and action Plan had not been put in place</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that the absence of EU level action would have damaged the interest of some MSs</p>		Public consultation
<b>EQ25.</b> In the absence of EU level action, to what extent did Member States have the ability or possibility to enact appropriate measures?	In the absence of EU level action Member States would have the ability or possibility to enact appropriate measures		<p><b>Qualitative indicators</b></p> <ul style="list-style-type: none"> <li>• Examples of modifications (outcomes) in MSs due to the adoption of the EU Strategy and Action Plan</li> <li>• Examples of cooperation and synergies in place between Member States and authorities, which would not have occurred if the Strategy and action Plan had not been put in place</li> </ul> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that the MSs would have not had the ability to enact appropriate measures</p>	Traffic light assessment Foresight analysis Baseline assessment	Desk research Interviews Surveys Case studies Public consultation
<b>EQ26.</b> Were there benefits in replacing different national policies and rules with a more homogenous policy approach?	There were benefits in replacing different national policies and rules with a more homogenous policy approach		<p><b>Qualitative indicators</b></p> <p>Examples of modifications (outcomes) in MSs due to the adoption of the EU Strategy and Action Plan</p> <p>Examples of cooperation and synergies in place between Member States and authorities, which would not have occurred if the Strategy and action Plan had not been put in place</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that homogeneous approach resulting from the EU action (and replacing national level actions) brought advantages and benefits to the achievement of the objectives</p>	<ul style="list-style-type: none"> <li>• Traffic light assessment</li> <li>• Baseline assessment</li> </ul>	Desk research Interviews Surveys Case studies Public consultation
<b>EQ27.</b> In case the initial problem and its causes (e.g. negative externalities, spill-over effects) varied across its causes (e.g. negative externalities, spill-over effects) varied across the national, regional and local levels, did the EU level action help establishing a level playing field?	In case the initial problem and its causes (e.g. negative externalities, spill-over effects) varied across the national, regional and local levels, the EU level action helped establishing a level playing field		<p><b>Qualitative indicators</b></p> <p>Qualitative evidence on baseline situation in the MSs and comparison with objectives of the EU Strategy and action Plan</p> <p>Degree to which policies, measures and best practices progressed at the same level across Member States</p> <p><b>Opinion based indicators</b></p> <p>Differences in the problems (and their causes) reported by stakeholders at national level, as compared to those reported by</p>	Traffic light assessment Foresight analysis Baseline assessment	Desk research Interviews Surveys Case studies Public consultation

Research questions	Research sub-questions	Judgement criteria	Indicators	Data analysis	Mean of verification
			<p>stakeholders at regional level</p> <p>The proportion of stakeholders considering that the EU level action established a level playing field</p>		
<b>EQ28.</b> To what extent have the Strategy and Drugs Action Plan 2021-2025 tackled transnational/cross-border challenges on security?	The Strategy and Drugs Action Plan 2021-2025 tackled transnational/cross-border challenges on security		<p><b>Quantitative indicators</b></p> <p>Number of transnational and cross-border aspects tackled by the EU Strategy and Action Plan</p> <p><b>Qualitative indicators</b></p> <p>Qualitative evidence on baseline situation in the MSs; examples of issues common to more MSs with EU Strategy and Action plan objectives</p> <p>Results on previous Studies</p> <p><b>Opinion based indicators</b></p> <p>The proportion of stakeholders considering that EU Strategy and Action Plan tackled significant/appreciable transnational/cross-border aspects</p>	<p>Traffic light assessment</p> <p>Foresight analysis</p> <p>Baseline assessment</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>
<b>EQ29.</b> Was the initial problem tackled with the Strategy and Drugs Action Plan 2021-2025 widespread across the EU or limited to a few Member States?	The initial problem tackled with the Strategy and Drugs Action Plan 2021-2025 widespread across the EU or limited to a few Member States		<p><b>Quantitative indicators</b></p> <p>Number of MS recognising the initial problem(s) tackled with the Strategy/and Action Plan in their national strategies</p> <p><b>Qualitative indicators</b></p> <p>Qualitative evidence on baseline situation in the MSs</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that initial problem tackled with the Strategy and the Action Plan was sufficiently widespread across the EU</p>	<p>Traffic light assessment</p> <p>Foresight analysis</p> <p>Baseline assessment</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>
<b>EQ30.</b> Could the main findings (results/outputs) presented in the Study have been achieved without EU intervention? How did the EU intervention make a difference?	The main findings (results/outputs) presented in the Study would have been achieved without EU intervention		<p><b>Qualitative indicators</b></p> <p>Examples of modifications (outcomes) in MSs due to the adoption of the EU Strategy and Action Plan</p> <p>Examples of cooperation and synergies in place between Member States and authorities, which would not have occurred if the Strategy and action Plan had not been put in place</p> <p><b>Opinion based indicators</b></p> <p>Proportion of stakeholders considering that outputs of the Strategy and Action Plan would not have been achieved without the EU intervention</p>	<p>Traffic light assessment</p> <p>Foresight analysis</p> <p>Baseline assessment</p>	<p>Desk research</p> <p>Interviews</p> <p>Surveys</p> <p>Case studies</p> <p>Public consultation</p>

Research questions	Research sub-questions	Judgement criteria	Indicators	Data analysis	Mean of verification
<p><b>Answer:</b> Drug policy is inherently complex, intersecting with security, health, and socio-economic policies while requiring coordination across regional, national, and international levels. Addressing drug-related challenges at the EU level has demonstrated significant <b>added value</b>, delivering results that individual Member States could not achieve alone; while the Action Plan lacks the operational focus necessary to translate strategic goals into impactful measures at EU and national level. Overall, the EU Drugs Strategy offers a structured, evidence-based approach that aligns national policies and strengthens EU-wide coordination, promoting a unified stance in international forums; and proved to enhance high-quality research and innovation on drug-related issues with support of EUDA and Europol; as well as promoting EU initiatives and funding programmes to bolster cooperation and information sharing, mainly on addressing drug supply reduction. While the strategy helps to promote a “one voice” approach, disparities in prioritisation and implementation of measures to reduce demand and harm at national level make the EU level impact more challenging to assess.</p>					

**ANNEX IV. OVERVIEW OF BENEFITS AND COSTS [AND, WHERE RELEVANT, TABLE ON SIMPLIFICATION AND BURDEN REDUCTION]**

**Table 1. Overview of costs and benefits identified in the evaluation<sup>371</sup>**

		Citizens/General Public		Businesses/ service providers		National and EU Administrations/ public authorities	
		Quantitative	Comment	Quantitative	Comment	Quantitative	Comment
<b>Implementation costs for drug-related activities across the different areas of the Strategy/ Action Plan</b>							
Funding/ public expenditure (National authorities)	Recurring	n/a	n/a	n/a	n/a	EUR 0.4m (LT) EUR 11.0m (RO) EUR 19.0m (BE) EUR 32.0m (SI) EUR 98.0m (CZ) EUR 134.0m (HR) EUR 2.0 bn	Data available for 7 MS only. Significant variation in measurement approaches, which explains large differences in budgets reported
Funding/ public expenditure (EU agencies)	Recurring	n/a	n/a	n/a	n/a	EUR 93.0 million (EUDA) EUR 1.0 billion (Europol) EUR 293.0 million (Eurojust) EUR 4.0 billion (Frontex)	While these EU agencies have played and continue to play crucial roles in drug policy, the exact proportion of their budgets dedicated to drugs-related activities is not certain. The estimates provided relate to overall budgets only
<b>Public health benefits – reduction in drug use</b>							
Number of drug seizures and						Drug seizures – generally stable over time but on	o Other notable (qualitative) outcomes include:

arrests					the rise for certain drug types (between the periods 2019-20 and 2021-22 respectively) Heroin: +2.5 per cent Cocaine: +3.7 per cent Methamphetamine: +10.3 per cent Cannabis resin: +35 per cent	o Dismantling of major drug cartels and advancements in drug detection technologies and international cooperation. o Monitoring of darknet drug markets o Take-down of drug production labs
<b><i>Public health benefits – reduction in mortality rates/ improved health</i></b>						
Reduction in demand for treatment	Recurring		Significant overall decrease in demand for treatment across all drug types (over the three periods examined as part of this evaluation: 2017-18, 2019-20, 2021-22)			
Reduction in mortality rates	Recurring		Overdose deaths have been rising albeit at a slower rate. Evidence of a notable reduction in problem drug use (over the periods examined as part of this evaluation)			

## ANNEX V. STAKEHOLDERS CONSULTATION - SYNOPSIS REPORT

This annex provides an overview of stakeholder's consultations carried out to support the writing of this evaluation.

### Feedback Received on Call for Evidence

16 stakeholders submitted feedback on the evaluation call for evidence (feedback period 19 December 2023 – 16 January 2024). Nine of these stakeholders were EU citizens, three were Non-Governmental Organisations (NGOs), two were business associations, and one was a company/business. Most of them supported the evaluation procedure, with many of them offering insights to action areas that need to be expanded on in the upcoming Strategy. Recovery and reintegration were key themes in the responses received, with a focus on the accessibility, affordability, and continuity of support and care systems. There was also a call to increase the emphasis on women and children, to best support their needs and expand on harm reduction strategies with them in mind. The youth were also recognised as a group that needed targeted actions to bring awareness and support them. Respondents were also aware of the need of sustainable financing to accompany a sustainable Drugs Strategy framework to ensure that social, health and law enforcement actions can be effective as well as to reduce significant regional differences. Some respondents suggested offering alternatives to coercive sanctions. Overall, there was strong support for having a comprehensive and sustainable Drugs Strategy in place that not only addresses supply reduction, but also demand and harm reduction, with significant support for greater focus on harm reduction strategies.

### Targeted Stakeholders Consultations

The targeted stakeholders' consultations involved 88 interviews, a civil society workshop, and surveys with EU and national authorities competent in the reduction of supply, demand and harm. The interviews were conducted with members of international organisations (2), the European Commission (18), European Union Drug Agency (9), Member State authorities (47), civil society organisations (6) and others (6). Of the interviews, 22 were in the context of case studies: European Drug Agency (2), Member State authorities (14) and others (6). Two Member State surveys were launched, focusing on demand and harm reduction, and supply reduction. These were distributed via focal points through the Horizontal Working Party on Drugs (HDG) to relevant national stakeholders. Relevant national stakeholders included the Ministry of Interior, law enforcement units, the Ministry of Health and other relevant health authorities, EMPACT and other law enforcement authorities, customs, national drug agencies, national asset recovery offices and others. The initial deadline was extended to 10 May 2024 with a follow-up on 25 June. A survey was also shared with EU Delegations in target third countries and international organisations to have a perspective on the EU's external action regarding its drugs strategy. The survey was sent with the help of the European External Action Service (EEAS) on the 31<sup>st</sup> of May 2024, with an initial deadline on the 21<sup>st</sup> of June extended to the 12<sup>th</sup> of July. Of the 42 delegations contacted, 16 responded.

An expert survey was conducted in March/April, inviting a diverse group of topic and strategic experts at the EU level, from national institutions, non-governmental organisations (NGOs) and academia. Contributions from civil society organisations (3) and EU citizens (11) were also received.

The civil society workshop was organised with members of the Civil Society Forum on Drugs (CSFD) on the 23<sup>rd</sup> of June. The workshop was virtually held to ensure a broader participation of civil society from different Member States. The workshop aimed to engage an active discussion and collect participants' input and overall perception on the effectiveness, relevance, coherence and EU-added value of the Strategy and Action Plan. Ten civil society organisations took part, with participants from Hungary, the Czech Republic, Slovakia, Portugal, Italy, Belgium, France, Norway and Finland. An agenda and brief discussion paper were prepared and shared in advance of the meeting.

These targeted stakeholders' consultations were further guided by six thematic case studies to offer further insights into key strategic areas of the Strategy. Three to four Member States, based on experiences and good practices, were invited to interviews and were researched to have case-specific analysis of policies that work. The topics decided on were:

- tackling digitally enabled illicit drug markets, reuse of seized and confiscated assets in support of drug demand and supply reduction measures
- strengthening drug prevention measures through prevention strategies
- outreach programmes and intervention (best practices and assessments)
- implementation and way forward of minimum quality standards in harm reduction: policies, practices and assessments,
- detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit (with a focus on ports)
- drug related violence and its impact on communities including vulnerable populations, children and the youth

### **Public consultation**

The evaluation also made use of a public consultation that was open from 03 June 2024 until 26 August 2024. The public consultation received 48 responses from 17 countries, with most respondents from Greece (6), Belgium, France, and the Netherlands (5), and Spain (4). Responses were also received from the United States and Russia. Respondents belonged to one of 8 stakeholder categories: public authorities (14), EU citizens (11), NGOs (9), companies/businesses (3), academic/research (4), business association (2), and third country citizens (1).

## *Drug-Trafficking and Supply Reduction*

- Public Authorities

The **top three issues** for public authorities are the **use of cannabis** (93% rating it as important, 62% as very important), the **use of heroin** (93% important, 31% as very important), and the **use of other drugs like cocaine and crack cocaine** (84% important, 69% very important). Half of respondents (53%) considered the stigmatisation of drug use to be an important issue. The misuse of prescription medicines for non-medical use was reported as an important issue by 77% of respondents, of which 31% considered it a very important issue.

The role of **ports as an arrival point for drugs** is the most critical issue, with 86% deeming it important and 79% considering it very important. This is followed by concerns regarding **security threats posed by drug trafficking and related violence towards vulnerable groups**, with 85% of public authorities viewing it as important, 71% as very important. **Drug-related violence and criminality in cities and urban neighbourhoods** was also ranked highly by respondents, with 85% considering it important and 64% very important.

Nevertheless, the most important issue among respondent from public authorities was **countering of drug-related violence in urban neighbourhoods and local communities** (79%, 50%). The second most significant issue was **addressing environmental crimes** related to the drug production process and drug trafficking (79%, 57%). The third key issue for respondents was **dismantling illicit drug production and countering illicit cultivation**, 79% found it an important issue, but a fewer share of respondents (29%) found it very important.

- NGOs

The highest concern was shown for the **volatility of funding for drug services**, which 89% found to be important, and 78% as very important. Drug decriminalisation policies are also of major concern, which 89% viewed as important and 67% as very important. Drug decriminalisation policies are also of a major concern, 89% of NGOs viewed it as an important issue and 67% as very important. NGOs also express significant concern regarding the **security threats posed by drug trafficking and violence affecting vulnerable groups** (88% as important, 44% as very important).

The most important issue for NGOs is the **tracking, freezing and confiscation of the proceeds of organised crime groups**. 89% deemed this to be important, of which 67% identified it as very important. The second priority is **countering drug-related violence in urban neighbourhoods and local communes** (89% as important and 56% as very important). The third most important issue for NGOs is **addressing environmental crime related to drug trafficking**, which 89% find important and 56% as very important.

Regarding the EU support, 67% strongly agreed and 22% agreed that it is needed to **achieve better coordination, governance and implementation of policies in the area of drugs**. 56% either agreed or strongly agreed that EU support and action was needed to **reduce the availability of illicit drugs and disrupt the drugs market**. The majority of respondents agreed that the Strategy and Action plan was a **comprehensive drug policy framework** (86%), **relevant to stakeholder needs** (71%), and had a **positive impact on national and regional actions by Member States** (63%) and **national drug strategies in candidate and neighbouring countries** (63%).

- EU Citizens

The **volatility of funding for drug services** is the most important issue for EU citizens, with 70% considering it as very important. the **lack of alternatives to coercive sanctions** is a very important concern for 60% of respondents. The third most prominent concern is the **security threats posed by drug trafficking and the violence affecting vulnerable groups**, 80% viewed it as important, of which 40% viewed it as very important.

The top priority is **tracking, freezing, and the confiscation of the proceeds of organised crime groups**, with 70% seeing it as important or very important. This was followed by **countering drug-related violence in urban neighbourhoods and local communities**, of which 50% found it very important. **Addressing environmental crimes related to drug production and trafficking** was seen only by 40% as very important.

A majority of the responding EU citizens believed that EU support and action are needed to **achieve a reduction of the availability of illicit drugs and disrupt the illicit drugs market** (60% agreeing or strongly agreeing) and to **achieve better coordination, governance, and implementation of relevant policies**.

#### *Demand Reduction*

- Public Authorities

Regarding the use of drugs, public authorities ranked **cannabis** as the main priority drug (93% as important, 62% as very important), followed by **heroin** (93%, 31%) and **other drugs, like cocaine and crack cocaine**, (84%, 69%). **Polydrug use** was an important issue for 77% of respondents, including 62% who viewed it as very important. The **use of synthetic opioids** was an important issue for 76% and a very important issue for 38% of respondents. 77% of respondents identified the **misuse of prescription medicines for non-medical use** as an important issue, 31% of which considered it to be very important. Half of the respondents (53%) considered the **stigmatisation of drug use** to be an important issue.

The top priority was **promoting outreach programmes** to children and the youth in schools and sports centres. This was an issue that 86% categorised as important and 79% as very important. Second was **addressing the impact of drug-related health issues on communities**, 85% of public authorities

saw it as important, of which 71% rated it as very important. The third most important priority for public authorities is **improving access to drug treatment and care services**, 85% marked it as an important priority and 71% as a very important priority.

- Industry Stakeholders

The top three important drugs used for Stakeholders are **cocaine and crack cocaine, cannabis, and heroin**. **Insufficient funding** was also recognised as a significant challenge across the different policy areas.

- NGOs

The **stigmatisation of drug use** was the most pressing issue, with 89% of respondents marking it as very important. In terms of drug use, the three most important drugs were '**other drugs**' (78% as important, 56% as very important), **such as cocaine and crack cocaine, cannabis** (77% as important, 47% as very important), and **heroin** (67% as important). The **use of synthetic opioids** was also important, with 78% marking it as such. The **misuse or non-medical use of prescription medicine** was considered as an important issue for 78% of the responses, though only 22% rated it as very important. **Non-opioid drug use** was considered an important issue by 78% of the respondents, but only 22% deemed it very important.

NGOs placed prioritised the **promotion of outreach programmes to children and youth in schools and sports centres**. 100% marked it as a priority and 89% as very important. Improving access to drug treatment and care services was also a high priority: 89% viewed it as important and 78% as very important. The third key priority for NGOs was **increasing the availability of early intervention measures**, which was a priority for 89% of them and very important for 78%. 56% agreed that **EU support and action are needed to achieve a reduction of drug use and the overall demand of drugs**.

- EU Citizens

The top three issues for EU citizens regarding the demand of drugs were **the use of 'other drugs', such as cocaine and crack cocaine**, which were considered 100% important, **stigmatisation of drug use** (90% important and 70% as very important), and **poly-substance use** (90%, 40% very important). The **use of synthetic opioids** was considered an important issue by 70%. **Cannabis** was an important issue for 80%, of which 30% found it very important. **Heroin** and the **misuse or non-medical use of prescription medicines** as an important issue to 80%, respectively. The **use of non-opioid drugs** was also seen as an important issue by 90% of the respondents, with 30% classifying it as very important.

The top priority in terms of action for EU citizens was **implementing treatment and care to address specific needs of women and groups with special care needs**. 60% of respondents rated it as either important or very important. The second priority is increasing the **availability of early intervention measures**, which 50% considered to be very important. The third top priority was **improving health, including mental health**, which 60% deemed either important or very important. Regarding EU support and action, 50% either agreed or strongly agreed that it is **needed to achieve a reduction of drug use and the demand of drugs**.

## *Harm Reduction*

- Public Authorities

**Blood-borne diseases** among injecting drug users was ranked as the most pressing drug-related harm issue, reported by 84% as an important issue and 46% viewed it as very important. This was followed by **drug-induced deaths**, with 77% viewing it as an important issue and 46% as very important. The **lack of integrated health care approaches** targeting drug use is also a major concern, 76% reported it as important and 38% as very important.

The top three most important issues are the **prevention of overdoses and drug-related deaths**, 86% finding it important and 57% ranking it as very important; **reducing the prevalence and incidence of drug-related infectious diseases** (79%, 43%); and **addressing the health and social needs of people who use drugs in prison settings** (79%, 50%). 45% of respondents believed that **drug harm reduction services are underfunded**, which 63% of respondents view is the **result of the negative impact of the economic situation**. Insufficient funding was recognised a significant challenge in different policy areas. 72% of public authorities respondents agreed or strongly agreed that **EU support and action are needed to address drug-related health and social harm**.

- NGOs

NGOs expressed the highest concern regarding the **lack of community engagement in drug dependence services**, with 89% deeming it important and 67% considering it as important. This is accompanied by the **lack of integrated health care approaches**, which 89% view as important and 33% as very important. The **incidence of blood-borne diseases** ranks third for NGOs, with 88% believing it is an important issue and 44% as very important.

The most important issue related to harm reduction is the **prevention of overdoses and drug related deaths** (89% and 56%). This was followed by **reducing the prevalence and incidence of drug-related infectious diseases** (88%, 44%) and addressing the **health and social needs of people who use drugs in prison settings** (77% as important and 44% as very important). 67% strongly agreed that **EU support and action are needed to address drug-related health and social harm**.

- EU Citizens

The **lack of integrated health care approaches and lack of community engagement in drug dependence services** were a top issue for EU citizens. The **prevention of overdoses and drug-related deaths were an important issue to be followed up on regarding harm reduction measures**, with 60% marking it as important. The same was expressed for the **reduction of the prevalence and incidence of drug-related infectious diseases**. 50% considered the provision of **alternatives to coercive sanctions** as very important. Regarding the EU, 50% either agreed or strongly agreed that **support and action was needed to address drug-related health and social harm**.

## *Cross-Cutting themes*

- International

For public authorities, the most important issue was **strengthening multilateral international cooperation with third countries or regions**, an issue that 85% viewed as important and 64% as very important. The **promotion of bilateral dialogues on drugs with third countries** was the second highest ranked issue, with 85% categorising it as important and 64% as very important. The third key issue was **providing technical assistance to third countries** (78%, 57%). 79% agreed or strongly agreed that **EU support and action are needed to strengthen dialogue and cooperation between the EU and third countries, international organisations and fora on drug issues**.

For NGOs, the top concern is promoting bilateral dialogues on drugs with third countries. This was considered to be important for 89% and very important by 78%. Strengthening multilateral international cooperation with third countries or regions was important for 89%. There was also strong support for **promoting a balanced, people-centred, multisector approach to drug policy in respect of human rights** (89%, 78%). To further strengthen this international dialogue and cooperation between the EU, third countries, international organisations and fora, 67% of the responding NGOs agreed that EU support and action was needed.

For EU citizens, the most important issue regarding the international element was **promoting bilateral dialogues on drugs with third countries**, which 70% found either important or very important. This was followed by **strengthening multilateral international cooperation with third countries or regions** and the **promotion of a balanced, people-centred, multisector approach to drug policy respecting human rights**. Both were viewed as very important by 40% of respondents. 50% agreed that **EU support and action are needed to further strengthen international dialogue and cooperation with third countries, international organisations and fora on drug issues**.

- Research

**Strengthening and broadening research capacities of key stakeholders** was ranked by 85% of public authorities' respondents as an important priority, of which 71% ranked it as very important. 85% viewed **fostering innovation and agile approaches** as an important priority, of which 71% marked it as very important.

For NGOs, 89% **strengthening and broadening research capacities of key stakeholders** as a very important priority. 78% viewed **fostering innovation and agile approaches** as a high priority. 67% of the responding NGOs believed that **EU support and action was necessary to support these efforts**.

For EU citizens, 70% considered **strengthening and broadening research capacities of key stakeholders** to be very important. 60% of the respondents considered **fostering innovation and agile approaches** as a very important priority. 70% of the respondents either agreed or strongly agreed that **EU support and action are needed to encourage innovation, research and foresight in the area of drugs**.

- Coordination

The main issue for public authorities was **ensuring coordination and cooperation with relevant stakeholders**, viewed by 85% as important, and very important by 71%. In the case of **ensuring coordination and cooperation with national and local authorities**, 78% viewed it as an important priority and 71% as very important. 71% of all respondents either agreed or strongly agreed that **EU support is needed to achieve better coordination, governance and implementation in the policy area for drugs**. 58% agreed or strongly agreed that **EU support and action are necessary to encourage innovation, research and foresight**.

For NGOs, 78% marked **coordination and cooperation with relevant stakeholders** as an important priority, 67% marked it as very important. 89% saw **ensuring coordination and cooperation with national and local authorities** as an important priority and 78% as very important.

70% of responding EU citizens considered the objective of **ensuring coordination and cooperation with national and local authorities** to be either important or very important. 40% of respondents found the issue of **ensuring coordination and cooperation with relevant stakeholders** very important. There was a strong consensus, 70% either agreed or strongly agreed, that EU support is needed to achieve better coordination, governance and implementation of relevant policies.

### **Targeted Online Surveys**

#### *EU Delegations*

Seventeen EU Delegations in third countries responded to a survey sent out. This included the EU Delegations to international organisations in Vienna and New York.

Around half (47%) reported having detailed knowledge of the Strategy and Action Plan while a third (35%) said they were aware but not of the details. 18% reported not knowing about the Strategy and Action Plan.

The Global Illicit Flows Programme, El PAcCTO, COPOLAD and EUROFRONT were the most cited international programmes implemented in the third countries where the Delegations were based.

While most respondents (71%) reported that drug and foreign policies were interlinked in the third country where their Delegation is based, there was a mixed consensus as to whether the Strategy and Action Plan influenced EU foreign policy objectives in the third countries. A small majority (53%) believed that the Strategy and Action Plan contributed to addressing drug-related issues in the relevant third countries. The same share of respondents found that these documents enhanced cooperation with the third country, region, or international organisation(s).

Most found that there were no needs or challenges not addressed in the Strategy. Synthetic and new substances, as well as Fentanyl were a challenge identified by 6 and 2 respondents, respectively. Some respondents reported their Delegation having dedicated staff working on drugs. However, it was widely reported that Delegations only deal with and report on drug-related issues occasionally, around once a month. Many did respond that their Delegation is increasing engagement on drug policies and reporting on local drug situation.

Three objectives especially were considered to have been overall achieved: integrating strategies of the Strategy with the EU's foreign policy, building strategic cooperation with international organisations, and improving cohesiveness of the EU's participating in UN drug processes. On the topic of international cooperation, there were mixed responses regarding whether the Strategy had supported dialogue with partners in covered third countries. Fourteen of respondents shared that their Delegation had not taken specific measures to enhance EU-led international cooperation on health-related aspects of drug use in their country or region of focus. Under a third reported that their Delegation had largely promoted alternative development, with 18% saying that this had not happened at all. Ten respondents were aware of the Dublin Group and 7 did not know of it. Of those aware of the Dublin Group, there were mixed opinions as to whether it helped analysis and discussions on regional or local drug situations. Nevertheless, 7 of the 10 who knew of it supported maintaining it.

An objective that had not been achieved in the views of many respondents was supporting candidate and potential candidate countries in building capacities and adopting evidence-based and balanced drug policies. Fifteen of the respondents reported that their Delegation had not provided technical assistance to (potential) candidate countries to align with the EU acquis on drugs. It was also reported by 15 respondents that the evaluations of cooperation initiatives and programmes were not conducted.

#### *National authorities*

Twenty-six responses were received from national authorities of Member States who are competent in the policy area of drugs.

- Supply Reduction

Most respondents (14) felt that the war in Ukraine had no impact on the implementation of their national drug policy, despite 7 considering that it had a negative impact. Policy changes in third countries and the number of asylum seekers and refugees arriving in the EU were seen by a significant minority

(10) as having no impact. However, 8 respondents said that the number of asylum seekers and refugees did have a negative impact. New technological developments were seen by many (12) as having negatively impacted the implementation of their national drug policy; however 8 respondents considered it to have a positive impact.

Regulatory changes and insufficient national resources to tackle emerging challenges were seen as the main factors (17, respectively) that impacted the implementation of national drug policy. Insufficient national resources to implement foreseen actions was marked by 15 of the respondents. Fourteen respondents marked changes in penal and criminal law as impacting the implementation of national drug policy, although 10 said that there was no impact. Finally, political changes or changes in political priorities had an impact in the opinions of 12 respondents and no impact for another 12.

Most (18) considered that the EU Drugs Strategy and Action Plan informed the development of their national equivalent, at least to some extent. All respondents considered their national policies to be coherent with the Strategy and Action Plan. The Strategy and Action Plan were viewed as having a positive impact on: actions on drug supply in general (24), cooperation on investigations and operations at national level (24), joint actions at EU and international level (24), cooperation with tax/customs authorities at national level (23), the identification and seizure as well as confiscation of proceeds (21), prevention of drug-related crime (21), and access to research (19).

Most respondents considered that the Strategic priorities related to supply reduction were relevant to the national context. Sixteen respondents did not see other needs or challenges that were left unaddressed in the Strategy. Of the respondents, 15 considered the Strategy to be somewhat cost-effective regarding the implementation of supply reduction actions at the national level. Many respondents reported that their budget either remained the same or increased since 2021 across the Strategic priorities for supply reduction -- with a similar share reporting a budget increase --, international cooperation, research and coordination. All respondents believed that the implementation could not have been achieved with less funding at the EU and/or national level. Most respondents (15) considered that no other instruments or mechanisms could have improved cost-effectiveness. For most actions, respondents reported that their Member State did not collect statistics or metrics specific to the implemented supply reduction actions, with most reporting that the MS did not measure the impact of interventions taken under these actions.

- Demand and Harm Reduction

Twenty-six national authorities competent in demand and harm reduction were surveyed and provided the following as feedback:

Twenty-one respondents reported that the Strategy and Action Plan informed their national plan, at least to some extent. Fifteen Member States reported having regional, local or city-level drug strategies in place, compared to 10 who reported not having such strategies. The following factors were viewed as impacting the implementation of the national drug policy: insufficient national resources to implement foreseen actions (21), insufficient national resources to tackle emerging challenges (20), lack of awareness and training of health staff about drug harm reduction (16), societal barriers such as

stigmatisation (15), political changes/ changes in political priorities (14), and regulatory changes (12). The COVID-19 pandemic for many (13) had a negative impact on the implementation of the national drug policy. Drug market changes in third countries were viewed by 10 respondents as having a negative impact, although 9 said that there was no impact at all. Sixteen respondents reported that the war in Ukraine and the resulting inflow of refugees had no impact on the implementation of their national drug policy. Policy changes in third countries (14) and geopolitical events in third countries (13) were also viewed as having no impact.

All respondents considered that their national policies are coherent with the Strategy and Action plan. The Strategy and Action Plan had a broadly positive impact on national and regional actions for drug supply (23) and demand reduction (20). National and regional actions for harm reduction were reported by fewer, but still a majority (19), as having been impacted positively. Twenty-three responded a positive impact on joint actions and access to research. Cooperation with Member States and third countries (22) was also positively impacted by the EU Strategy and Action Plan. Most respondents (21) saw objectives and actions in the Strategy and Action Plan as complementary to other interventions at the EU or Member State level. Most respondents believed the priorities related to demand and harm reduction were relevant to their national contexts and did not consider other needs or challenges to be unaddressed. Thirteen found the Strategy to be somewhat cost-effective, however 10 respondents were not aware. The national budget was reported as being the same or having increased since 2021 across the various Strategic priorities for most respondents. Demand and harm reduction priorities were most reported as having budget increases. Respondents generally reported that their Member States had implemented demand and harm reduction actions. However, for most actions, respondents reported that their Member State did not collect action-specific data or the impact of interventions.

## Interviews

Interviews were conducted during the data collection phase of the report. The interviews followed a semi-structured format to allow for a more in-depth exchange.

- EU entities

Eight interviews were held with EU entities. All interviewees highlighted that there was limited financial and human resources, especially for health-related aspects, which prove to be key implementation challenges. Most (7) noted that there is a need for greater integration of health and drug policies, including more comprehensive harm reduction programmes. The need for more effective and consistent data collection methods across Member States was highlighted in 6 interviews, showing the importance of high-quality implementation and monitoring data. Over half of the interviewees (5) believed that a balanced approach was needed between supply, demand, and harm reduction to ensure that all three aspects were equally prioritised in the implementation of the Strategy and Action Plan. The adoption and awareness of new technologies remains perceived as slow, with five participants

highlighting that there is a need to invest in advanced detection methods. Only three interviewees highlighted the role of the HDG, sharing that it could be further emphasised in the next Strategy/Action Plan. Few (3) pointed to the continued need for effective public education campaigns, including to combat stigma around drug use.

- EU Delegations

Many interviews (15) emphasised the importance of enhancing security to combat drug trafficking and production. This includes improving border controls, increasing cooperation between law enforcement agencies, using technology to track and intercept drug shipments. Twelve interviewees highlighted the growing issue of synthetic drugs, including synthetic opioids and new psychoactive substances, which are often difficult to detect and regulate.

A strong emphasis (18) on the need for comprehensive prevention programs, effective treatment options and care services for drug users. This includes both medical and psychological support. Many interviews (14) stressed the importance of using evidence-based approaches in prevention programs.

Seventeen interviewees discussed the need for measures such as needle exchange programs, supervised consumption rooms, and the distribution of naloxone to prevent overdoses. Some (10) pointed out challenges in implementing harm reduction measures, including political resistance, lack of funding, and societal stigma.

Most (16) highlighted the need for international cooperation to tackle drug trafficking and production. This includes intelligence sharing, joint operations, and harmonising legal frameworks. Many (11) also recognised the need for better data collection and research to understand drug trends, evaluate the effectiveness of interventions, and inform policy decisions. Many interviews (14) pointed out that there is insufficient funding for drug prevention, treatment, and harm reduction programs. This is seen as a major barrier to effectively address drug-related issues. Despite this, only some (10) called for more sustainable and long-term funding solutions to ensure the continuity and effectiveness of drug-related programmes.

There was also an agreement (12) that there is a need for comprehensive drug policies that address all aspects of the drug problem, including supply, demand, and harm reduction.

- Stakeholders from the chemical industry

There were only two interviews held with stakeholders from the chemical industry. Both participants shared concerns with the misuse of drug precursors and designer precursors. They viewed the current EU monitoring list of precursors as good practice and a realistic implementation of policy. Both interviewees called for more digitalised compliance procedure for business reporting on drug precursors, highlighting it as a key priority. A need to maintain legal certainty for businesses was expressed to maintain an implementable regulatory framework for drug precursors. Imported drug precursors

were identified as an important risk, with non-EU providers not being subject to the same level of monitoring. The interviews also highlighted the need for a level playing field between the online and physical supply of precursors, stating that online sellers must fall under the same rules as physical suppliers.

## ANNEX VI: TRAFFICK LIGHT ASSESSMENT

This “traffic light” assessment (TLA) aims to establish the degree of implementation of the 24 actions defined in the 4 Strategic priorities of the EU Drugs Action Plan on drug supply reduction, as well as of the 11 priority areas on drug supply reduction defined in the EU Drugs Strategy. The TLA allowed to evaluate not only the progress of overall implementation but also of the results achieved at the level of each action. This was achieved through a five-score scale allowing to reflect nuances in the progress and implementation of the actions and strategic priorities. Any relevant contextual factors that may have influenced the achievement of results for each action ((geo)political, economic, technological, legal) were also identified during the assessment. The overall assessment of strategic priorities was enhanced by a SWOT analysis.

The TLA was informed by the data collection exercises carried out by the time of submission of the analysis, including the desk research, online surveys and interviews.

### A1.1 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

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 1:</b> <b>Enhance EMPACT (i) on the basis of its 2020 independent</b>	1.1	 <b>LIGHT GREEN:</b> In progress or ongoing but on	Positive developments relate to the refinement of EMPACT's strategic priorities, which were enacted in part in response to the findings from its 2020 independent evaluation and the EU SOCTA 2021 <sup>366</sup> . In particular, relying on the analytical findings of the SOCTA 2021 and considering other strategic papers, assessments and policies,	Lack of data at national level makes it harder to fully assess implementation

<sup>366</sup> Europol (2021). European Union serious and organised crime threat assessment – EU SOCTA 2021.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>evaluation and EU SOCTA 2021;</b>  <b>(ii) on the basis</b>  <b>the annual European Drug Reports by the EMCDDA and the EU Drug Markets Report;</b>  <b>and (iii) in line with the lessons learned from the impact of the COVID-19 pandemic.</b></p> <p><b>Increase coordination and cooperation at law enforcement and judicial level to achieve more tangible investigative results</b></p>		<p>target</p> <p>Significant progress has been achieved at the EU level through a number of initiatives enhancing EMPACT, leading to increased coordination and cooperation and operational results. Increased exchange of information, and increased use of SIENA has been achieved as well.</p>	<p>the Council decided on the priorities in the fight against serious and organised crime for EMPACT from 2022 to 2025. In addition, the <b>EU crime priority on ‘drugs trafficking’ was regrouped</b> into two sub-priorities that are implemented in <b>two separate Operational Action Plans</b> – one on cannabis, <b>cocaine and heroin</b> and <b>one on synthetic drugs and NPS</b>.<sup>367</sup> Other enhancements include the <b>transformation of EMPACT into a permanent cooperation framework</b> as set in the Council conclusions on the permanent continuation of the EU Policy Cycle for organised and serious international crime: <b>EMPACT 2022+</b> which has in turn <b>improved the level of ownership and active involvement of Member States in EMPACT</b>.<sup>368</sup> EMPACT has also been strengthened through <b>increased funding</b>.<sup>369</sup> An EU-level stakeholder emphasised that EMPACT platform is a good instrument to ensure that what is included in the Strategy and Action Plan is converted into <b>concrete accomplishment on the ground</b> and that providing a <b>platform for the exchange of information is one of the achievements of EMPACT</b>.<sup>370</sup></p>	

<sup>367</sup> Council of the European Union (2023). Council conclusions setting the EU's priorities for the fight against serious and organised crime for EMPACT 2022-2025 - Council conclusions (9 March 2023)

<sup>368</sup> European Commission (2021). Commission Staff Working Document - EMPACT, the flagship EU instrument for cooperation to fight organised and serious international crime

<sup>369</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>370</sup> Interviews with EU institutions and agencies (DG HOME)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
through EMPACT, as well as increased exchange of information, and increased use of SIENA.			<p>EMPACT has also been indicated as one of the <b>major catalysts in developing the European Ports Alliance</b>.<sup>371</sup> In addition, in 2023 alone, EMPACT led to 15 644 investigations initiated, 13871 arrests, EUR 797 million and 197 tons of drugs seized and 821 high-risk criminal networks identified, indicting a notable progress from the results achieved in the previous evaluation period, where for instance, 2155 arrests, 31 tonnes of drugs seizures and seizures of EUR 558 million took place<sup>372</sup>.</p> <p>The EMCDDA has also contributed to enhancing EMPACT through consulting expert groups on the key findings from the European Drug Markets Report, training several EMPACT leaders through the European Prevention Curriculum (EUPC), and providing technical expertise for drafting EMPACT's annual Operational Action Plans (OAPs) to address priority threats.<sup>373</sup> In particular, the European Drug Markets Report is a joint product that combines Europol's strategic and operational understanding of trends and developments in the area of organised crime and EMCDDA's monitoring and analysis expertise of the drug phenomenon in Europe.</p> <p>There is also <b>increased use of the Secure Information Exchange Network Application (SIENA) compared to the previous evaluation period</b>, with over 3 000 law enforcement authorities from</p>	

<sup>371</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>372</sup> EMPACT (2023). EMPACT 2023 Results.; EMPACT (2020). EMPACT 2020 Results.

<sup>373</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results										
			<p>more than 70 countries and international entities connected to Europol's secure information exchange channel as of April 2024.<sup>374</sup> As indicated in the figure below, the number of messages exchanged through SIENA in the area of drugs nearly doubled, as compared to the previous evaluation period, increasing from 187340 in 2020 to 284813 in 2023.</p> <p><b>Figure 2. Overview of the number of messages exchanged through SIENA in the area of drugs between 2018 and 2023</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Number of messages</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>115617</td> </tr> <tr> <td>2020</td> <td>187340</td> </tr> <tr> <td>2021</td> <td>268866</td> </tr> <tr> <td>2022</td> <td>270560</td> </tr> </tbody> </table> <p><i>Source: Data provided by Europol</i></p> <p><b>In May 2023, SIENA was strengthened through Directive 2023/977 of the European Parliament and the Council on information exchange among Member States' law enforcement authorities, which mandates all relevant law enforcement agencies</b></p>	Year	Number of messages	2019	115617	2020	187340	2021	268866	2022	270560	
Year	Number of messages													
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<sup>374</sup> Europol (2024). More than 3 000 law enforcement authorities now connected to Europol <https://www.europol.europa.eu/media-press/newsroom/news/more-3-000-law-enforcement-authorities-now-connected-to-europol>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><b>engaged in information exchange to be connected to SIENA.</b> SIENA has also been used to exchange classified information in the context of EMPACT.<sup>375</sup></p> <p>At the national level, all Member States reported increasing coordination and cooperation at both law enforcement and judicial level to achieve more tangible investigative results, including through EMPACT.<sup>376</sup> One Member State reported participating actively in EMPACT, including through international cooperation.<sup>377</sup> Another country indicated that meetings organised and attended in the framework of EMPACT drugs priorities are reported upon to the relevant stakeholders. Case/operational/coordination meetings are attended by Drug Specialists of the Organised Crime Directorate, supported by the International Police Cooperation Staff.<sup>378</sup></p> <p>All Member States surveyed also reported increasing the exchange of information on drug-related organised crime groups.<sup>379</sup> One Member State indicated that national legislation has been amended in order to</p>	

<sup>375</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>376</sup> Survey with MS authorities (supply reduction), 18/27 MS (AT, BE, BG, CY, DE, ES, FI, FR, HR, IT, LV, MT, NL, PL, PT, RO, SE, SI) indicating to a great extent and 9/27 MS (CZ, DK, EE, EL, HU, IE, LT, LU, SK) indicating to some extent

<sup>377</sup> Survey with MS authorities (supply reduction), 1/27 MS (NL)

<sup>378</sup> Survey with MS authorities (supply reduction), 1/27 MS (RO)

<sup>379</sup> Survey with MS authorities (supply reduction), 19/26 MS (AT, BE, BG, CZ, DE, DK, ES, FI, FR, HR, IT, LV, MT, NL, PL, PT, RO, SE, SI) indicating to a great extent and 7/26 MS (EE, EL, HU, IE, LT, LU, SK) indicating to some extent

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>facilitate access to information by competent authorities for the prevention, detection, investigation and prosecution of serious crime offences.<sup>380</sup></p> <p><b>Finally, the majority of Member States reported increasing the use of SIENA<sup>381</sup></b>, with six countries reporting figures on SIENA messages exchanged since 2021, though it was not specified whether those relate to other types of crimes in addition to drugs. One Member State indicated that between 2021 and 2023, 2615 cases on SIENA were received and responded to.<sup>382</sup> Another Member State indicated that 104 SIENA cases were received between 2021 and 2023.<sup>383</sup> Numbers for 2021 and 2022 on messages exchanged via SIENA were reported by two countries, which indicated 3604<sup>384</sup> and 109<sup>385</sup> messages respectively were exchanges during the period.<sup>386</sup> Another country</p>	

<sup>380</sup> Survey with MS authorities (supply reduction), 1/26 MS (CY)

<sup>381</sup> Survey with MS authorities (supply reduction), 16/26 MS (BE, BG, DE, DK, EE, ES, FI, FR, HR, IT, LU, MT, NL, PL, SE, SI) indicating to a great extent, 9/26 MS (AT, CZ, HU, IE, LT, LV, PT, RO, SK) indicating to some extent and 1/26 MS (EL) indicating not at all/rarely

<sup>382</sup> Survey with MS authorities (supply reduction), 1/26 MS (PT)

<sup>383</sup> Survey with MS authorities (supply reduction), 1/26 MS (SI)

<sup>384</sup> Survey with MS authorities (supply reduction), 1/26 MS (BG)

<sup>385</sup> Survey with MS authorities (supply reduction), 1/26 MS (EE)

<sup>386</sup> Survey with MS authorities (supply reduction), 1/26 MS (BG)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>reported a total of 194 messaged exchanges through SIENA over 2022 and 2023.<sup>387</sup> Another Member State reported exchanging 53712 messages over 2022 and 2023.<sup>388</sup> Finally, a country reported that law enforcement authorities have direct access to SIENA and possibility to communicate directly with their counter-partners, as SIENA is integrated with the messaging system of the single point of contact.<sup>389</sup> It was also indicated that the exchange of information within the country is regulated and actively carried out on the basis of mutual agreements.</p> <p>With regards to challenges, a Member State representative indicated that the EMPACT platform on high risk criminal networks is redundant due to overlapping functions with other EMPACT platforms (such as the one on synthetic drugs), suggesting a streamlined approach across all relevant EMPACT platforms to ensure coordinated action and greater coherence in interventions.<sup>390</sup></p>	
<b>Action 2:</b>	1.1		Information sharing and analysis <b>is reinforced through EMPACT's operational priorities on drugs</b> , through which law enforcement authorities share intelligence on drug production and detection, trafficking routes, and drug trafficking networks' methods. <sup>391</sup> This is	Lack of data at national level makes it harder to fully assess
<b>Reinforce information</b>	1.2			

<sup>387</sup> Survey with MS authorities (supply reduction), 1/26 MS (LV)

<sup>388</sup> Survey with MS authorities (supply reduction), 1/26 MS (HU)

<sup>389</sup> Survey with MS authorities (supply reduction), 1/26 MS (LT)

<sup>390</sup> Interviews with Member States (PL)

<sup>391</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>sharing and analysis between law enforcement and other relevant agencies:</b></p> <p><b>2.1 regarding illicit drug production, trafficking and distribution, including immediate information exchange between Member States in cases of seizures of large quantities of drugs, identification of high-risk criminals, criminal networks and structures, as well as international references.</b></p> <p><b>2.2 related to other forms of serious crime</b></p>		<p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>The analysis identified there <b>efforts at EU level to reinforce information sharing</b> and analysis between law enforcement and other relevant agencies. Nevertheless, full assessment of progress made is difficult as there is <b>insufficient evidence on the implementation by Member States in practice</b>, in particular with regards to exchange of information</p>	<p>achieved through more structured and systematic sharing of the relevant risk information. Information sharing is also reinforced through SIENA (as also highlighted above, under Action 1).<sup>392</sup></p> <p>In addition, as indicated in the assessment of Action 1, information sharing has been reinforced through Europol's SIENA as well, through which a record high number of messages on drugs were exchanged in the period 2021-2023. SIENA has also become the default information exchange channel for specialised law-enforcement units, such as asset-recovery offices and police customs cooperation centres (PCCCs). A Joint Statement on cooperation and complementarity between Europol and Frontex was also issued in 2024, which underlines the agencies' efforts to further strengthen mutual exchange of information at all levels, including operational information.<sup>393</sup> Europol further contributed to reinforcing information sharing, in particular through its drug intelligence fusion platform which included the creation of the Drugs unit within the ESOCC and the merging of the separate drug-related Analysis Projects within Europol's information processing system into a single Analysis Project on drug crime.<sup>394</sup> Other efforts involve establishing a dedicated drugs liaison task force at Europol, launched in 2022. The task force is designed to significantly enhance the exchange of</p>	implementation

<sup>392</sup> Europol (2024). More than 3 000 law enforcement authorities now connected to Europol <https://www.europol.europa.eu/media-press/newsroom/news/more-3-000-law-enforcement-authorities-now-connected-to-europol>

<sup>393</sup> Frontex (2024). Joint Statement on cooperation and complementarity between Europol and Frontex <https://prd.frontex.europa.eu/document/joint-statement-on-cooperation-and-complementarity-between-europol-and-frontex/>

<sup>394</sup> Written evidence provided by Europol

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>which are linked to drug crime, such as violence, homicide, corruption, money-laundering, trafficking in human beings, migrant smuggling, trafficking of firearms and terrorism.</b>		related to other forms of serious crime linked to drug crime. No evidence on indicators such as quantity and estimated market value of drugs seized following enhanced information sharing or speed of information sharing is available.	<p>actionable intelligence, enabling authorities to respond swiftly and effectively to emerging drug-related threats<sup>395</sup> and is composed of liaison officers from the Member States most affected by drug trafficking and misuse. The Europol Drugs Program Board also meets a few times a year to review trends and ongoing operational priorities. Finally, Europol holds an Annual Drug Conference, which brings together senior-level law enforcement officers who have overall responsibility for responding to drug crimes at both national and international levels with the objective of exchanging information on policy developments, networks and trends and agreeing on responses to the threat of illicit drugs<sup>396</sup>. Under its reinforced mandate of 2022, Europol also serves as the EU's criminal information hub within the EU security framework. It is better equipped to support national law enforcement authorities in combating drug trafficking, notably through a robust legal foundation for processing large and complex datasets, which is critical for investigations.<sup>397</sup>.</p> <p>The <b>EMCDDA</b> has also contributed to increased information sharing, through support of EMPACT technical meetings and workshops in 2022 and 2023 on facilitating information sharing and analysis between law enforcement and other relevant agencies, <b>including a meeting and workshop on EMPACT Heroin and a technical meeting on conducting operations targeting the production and</b></p>	

<sup>395</sup> Written evidence provided by Europol

<sup>396</sup> Europol (2023). Europol's 7th European Annual Drugs Conference <https://www.europol.europa.eu/media-press/newsroom/news/europol%20%99s-7th-european-annual-drugs-conference>

<sup>397</sup> Information provided by Europol

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>trafficking of “Captagon” tablets (amphetamine) in Europe and the Near East.<sup>398</sup> Other EMCDDA initiatives include a <a href="#">report on Captagon trafficking and the role of Europe</a><sup>399</sup>, developed together with the German Federal Criminal Police Office and a joint EMCDDA-Europol EU Drug Markets report and in particular sections on in-depth analysis of cocaine; methamphetamine; cannabis; amphetamine; heroin and other opioids.</p> <p>CEPOL contributed to the exchange of information through its TOPCOP project which is conducted in partnership with Europol. The project aims to increase operational cooperation and exchange of information among Eastern Partnership countries, EU Member States and EU agencies with the objective of countering organised crime, including drug trafficking.<sup>400</sup></p> <p>At the national level, all Member States<sup>401</sup> report reinforcing the information sharing and analysis with other Member States in cases of seizures of large quantities of drugs, identification of high-risk criminals, criminal networks and structures. In one</p>	

<sup>398</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>399</sup> EMCDDA (2023). Captagon trafficking and the role of Europe [https://www.euda.europa.eu/publications/technical-reports/captagon-trafficking-and-role-europe\\_en](https://www.euda.europa.eu/publications/technical-reports/captagon-trafficking-and-role-europe_en)

<sup>400</sup> CEPOL (2024). TOPCOP - Strengthening strategic and operational cooperation in the Eastern Partnership countries to fight against organised crime <https://www.cepol.europa.eu/international-cooperation/topcop>

<sup>401</sup> Survey with MS authorities (supply reduction), 16/26 MS (BE, BG, DE, ES, FI, FR, HR, HU, IT, LU, LV, MT, NL, PL, PT, SE) indicating to a great extent and 10/26 MS (AT, CZ, DK, EE, EL, IE, LT, RO, SI, SK) indicating to some extent

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Member State, information sharing and analysis is exchanged on case by case basis.<sup>402</sup> Two Member States indicated that information is shared and analysed through Europol, including through SIENA<sup>403</sup> An impact of one intervention was reported by a Member State, where an analytical report received from Europol in March 2021 resulted in the detention of 916 kilograms of hashish.<sup>404</sup></p> <p>At the EU level, <b>information sharing related to other serious crimes</b> was reinforced through Europol's Operation Task Forces (OTFs) Limit, Greenlight, and Next which played pivotal roles in dismantling encrypted communication platforms exploited by criminal organisations. These operations, which targeted Sky ECC, ANOM, and Ghost platforms respectively, facilitated extensive intelligence-sharing among international law enforcement agencies. Through these OTFs, Europol gathered insights into multiple serious crimes linked to drug trafficking, including money laundering, arms trafficking, and organized violence, effectively broadening information-sharing networks to cover a wider array of criminal activities.</p> <p>The <b>majority of Member States also report reinforcing the information sharing and analysis through exchange of information related to other forms of serious crime</b> which are linked to drug crime, such as violence, homicide, corruption, money-</p>	

<sup>402</sup> Survey with MS authorities (supply reduction), 1/26 MS (LT)

<sup>403</sup> Survey with MS authorities (supply reduction), 3/26 MS (NL, LU, LV)

<sup>404</sup> Survey with MS authorities (supply reduction) 1/26 (LV)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>laundering, trafficking in human beings, migrant smuggling, trafficking of firearms and terrorism.<sup>405</sup> Only one Member State<sup>406</sup> provided evidence on how this information exchange occurs, in particular through regular Inter-Agency meetings, cross-disciplinary training programmes for law enforcement personnel and strengthened collaboration with international partners and organizations such as the United Nations Office on Drugs and Crime (UNODC), Europol and Interpol) to share best practices and intelligence on combating organised crime. A <b>Member State representative underlined that information sharing with regards to other forms of serious crime which are linked to drug crime, such as violence, homicide, corruption, money-laundering, trafficking in human beings, migrant smuggling, trafficking of firearms and terrorism could be further reinforced.</b><sup>407</sup></p>	
<b>Action 3:</b> <b>Enhance investigations on drug related organised crime groups and networks posing the highest security</b>	1.1 1.2	 <b>AMBER:</b> In progress or some progress, but behind	<p><b>Positive developments in enhancing investigations on drug related organised crime groups</b> have taken place in the EU, including <b>the target selection process applied in Europol's report on decoding the EU's most threatening criminal networks.</b> The report is based on an intelligence-led assessment of how the most threatening criminal networks are organised, how and where they operate, and what criminal activities they involved which <b>would enable law</b></p>	<p>Despite the dismantling of major encrypted communication platforms, criminal organisations continue to adopt new systems. The</p>

<sup>405</sup> Survey with MS authorities (supply reduction), 10/26 MS (BE, BG, ES, FI, FR, MT, NL, PL, PT, SE) indicating to a great extent, 15/26 MS (AT, CZ, DE, DK, EE, EL, HR, HU, IE, IT, LT, LU, LV, RO, SI) indicating to some extent and 1/26 MS (SK) indicating not at all/rarely

<sup>406</sup> Survey with MS authorities (supply reduction) 1/26 (LU)

<sup>407</sup> Interview with Member States (PL)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>risk in the EU through a high-value target selection process established by the Member States with the support of Europol, including asset-tracing and financial investigations to lead to the effective confiscation of proceeds of drug crime.</b></p> <p><b>Ensure increased cooperation and coordination of operational activities (such as controlled deliveries of drugs and joint investigation teams) within the EU and between Member States, relevant third</b></p>		<p>plan</p> <p>While significant progress has been achieved at the EU level through a number of initiatives targeting enhanced investigations and asset tracing and through considerable operational progress achieved, evidence indicates that there is an insufficient number of drug-related financial investigations. In addition, available data on the manner of which investigations on drug related organised crime groups and networks posing the highest security risk are</p>	<p><b>enforcement authorities to better target and conduct criminal investigations.</b><sup>408</sup></p> <p><b>Increasing number of investigations on drug trafficking activities are also supported by Europol.</b><sup>409</sup> Since 2020 Europol has provided operational support to MS investigations on major criminal communication platforms (Enchrochat, Sky ECC, Anom, Exclu, Ghost). These resource intense investigations involved multiple EU and non-EU countries and resulted in significant blows against high risk criminal networks operating globally and having a high impact on the internal security of the EU, with high impact investigations against high risk criminal networks involved in drug related organised crime also supported by Europol with concrete and tangible results. e.g. dismantling criminal network behind a large-scale production sites of synthetic opioids and cathinones<sup>410</sup> (2024) in June 2024, a three-year investigation led by the Spanish Civil Guard and supported by Europol, resulted in taking down a criminal network involved in large-scale drug trafficking from South America to the EU.<sup>411</sup> The number of operations supported by Europol more than doubled from 172 in 2017 to 446 in 2023, and increased by 48% between 2021 and 2023</p>	<p>growing use of encrypted communications by criminal organisations is negatively affecting the capacity of law enforcement authorities to investigate drug trafficking.</p>

<sup>408</sup> Europol (2024), Decoding the EU's most threatening criminal networks.

<sup>409</sup> Europol (2021). European Union serious and organised crime threat assessment – EU SOCTA 2021.

<sup>410</sup> [https://www.europol.europa.eu/media-press/newsroom/news/largest-ever-synthetic-opioid-laboratory-in-poland-dismantled?mtm\\_campaign=newsletter](https://www.europol.europa.eu/media-press/newsroom/news/largest-ever-synthetic-opioid-laboratory-in-poland-dismantled?mtm_campaign=newsletter)

<sup>411</sup> Europol (2024). Cocaine cartel collapses after final arrests in Spain. <https://www.europol.europa.eu/media-press/newsroom/news/cocaine-cartel-collapses-after-final-arrests-in-spain>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>countries and Europol; and increase cooperation with Eurojust on related judicial prosecution.</b>		enhanced in Member States is fragmented, with reported measures including mainly participation in JITs and operational task forces and there is no evidence on Member States establishing a high-value target selection process.	and the number of action days in the area of drugs, which increased from 27 in 2021 to 63 in 2023 <sup>412</sup> . Europol has also supported operations in the field of synthetic drugs and precursors, for instance in the dismantling of the largest ever synthetic opioid laboratory in Poland in 2024 <sup>413</sup> .  Another successful investigation conducted by Member States and supported by Europol in 2022, targeted and dismantled a cocaine trafficking "super cartel" believed to control approximately one-third of Europe's cocaine trade. <sup>414</sup> In addition, the activities of the Operational Network Against Mafia-Style Organised Criminal Groups, which is also supported by Europol, and which assists complex investigations against high-risk criminal networks, have led to considerable operational results in 2022. <sup>415</sup> <b>Investigations are also conducted through EMPACT's two operational priorities on cannabis, cocaine and heroin (CCH) and synthetic drugs and new psychoactive substances (SYN-NPS), through which intelligence on drug production and detection, trafficking routes, and drug trafficking</b>	

<sup>412</sup> Statistics provided by Europol

<sup>413</sup> Europol (2024) Largest ever synthetic opioid laboratory in Poland dismantled [https://www.europol.europa.eu/media-press/newsroom/news/largest-ever-synthetic-opioid-laboratory-in-poland-dismantled?mtm\\_campaign=newsletter](https://www.europol.europa.eu/media-press/newsroom/news/largest-ever-synthetic-opioid-laboratory-in-poland-dismantled?mtm_campaign=newsletter)

<sup>414</sup> Europol (2022). Heat is rising as European super cartel is taken down in six countries <https://www.europol.europa.eu/media-press/newsroom/news/heat-rising-european-super-cartel-taken-down-in-six-countries>

<sup>415</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>networks' methods is shared which is in turn operationalised into targeting criteria and risk profiles.<sup>416</sup></p> <p>In addition, the evaluation of the ARO Council Decision and of the Confiscation Directive has shown that the creation of Asset Recovery Offices (AROs) has <b>increased the effectiveness in the cross-border identification of criminal assets, however their capacity to identify and trace assets is still deficient</b>.<sup>417</sup> It is indicated that the <b>insufficient number of financial investigations, along with obstacles in information sharing among Asset Recovery Offices</b>, result in Member States' constrained ability to identify and track assets.<sup>418</sup></p> <p>In addition, it is expected that the new Directive on Asset Recovery and Confiscation which provides Member States with access to financial information will allow for more effective financial investigations of drug-related organised crime groups.<sup>419</sup> The new rules also provide for the exchange of information between AROs, upon request from an asset recovery office in another Member State, as well ensure that financial investigations to trace and identify assets</p>	

<sup>416</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>417</sup> European Commission (2022). Commission Staff Working Document - Impact Assessment Report Accompanying the document Proposal for a Directive of the European Parliament and of the Council on asset recovery and confiscation

<sup>418</sup> European Commission (2022). Commission Staff Working Document - Impact Assessment Report Accompanying the document Proposal for a Directive of the European Parliament and of the Council on asset recovery and confiscation

<sup>419</sup> Directive (EU) 2024/1260 of the European Parliament and of the Council of 24 April 2024 on asset recovery and confiscation

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>become an automatic reflex in investigations against the most serious forms of crime.</p> <p>The desk research has identified that considerable operational results have been achieved since 2021. For instance, the activities of the Operational Network Against Mafia-Style Organised Criminal Groups have led to 121 arrests and EUR 12 million of cash seized in 2022, as well as investigation and prosecution of more than 50 high level criminals with the support of Europol and Eurojust.<sup>420</sup> <b>The value of cash seized as a result from Europol's operational outcomes of action days coordinated and supported in the area of drugs has increased exponentially from EUR 4,979,000 in 2021 (and 5,495,520 in 2022) to EUR 287,039,709 in 2023.</b><sup>421</sup> Similarly, there has been a notable increase in the value of assets seized which amounted to EUR 27,750,000 in 2021, EUR 27,916,000 in 2022 and grew to EUR 251,821,000 in 2023. In the period 2024 and 2023, around one billion euro in cash have been seized through Europol activities against drugs, not including physical assets.<sup>422</sup> The number of arrests from Europol action days coordinated/supported in the area of drugs has also increased considerably from 132 in 2021 to 534 in 2023. In addition, in 2023 alone, EMPACT led to 15 644 investigations initiated, 13871 arrests, EUR 797 million and 197 tons of drugs seized and 821 high-risk criminal networks identified,</p>	

<sup>420</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>421</sup> Data provided by Europol

<sup>422</sup> Interview with EU institutions and agencies (Europol)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>indicating a notable progress from the results achieved in the previous evaluation period, where for instance, 2155 arrests, 31 tonnes of drugs seizures and seizures of EUR 558 million took place<sup>423</sup>.</p> <p>Despite these developments, evidence indicates that a remaining challenge is the insufficient number of drug-related financial investigations conducted. In particular, the importance of the follow the money approach was emphasised as more impactful than solely relying on incarceration.<sup>424</sup> The need for law enforcement agencies to conduct more financial investigations, in particular focusing on those networks providing financial support, instead of focusing solely on drug seizing was also underlined.<sup>425</sup></p> <p>At the national level, nearly all Member States reported enhancing investigations on drug related organised crime groups and networks posing the highest security risk in the EU through a high-value target selection process.<sup>426</sup> In one Member State, between 2021 and 2023, 12</p>	

<sup>423</sup> EMPACT (2023). EMPACT 2023 Results.; EMPACT (2020). EMPACT 2020 Results.

<sup>424</sup> Interviews with EU institutions and agencies (Eurojust, Europol); Case study on ports

<sup>425</sup> Interviews with EU institutions and agencies (Europol)

<sup>426</sup> Survey with MS authorities (supply reduction), 10/26 MS (BE, BG, DE, DK, ES, FR, HR, IT, LV, PT) indicating to a great extent, 15/26 MS (AT, CZ, EE, EL, FI, HU, IE, LT, LU, MT, PL, RO, SE, SI, SK) indicating to some extent and 1/26 MS (NL) indicating not at all/rarely

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>investigations were conducted in relation to internationally organised criminal networks.<sup>427</sup> Nevertheless, no evidence was provided on Member States establishing high-value target selection process.</p> <p>In addition, all Member States surveyed reported <b>increasing cooperation and coordination of operational activities (such as controlled deliveries of drugs and joint investigation teams) with other Member States, relevant third countries and Europol.</b><sup>428</sup> In one Member State, 10 controlled deliveries took place between 2021 to 2023.<sup>429</sup> Three Member States indicated that the national authorities participate in Joint Action Days, joint investigations with partner countries, and in operational task forces.<sup>430</sup></p> <p>Finally, the majority of Member States <b>reported increasing cooperation with Eurojust on drugs related judicial prosecution.</b><sup>431</sup></p>	

<sup>427</sup> Survey with MS authorities (supply reduction), 1/26 MS (PT)

<sup>428</sup> Survey with MS authorities (supply reduction), 10/26 MS (BE, BG, ES, FR, HR, IT, LV, NL, PL, PT) indicating to a great extent, 16/26 MS (AT, CZ, DE, DK, EE, EL, FI, HU, IE, LT, LU, MT, RO, SE, SI, SK) indicating to some extent

<sup>429</sup> Survey with MS authorities (supply reduction), 1/26 MS (PT)

<sup>430</sup> Survey with MS authorities (supply reduction), 1/26 MS (LT, LV, EE)

<sup>431</sup> Survey with MS authorities (supply reduction), 8/25 MS (BE, ES, FR, IT, LV, NL, PL, PT) indicating to a great extent, 16/25 MS (CZ, DE, DK, EE, EL, FI, HR, HU, IE, LT, LU, MT, RO, SE, SI, SK) indicating to some extent and 1/25 MS (AT) indicating not at all/rarely

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 4:</b> <b>Ensure swift access to financial information to allow effective financial investigations of drug-related organised crime groups by:</b> (i) making full use of information held by FIUs (ii) making more effective use of information gathered by AROs to identify and track profits linked to drug trafficking, with a view to their possible subsequent freezing	1.2	 <b>AMBER:</b> In progress or some progress, but behind plan	<p>Several EU-level developments have taken place with regards to access to financial information and asset recovery. In terms of legislative and policy initiatives, the <b>revision of Directive (EU) 2019/1153</b> aims to improve access to financial information for law enforcement authorities across EU Member States. This directive initially focused on giving competent authorities access to centralised bank account registries within their own countries, while the amendments expand this by allowing access to these registries through a single access point at the EU level. In addition, the new <b>Asset Recovery and Confiscation Directive was adopted</b>, which provides Member States with access to financial information.<sup>432</sup> The Anti-money Laundering Authority (AMLA) is also expected to <b>provide operational support to Financial Intelligence Units when carrying joint analyses</b>.<sup>433</sup></p> <p>The evaluation of the Confiscation Directive has underlined information exchange and cooperation between Member States seems to be impacted by AROs not responding swiftly to requests from offices in other Member States, which in turn is linked to their <b>limited competences in tracing assets, limited resources and their limited access to the relevant databases</b>.<sup>434</sup> In this sense, the replacement of the Directive on freezing and confiscation of the proceeds of crime and the ARO Council Decision envisions clear rules on asset tracing</p>	The Directive on the access of competent authorities to centralised bank account registries enables Member States to access financial information from other Member States. This access would facilitate effective financial investigations into organised crime groups involved in drug-related activities.

<sup>432</sup> Directive (EU) 2024/1260 of the European Parliament and of the Council of 24 April 2024 on asset recovery and confiscation

<sup>433</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>434</sup> European Commission (2022). Commission Staff Working Document - Impact Assessment Report Accompanying the document Proposal for a Directive of the European Parliament and of the Council on asset recovery and confiscation

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>and confiscation; (iii) strengthening cooperation with prosecutors and judges responsible for the necessary freezing and confiscation orders and warrants for search and seizure.</b></p> <p><b>Increase training for law enforcement and judicial investigators and the local and regional specialised units dedicated to the seizures of criminal assets.</b></p>		<p>of drugs-related financial investigations carried out, number of cases referred to Asset Recovery Offices and number of trainings on seizures of criminal assets provided to law enforcement and judicial investigators does not allow for measuring progress on implementation.</p>	<p>and identification, providing the AROs with the powers and information needed to trace and identify assets and facilitate cross-border cooperation and the mandatory use of SIENA for all communications among asset recovery offices.<sup>435</sup></p> <p>At the national level, nearly all <b>Member States reported that they have applied a systematic approach to conducting parallel financial investigations in organised crime investigations by making full use of the information held by Financial Intelligence Units (FIUs)</b> under the conditions laid down by the Directive on the use of financial information<sup>436</sup>. In one Member State, it is mandatory to conduct a financial investigation in parallel to the operational case (pre-trial investigation).<sup>437</sup> In one Member State, the FIU disseminates to police authorities financial information emanating from suspicious transaction reports filed to the FIU by financial institutions and other obliged entities for the purposes of investigation.<sup>438</sup> With regards to operational progress, one Member State indicated that the number of seizures of criminal assets has nearly doubled in 2023, reaching a</p>	

<sup>435</sup> Europol (2023). Europol Programming Document 2024 – 2026

<sup>436</sup> Survey with MS authorities (supply reduction), 10/26 MS (BG, CY, DK, ES, LV, NL, PL, PT, SE, HU) indicating to a great extent, 15/26 MS (BE, CZ, DE, EE, EL, FI, FR, HR, IT, LT, LU, MT, RO, SI, SK) indicating to some extent and 1/26 MS (AT) indicating not at all/rarely

<sup>437</sup> Survey with MS authorities (supply reduction), 1/26 MS (PL)

<sup>438</sup> Survey with MS authorities (supply reduction), 1/26 MS (CY)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>record amount of 1.4 billion euros, an increase of 87% compared to 2022.<sup>439</sup></p> <p>Nearly all Member States<sup>440</sup> surveyed also reported that they have made more <b>effective use of information gathered by Asset Recovery Offices</b> to identify and track profits linked to drug trafficking. One Member State indicated that the ARO primarily uses SIENA to exchange requests for asset tracing abroad with the process requiring selecting the relevant criminal offense which enables the collection of necessary statistics if needed.<sup>441</sup></p> <p>In addition, all Member States reported strengthening their cooperation with prosecutors and judges responsible for applying for and issuing the necessary freezing and confiscation orders and warrants for search and seizure<sup>442</sup>.</p> <p>Finally, nearly all Member States<sup>443</sup> reported increasing training for law enforcement and judicial investigators and the local and regional</p>	

<sup>439</sup> Survey with MS authorities (supply reduction), 1/26 MS (FR)

<sup>440</sup> Survey with MS authorities (supply reduction), 11/25 (BG, CY, DE, DK, EE, FR, LV, NL, PL, PT, SE) to a great extent, 13/25 (AT, BE, CZ, ES, FI, HR, IT, LT, LU, MT, RO, SI, SK) to some extent and 1/25 MS (EL) indicating not at all/rarely

<sup>441</sup> Survey with MS authorities (supply reduction), 1/25 MS (LT)

<sup>442</sup> Survey with MS authorities (supply reduction), 12/26 MS (BE, BG, CY, CZ, DE, EE, FR, HU, LT, LV, NL, SE) to a great extent and 14/26 MS (AT, DK, EL, ES, FI, HR, IT, LU, MT, PL, PT, RO, SI, SK) to a great extent.

<sup>443</sup> Survey with MS authorities (supply reduction), 8/25 (BE, CY, DE, FR, HU, LT, NL, SE) to a great extent, 16/25 (AT, CZ, DK, EE, EL, ES, FI, HR, IT, LU, LV, MT, PL, PT, RO, SI) to some extent and 1/25 MS (SK) not at all/rarely

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>specialised units dedicated to the seizures of criminal assets. One Member State indicated that the Criminal Intelligence Training Centre organises specialised training courses to police officers on assets tracing models for determining the outcome of a criminal offence.<sup>444</sup> In another country, regular training is provided by the FIU to police authorities regarding the legal possibilities and procedures for tracing, freezing and confiscation of proceeds of crime, including a specialised training conducted in 2023 on relevant provisions of the AML/CFT legislation regarding tracing, freezing and confiscation of illegal proceeds.<sup>445</sup> Written guidance was also produced by the FIU and shared with police and judicial authorities.<sup>446</sup> One Member State reported that 16 trainees took part of training sessions on money laundering in 2022.<sup>447</sup></p> <p><b>Several challenges were also highlighted</b>, including the issue that real-time information exchange is not always applicable and needs to be improved, as the number of cases are growing.<sup>448</sup> Another stakeholder emphasised that improvement is needed in asset recovery as well, as it is estimated that only 2% of criminal proceeds are seized and that there is a need for law enforcement agencies to conduct more</p>	

<sup>444</sup> Survey with MS authorities (supply reduction), 1/25 MS (LT)

<sup>445</sup> Survey with MS authorities (supply reduction), 1/25 MS (CY)

<sup>446</sup> Survey with MS authorities (supply reduction), 1/25 MS (CY)

<sup>447</sup> Survey with MS authorities (supply reduction), 1/25 MS (PT)

<sup>448</sup> Interview with EU institutions and agencies (Europol)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			financial investigations, in particular focusing on those networks providing financial support. <sup>449</sup>	
<b>Action 5:</b>  <b>Increase cooperation and establish better links between tax/customs authorities and law enforcement to</b>  <b>(i) enhance investigations, (ii) detect trade-based money-laundering activities; (iii) disrupt criminal activities and (iv) stop profits from</b>	1.2		<p><b>RED:</b> Very little progress or considerably behind plan</p> <p>Progress has been made at the EU level with increasing active and reciprocal cooperation between tax/customs authorities and law</p>	<p>Advancements in the area at the EU level include policy initiatives such as <b>Commission's proposal to reform the EU Customs Union</b><sup>450</sup> which aims to strengthen the capacity of customs to counter unsafe or illegal goods from entering the EU and to consequently significantly improve cooperation between customs and other law enforcement authorities.<sup>451</sup> <b>Customs and police authorities also cooperate through EMPACT</b>, in particular through the two operational priorities on cannabis, cocaine and heroin and on synthetic drugs and new psychoactive substances.<sup>452</sup> The EU Roadmap on drug trafficking and organised crime also provided the basis for the establishment of a <b>new expert team under the Customs Programme in 2024</b>, aiming to enhance flexible and coordinated customs action across various modes of transport and borders, and bolstering operational cooperation with law enforcement authorities.<sup>453</sup> Finally, the European Ports Alliance Public Private Partnership launched in</p>

<sup>449</sup> Interview with EU institutions and agencies (Europol)

<sup>450</sup> European Commission (2023). EU Customs Reform [https://taxation-customs.ec.europa.eu/customs-4/eu-customs-reform\\_en](https://taxation-customs.ec.europa.eu/customs-4/eu-customs-reform_en)

<sup>451</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>452</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>453</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime; European Commission (2023). Commission kicks off work to further mobilise EU customs against drug-trafficking. [https://taxation-customs.ec.europa.eu/news/commission-kicks-work-further-mobilise-eu-customs-against-drug-trafficking-2023-11-27\\_en](https://taxation-customs.ec.europa.eu/news/commission-kicks-work-further-mobilise-eu-customs-against-drug-trafficking-2023-11-27_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>drug markets going back into furthering criminal activities or into the legal economy.</b></p> <p><b>Build expertise and resources on alternative banking and money transfer systems used by drug-related organised crime groups.</b></p>		<p>enforcement, in particular through EMPACT. Nevertheless, progress at Member State level is insufficient, with</p> <p><b>further evidence needed on the implementation by Member States.</b> In particular, there is <b>insufficient evidence allowing to measure progress on the number of investigations conducted, trade-based money-laundering activities, disrupted criminal activities or disruption of financial flows from drug markets to the legal economy, in particular as a result of the cooperation between</b></p>	<p>2024 is another platform through which cooperation between customs authorities and law enforcement authorities is expected to increase in particular through more efficient exchange of information.<sup>454</sup> This ongoing action provides a strong example of increased collaboration, driven by more efficient information exchange and coordination between Member States and highlights the political commitment and operational dedication, reflecting the EU's prioritisation of secure and well-regulated port operations. The Alliance's annual work plan underscores its role as a political priority, setting clear objectives to strengthen border security, facilitate trade, and streamline law enforcement responses.</p> <p>At the national level, all Member States<sup>455</sup> reported <b>increasing active and reciprocal cooperation between tax/customs authorities and other law enforcement</b> in order to exchange information and enhance investigations. In one Member State, such cooperation is conducted between twelve national authorities which also cooperate through intelligence sharing and operational actions on organised crime.<sup>456</sup> In another Member State, tax authorities provide expertise in the evaluation of criminal assets on request, as well as direct access to their data systems to the police, while cooperation with customs authorities is carried out on a daily basis, through information</p>	

<sup>454</sup> European Commission (2024). Commission launches the European Ports Alliance Public Private Partnership to fight organised crime and drug trafficking [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_24\\_344](https://ec.europa.eu/commission/presscorner/detail/en/ip_24_344)

<sup>455</sup> Survey with MS authorities (supply reduction), 12/25 (BE, DK, EE, ES, FI, FR, HR, IT, MT, NL, PL, SE) indicating to a great extent and 13/25 (AT, BG, CZ, DE, EL, HU, LT, LU, LV, PT, RO, SI, SK) indicating to some extent.

<sup>456</sup> Survey with MS authorities (supply reduction), 1/25 (SE)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<b>tax/customs and law enforcement authorities.</b>	<p>exchange agreements, joint crime investigation groups and joint actions<sup>457</sup>. Another Member State reported that joint actions and investigations between tax/customs and law enforcement authorities are recorded at the national intelligence centre.<sup>458</sup> One Member State has implemented regional initiatives such as a task force representing a permanent working group of the Ministries of the Interior, Justice and Finance to fight financing sources of organised crime, as well as port security centre which aims to support the police, customers and other organisations in the fight against drug crimes through rapid exchange and comprehensive analysis of all available information and recognition of illegal behaviour patterns at an early stage<sup>459</sup>. In September 2024, police from one Member State, with Europol's support, dismantled a transnational drug trafficking and money-laundering network that used Chinese brokers to launder millions from drug sales through shadow banking systems; the operation, spanning Italy, Albania, Switzerland, and Poland, resulted in 61 arrests and the seizure of over €60 million, with Europol aiding through cross-border coordination and intelligence sharing to intercept encrypted communications and track illicit funds<sup>460</sup>.</p>	

<sup>457</sup> Survey with MS authorities (supply reduction), 1/25 (LT)

<sup>458</sup> Survey with MS authorities (supply reduction), 1/25 (ES)

<sup>459</sup> Port of Hamburg (2024). Fight against international drug crime: Port Security Center officially opened <https://www.hafen-hamburg.de/de/presse/news/kampf-gegen-internationale-drogenkriminalitaet-hafensicherheitszentrum-offiziell-eroeffnet/>

<sup>460</sup> Reuters (2024) Drug gang using Chinese money brokers uncovered, Italian police say <https://www.reuters.com/world/europe/drug-gang-using-chinese-money-brokers-uncovered-italian-police-say-2024-09-25/>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The majority of Member States<sup>461</sup> also reported increasing active and reciprocal cooperation between tax/customs authorities and other law enforcement in order to stop profits from drug markets going back into furthering criminal activities or into the legal economy.</p> <p>Nevertheless, despite follow-up requests, no evidence on the instances where financial flows from drug markets to the legal economy are disrupted as result of the cooperation was provided by Member States.</p> <p>Similarly, majority of Member States<sup>462</sup> reported building expertise and resources on alternative banking and money transfer systems used by drug-related organised crime groups (e.g. underground banking). One Member State reported that 72 trainees took part of training sessions on alternative banking systems, money laundering and money transfer systems in 2023 and 2022.<sup>463</sup></p>	
<b>Action 6:</b> <b>Identify and prioritise cooperation with high-risk countries from a</b>	1.2	 <b>AMBER:</b> In progress or	<p>Several advancements have been made with regards to prioritising cooperation with high-risk countries from a drug production and smuggling perspective. Policy initiatives include improving cooperation with Latin American countries through opening negotiations for international agreements on judicial cooperation in criminal matters between Eurojust and the competent authorities of</p>	<p>The conclusion of agreements on judicial cooperation and agreements on the exchange of data</p>

<sup>461</sup> Survey with MS authorities (supply reduction), 7/25 (DK, ES, FR, IT, MT, NL, SE) indicating to a great extent, 15/25 (BG, CZ, DE, EE, EL, FI, HR, HU, LT, LV, PL, PT, RO, SI, SK) to some extent and 3/25 (AT, BE, LU) not at all/rarely

<sup>462</sup> Survey with MS authorities (supply reduction), 6/24 (EE, ES, FR, NL, PL, SE) indicating to a great extent, 14/24 (BE, BG, CZ, DE, DK, EL, FI, IT, LT, LV, MT, PT, RO, SI) to some extent and 4/24 (AT, HR, LU, SK) not at all/rarely

<sup>463</sup> Survey with MS authorities (supply reduction), 1/24 (PT)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>drug production and smuggling perspective to facilitate Member States' access to financial and other information in order to investigate and prosecute drug related crime and conduct financial investigations, and subsequently, to track and trace drugs-related criminal proceeds and ensure that EU-based seizure and confiscation orders are executed.</b>		<p>some progress, but behind plan</p> <p>While EU level initiatives undertaken demonstrate that <b>cooperation with high-risk countries has been prioritised</b>, there are persisting challenges in the area, including legal and judicial cooperation challenges. In addition, evidence is insufficient to measure progress achieved in the area. For instance there is no information on the volume of financial and other relevant information exchanged with high-risk countries, number of joint investigative and prosecutorial operations</p>	<p>Colombia, with the possibility of extending Council's mandate concerning cooperation with other Latin American countries.<sup>464</sup> Recommendations to open negotiations have also been issued regarding international agreements on the exchange of data between Europol, the EU Agency for Law Enforcement, and the competent authorities of five Latin American countries: Ecuador, Brazil, Peru, Bolivia, and Mexico to fight serious crime, including drug trafficking.<sup>465</sup></p> <p>High-level dialogue on drugs is also envisioned through the EU-CELAC Coordination and Cooperation Mechanism on Drugs. In addition, the La Paz Declaration was issued in February 2024, during the 24th meeting of EU-CELAC in Bolivia.<sup>466</sup> The declaration represents a significant commitment by European and Latin American countries to collaborate on combating global drug trafficking and related organised crime over the next five years and outlines several key priorities, including addressing the flow of narcotics, improving coordination between law enforcement agencies, and mitigating the environmental impacts of drug-related activities.</p> <p>Another EU programme on cooperation with Latin American countries on drug policies is COPOLAD. COPOLAD III, the current phase (2021–2025), is aligned with the EU Action Plan on Drugs</p>	<p>have not taken place yet, therefore progress on their contribution towards strengthening the capacity of competent authorities to investigate and prosecute drug-related crime and conduct financial investigations in high-risk countries cannot be assessed.</p> <p>Cooperation with third countries is delayed due to reliance on political agendas and formal legal commitments,</p>

<sup>464</sup> Eurojust (2024). Eurojust Strategy on Cooperation with International Partners 2024–2027.

<sup>465</sup> EDPS (2023). International Agreements to fight crime require strong data protection safeguards. [https://www.edps.europa.eu/press-publications/press-news/press-releases/2023/international-agreements-fight-crime-require-strong-data-protection-safeguards\\_en](https://www.edps.europa.eu/press-publications/press-news/press-releases/2023/international-agreements-fight-crime-require-strong-data-protection-safeguards_en)

<sup>466</sup> 24th High Level Meeting of the EU-CELAC Coordination and Cooperation Mechanism on Drugs <https://belgian-presidency.consilium.europa.eu/en/news/24th-high-level-meeting-of-the-eu-celac-coordination-and-cooperation-mechanism-on-drugs/>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		conducted with high-risk countries, number of financial investigations initiated and completed or number of EU-based seizure and confiscation orders executed in high-risk countries.	<p>2021–2025 and addresses cross-cutting issues like gender and human rights, and aims to reduce drug-related social and health risks by supporting information-sharing, training, and best practice exchanges between countries.</p> <p>As part of EL PAcTO 2.0., a project is intended to support the exchange of information and intelligence, streamline operations, and maximise the use of data between Europol and Colombia to disrupt criminal drug trafficking networks.<sup>467</sup> In addition, multilateral cooperation is achieved through the Maritime Analysis and Operations Centre–Narcotics (MAOC-N), which focuses tackling illicit drug trafficking by sea and air. MAOC-N plays a critical operational role by coordinating intelligence sharing, joint operations, and law enforcement actions across its member states to intercept narcotics shipments, particularly by maritime routes. Recent developments have seen countries like Germany and Belgium join MAOC-N, strengthening the alliance's capacity to combat drug trafficking.<sup>468</sup> Though cooperation with EU Member States that are not members of MAOC-N is intensified, expanding membership to include more EU Member States, especially those with significant drug trafficking challenges, would further enhance MAOC-N's operational reach and effectiveness.</p> <p>In its declaration from 2024, the Coalition of European countries against serious and organised crime indicates that cooperation with countries from the Latin American and Caribbean region will be</p>	resulting in a lengthy procedure.

<sup>467</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>468</sup> MAOC-N (2024). MAOC-N Hosts Official Accession Ceremony of Belgium and Germany to the Centre – Official Accession Document Signed in Lisbon <https://maoc.eu/maoc-n-hosts-official-accession-ceremony-of-belgium-and-germany-to-the-centre-official-accession-document-signed-in-lisbon/>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>prioritised, including through targeted dissemination of information about cargoes that have been identified as suspicious in South American ports.<sup>469</sup></p> <p>Cooperation with China is achieved through the EU-China dialogue on drugs, initiated in 2021, which focuses on key issues such as the production of synthetic drugs and the trafficking of precursors. The dialogue aims to strengthen cooperation in areas like drug control, public health, and rehabilitation. It also addresses challenges related to synthetic drug production and precursor diversion, which remain major concerns given China's role as a global producer of chemical precursors used in illicit drug manufacturing.<sup>470</sup> During the third dialogue in April 2024, both experts exchanged strategies on reducing supply and demand, sharing best practices for rehabilitation and drug treatment, and discussing alternatives to coercive sanctions.<sup>471</sup> On the other hand, the EU-Central Asia Dialogue addresses a broader range including the development of drug policies, threat analysis, capacity-building in law enforcement and judicial sectors, and drug demand reduction, with the 11<sup>th</sup> High-Level Political and Security Dialogue between the EU and Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan and Uzbekistan taking place in Brussels in June 2024.</p>	

<sup>469</sup> Federal Ministry of the Interior and Community (2024). Hamburg Declaration of the Coalition of European countries against serious and organised crime. <https://www.bmi.bund.de/SharedDocs/downloads/EN/veroeffentlichungen/2024/hamburger-erklaerung-en.html>

<sup>470</sup> European Commission (2024). EU and China hold the third dialogue on drugs policy [https://home-affairs.ec.europa.eu/news/eu-and-china-hold-third-dialogue-drugs-policy-2024-04-23\\_en](https://home-affairs.ec.europa.eu/news/eu-and-china-hold-third-dialogue-drugs-policy-2024-04-23_en)

<sup>471</sup> European Commission (2024). EU and China hold the third dialogue on drugs policy [https://home-affairs.ec.europa.eu/news/eu-and-china-hold-third-dialogue-drugs-policy-2024-04-23\\_en](https://home-affairs.ec.europa.eu/news/eu-and-china-hold-third-dialogue-drugs-policy-2024-04-23_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Finally, the establishment of an expert team under the Customs Programme aims to ensure coordinated customs action based on improved operational cooperation and is also expected to contribute to more efficient operational cooperation with third countries' law enforcement authorities.<sup>472</sup></p> <p>With regards to gaps and challenges, a representative from a Member State indicated that when referring to 'high-risk' third countries, more focus should be placed on actions conducted through EMPACT and that the Policy Cycle should be included in Action 6.<sup>473</sup> An EU agency emphasised that there are legal challenges and constraints in securing convictions, particularly in transit countries where cooperation is difficult, and that although there is strong law enforcement cooperation, judicial cooperation with third countries is lagging and not handling cases in a timely efficient manner.<sup>474</sup> The importance of enhancing judicial cooperation with third countries in South America and Asia, where collaboration is currently limited, was also underlined by an EU agency.<sup>475</sup> Cooperation with third countries with regards to money laundering investigations was highlighted as very important by a stakeholder but challenges also persist. This includes gaps in terms of jurisdictions, in cases when individuals are arrested but the</p>	

<sup>472</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>473</sup> Interviews with Member States (PL)

<sup>474</sup> Interviews with EU institutions and agencies (Europol)

<sup>475</sup> Interviews with EU institutions and agencies (Eurojust)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>majority of their assets are in another third country jurisdiction. As authorities often lack access to information about these assets they cannot seize them.<sup>476</sup> Another challenge highlighted is that the <b>effectiveness of cooperation with third countries is stalled by being contingent on political priorities and legally binding agreements, leading to a time-consuming process.</b> <sup>477</sup>Another shortcoming in the area concerns the significant resources being devoted to cooperation with third countries through conferences and meetings, as such efforts are uncoordinated and lack focus on critical threat areas, and coordination is often driven solely by a particular Member State, leading to minimal impact on practical cases.<sup>478</sup> Additionally, it was indicated that cooperation should be sought with jurisdictions facilitating financial flows and money laundering, such as tax havens like the Cayman Islands.<sup>479</sup></p> <p>More generally, the Council has adopted conclusions on cooperation with third countries in June 2024.<sup>480</sup></p>	

<sup>476</sup> Interviews with EU institutions and agencies (Europol)

<sup>477</sup> Interviews with EU institutions and agencies (Europol, DG HOME)

<sup>478</sup> Interviews with EU institutions and agencies (Europol)

<sup>479</sup> Interviews with EU institutions and agencies (DG HOME)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 7:</b>  <b>Improve possibilities to tackle encryption in line with the resolution on security through encryption and security despite encryption adopted by the Council in December 2020. Europol analytical and technical capacities to support the Member States in this area should be strengthened and mutual legal assistance should be facilitated and strengthened, in particular regarding</b>	1.1  1.2	  <b>RED:</b> Very little progress or considerably behind plan	<p>The support by Europol and Eurojust toward dismantling of the encrypted communication networks such as EncroChat, SkyECC and Ghost ECC has led to considerable arrests and seizures and has provided insights into criminal networks' activities and their methods.<sup>[1]</sup> In particular, the dismantling of SkyECC network serves as a pivotal operation targeting drug trafficking, with its extensive reach extending across various countries through localised operations, without which the overall effectiveness in combatting drug trafficking would undoubtedly diminish. <b>The dismantling of EncroChat has led to 6 558 arrests and close to EUR 900 million seized</b><sup>[2]</sup>. An EU-level stakeholder indicated that actions against encrypted communication networks and criminal cartels based in Dubai and Spain, resulted in the dismantling of super cartels controlling cocaine trafficking to Europe.<sup>[3]</sup></p> <p>Despite the dismantling of major encrypted communication platforms such as the above, criminal organisations continue to adopt new systems. For instance, many of the users of EncroChat transitioned to Sky ECC after the platform was taken down.<sup>[4]</sup> This pattern reflects the resilient demand for secure communication within organised</p>	<p>Following the COVID-19 pandemic, a trend for the drug market to become increasingly digitally enabled has been underlined, including the increased use of encrypted services to facilitate drug purchases.<sup>482</sup></p> <p>Importance of the broader framework of data protection and privacy, electronic communication, and</p>

<sup>[1]</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>[2]</sup> Europol (2023). Dismantling encrypted criminal EncroChat communications leads to over 6 500 arrests and close to EUR 900 million seized. <https://www.europol.europa.eu/media-press/newsroom/news/dismantling-encrypted-criminal-encrochat-communications-leads-to-over-6-500-arrests-and-close-to-eur-900-million-seized>

<sup>[3]</sup> Interview with EU institutions and agencies (DG HOME )

<sup>[4]</sup> Europol (2021). New major interventions to block encrypted communications of criminal networks <https://www.europol.europa.eu/media-press/newsroom/news/new-major-interventions-to-block-encrypted-communications-of-criminal-networks>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>standard measures (e.g. subscriber identification) to improve information exchange.</b>		communication services. However, the issue of encrypted communication used by HLCN (including legitimate E2EE applications) still presents significant legal and technical challenges for law enforcement access to digital information, while safeguarding fundamental rights and strong cybersecurity.	crime, leading to the emergence of new platforms to replace those taken down. <sup>[5]</sup>  Criminals constantly adapt their behaviours to elude detection. Available evidence <sup>[481]</sup> indicates that criminals are increasingly moving to legitimate end-to-end encrypted platforms. However, once effective countermeasures are found, it is likely that they will move to different communication channels. In June 2023, the Commission and the Presidency of the Council of the European Union launched the High-Level Group on access to data for effective law enforcement <sup>[6]</sup> . The group aims to provide a strategic vision on how to address current and anticipated challenges against the background of technological developments to ensure access to data for law enforcement and judicial authorities. In May 2024, 42 recommendations on access to data for effective law enforcement were issued by the High-Level Group <sup>[7]</sup> .	cross-border access to electronic evidence in the EU. <sup>[483]</sup>

<sup>[482]</sup> EMCDDA (2022). European drug report: trends and developments.

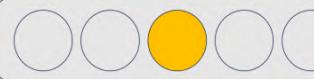
<sup>[5]</sup> EUDA (2024). EU Drug Market: Drivers and facilitators

<sup>[481]</sup> Europol Internet Organised Crime Threat Assessment (IOCTA) 2024

<sup>[6]</sup> European Commission (2024). High-Level Group (HLG) on access to data for effective law enforcement. [https://home-affairs.ec.europa.eu/networks/high-level-group-hlg-access-data-effective-law-enforcement\\_en](https://home-affairs.ec.europa.eu/networks/high-level-group-hlg-access-data-effective-law-enforcement_en)

<sup>[7]</sup> Recommendations of the High-Level Group on Access to Data for Effective Law Enforcement. [https://home-affairs.ec.europa.eu/document/download/1105a0ef-535c-44a7-a6d4-a8478fce1d29\\_en?filename=Recommendations%20of%20the%20HLG%20on%20Access%20to%20Data%20for%20Effective%20Law%20Enforcement\\_en.pdf](https://home-affairs.ec.europa.eu/document/download/1105a0ef-535c-44a7-a6d4-a8478fce1d29_en?filename=Recommendations%20of%20the%20HLG%20on%20Access%20to%20Data%20for%20Effective%20Law%20Enforcement_en.pdf)

<sup>[483]</sup> Eurojust (2024). First report on the use of encrypted communications in criminal investigations

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 8:</b>  <b>Following the effective confiscation of assets, take into consideration the safe and secure reuse of seized and confiscated instrumentalities in support of drug demand and supply reduction measures, in accordance with national legislation. Consider the effective confiscation of assets within the scope of the possible revision of the Directive on the freezing and confiscation of instrumentalities and</b>	1.1  1.2	  <b>AMBER:</b> In progress or some progress, but behind plan	<p>Nearly half of the Member States have not taken steps to reuse seized and confiscated assets in support of drug demand and supply reduction measures<sup>484</sup>. Only four Member States provided concrete evidence on the existence of a mechanism for reuse of confiscated instrumentalities in support of drug demand and supply reduction measures. Only Spain provided concrete evidence steps undertaken to reuse of confiscated instrumentalities in support of drug demand and supply reduction measures since 2021.</p> <p>At the EU level, the revision of the Directive on the freezing and confiscation of instrumentalities and proceeds of crime underlines the renewed focus on social reuse and EU efforts in the area and encourages Member States to use confiscated property for public interest or social purposes.</p> <p>In Spain, the system provides for the social reuse of confiscated assets only if they derive from offences linked to drug trafficking.<sup>485</sup> The Confiscated Assets Fund divides the money between the beneficiaries, including law enforcement authorities and prosecution services tasked with combating drug trafficking, as well as NGOs and other non-profit making organisations working in the area of substance abuse, regional and local authorities and governments, the government delegation for the National Anti-Drug Plan or international organisations and institutions.<sup>486</sup> 70% of the proceeds are allocated to support drug demand reduction and 30% to supply reduction measures.<sup>487</sup></p> <p>In France, the National agency on management of confiscated assets</p>	<p>The lack of reliable and comparable statistics on frozen and confiscated assets makes it difficult to measure the rate of confiscation at EU level. The confiscation rate depends on the effectiveness of the previous stages in the asset recovery process (identification and tracing of assets; asset freezing and seizure; management of frozen and seized assets).<sup>493</sup></p>

<sup>484</sup> Survey with MS authorities (supply reduction), 6/27 MS (EL, ES, FR, IE, PL, PT) indicating to a great extent, 8/27 MS (CY, CZ, EE, IT, LV, MT, NL, RO) indicating to some extent and 13/27 MS (AT, BE, BG, DE, DK, FI, HR, HU, LT, LU, SE, SI, SK) indicating not at all/rarely

<sup>485</sup> Council of Europe (2022). How to put confiscated criminal assets to good use?

<sup>486</sup> Council of Europe (2022). How to put confiscated criminal assets to good use?

<sup>487</sup> Survey with MS authorities (supply reduction), 1/27 MS (ES)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>proceeds of crime in the European Union (Directive 2014/42/EU).</b>		Some Member States already provide evidence of mechanisms for reusing confiscated instrumentalities to support drug demand and supply reduction, but more efforts could be done in this area. Further evidence will be available after the transposition of the Directive into national law.	<p>AGRASC ensures effective management of confiscated assets, directing them either to the general state budget or, in cases of drug-related convictions, to a special fund administered by Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA).<sup>488</sup> Established in 1982, MILDECA coordinates ministerial efforts against drug addiction and oversees a Support Fund created in 1995 which is financed by assets seized in drug cases and supports anti-drug trafficking services and prevention activities across multiple ministries: Interior, Justice, Finance, and Social Affairs.<sup>489</sup> It was indicated that significant enhancements have been achieved in the system of reuse of assets in 2023, including increased workforce, 87% increase in seizures and confiscations, higher victim compensation payments and increase numerous buildings seized and sold.<sup>490</sup></p> <p>In Latvia, part of the seized assets goes to the Confiscation Fund, where institutions can apply for additional funding to tackle crime, and some of these assets have been used to improve the equipment of the forensic laboratories and equip new spaces eligible to work with SIENA.<sup>491</sup></p>	

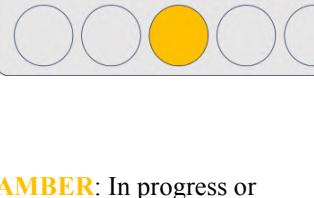
<sup>493</sup> European Parliament (2024). Revision of the EU rules on asset recovery and confiscation

<sup>488</sup> Good(s) Monitoring, Europe! (2021). The social reuse of confiscated assets in Europe – a first mapping

<sup>489</sup> Council of Europe (2022). How to put confiscated criminal assets to good use?

<sup>490</sup> Survey with MS authorities (supply reduction), 1/27 MS (FR)

<sup>491</sup> Survey with MS authorities (supply reduction), 1/27 MS (LV)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>In Portugal, 30% of confiscated assets are allocated to the coordinating entity of the National Program to Combat Drugs, intended to support actions, measures and programs to prevent drug use; 50% to the Ministry of Health, for the implementation of structures for the consultation, treatment and reintegration of drug addicts and 20% to Ministry of Justice bodies, for treatment and social reintegration of drug addicts.<sup>492</sup></p> <p>The renewed focus and EU efforts in the area social reuse of confiscated assets is demonstrated through the proposal for the revision of the Directive on the freezing and confiscation of instrumentalities and proceeds of crime in the European Union which was adopted in May 2022. The new directive entered into force on 22 May 2024 and underlines the importance of social reuse by encouraging Member States to use confiscated property for public interest or social purposes.</p>	
<b>Action 9:</b> <b>(i) Promote and support the work and best practices of the EUCPN and other</b>	1.3	 <b>AMBER:</b> In progress or	<p>The EUCPN work and practices appear well supported, with the 2024 and <b>2023 EUCPN Work Programme</b> indicating that its Secretariat will (co)lead and lead on actions in both aims of the EMPACT Drugs trafficking priority – the one on synthetic drugs and the one on cocaine, cannabis and heroin.<sup>494</sup> EUCPN best practices were also supported with the <b>continued funding</b> of the 2021 toolbox on party drugs and crime, which comprised four comprehensive tools, each</p>	<p>Adequate funding is essential for the implementation of prevention strategies. Limited resources can hinder the</p>

<sup>492</sup> Survey with MS authorities (supply reduction), 1/27 MS (PT)

<sup>494</sup> EUCPN (2023). Work programme 2023; EUCPN (2022). Work programme 2022.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>relevant projects with a view to reducing recidivism among young drug-related crime offenders;</b></p> <p><b>(ii) encourage comprehensive evidence-based strategies in neighbourhoods that experience high levels of drug availability and drug-related crime and</b></p> <p><b>(iii) support measures that create a more protective environment for communities affected by the consumption and sale of drugs or drug-related crime.</b></p>		<p>some progress, but behind plan</p> <p>While progress has been achieved in supporting the work and best practices of EUCPN and through an evidence-based strategy in one Member State, there is no evidence indicating reduced recidivism among young drug-related crime offenders,</p> <p>development of support measures for communities affected by consumption and sale of drugs. Similarly, there is no evidence that the successful evidence-based</p>	<p>targeting different aspects of the issue. The EMCDDA has similarly <b>supported EUCPN, through the organisation of two European Prevention Curriculum (EUPC) basic trainings for EUCPN (in 2022 and 2023) with two EUCPN staff members being supported to become EUPC trainers.</b> The EMCDDA has also cooperated with EUPCN for the Frontline Politeia EU project which will further implement the Communities That Care (CTC), designed as an evidence-based approach aiming to prevent problematic behaviours related to, among others, substance use crime among youth population.<sup>495</sup> As part of the implementation of the Action Plan and in line with the EU Roadmap on the fight against drug trafficking and organised crime, a <b>high-level conference on crime prevention was organised by EUCPN</b> in April 2024.<sup>496</sup> The conference focused on the challenges and good practices related to the recruitment and prevention of recruitment of young people into organised crime. These included youth recruitment prevention strategies from Sweden<sup>497</sup>, which has led to a decrease of shootings in the city of Örebro and the Netherlands<sup>498</sup>, where a long-term strategy focusing on young people from families involved in organised crime is being implemented.</p> <p>Nevertheless, there is <b>insufficient statistical data on reduced</b></p>	<p>effectiveness of these initiatives.<sup>509</sup></p> <p>Access to reliable data and research on drug-related crime and evidence-based strategies allows for informed decision-making and the implementation of evidence-based practices.<sup>510</sup></p> <p>No systematic collection of information on community interventions as they are often</p>

<sup>495</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>496</sup> EUCPN (2024). European Crime Prevention Conference 2024 <https://www.eucpn.org/events/ecpc2024>

<sup>497</sup> GVI (2024). Youth recruitment prevention: challenges and solutions in practice from Sweden [https://eucpn.org/sites/default/files/document/files/S1.%20Youth%20recruitment%20-%20community-based%20programmes%20-%20challenges%20and%20solutions%20in%20practice%20from%20Sweden%20\(William%20Wikstr%C3%B6m\).pdf](https://eucpn.org/sites/default/files/document/files/S1.%20Youth%20recruitment%20-%20community-based%20programmes%20-%20challenges%20and%20solutions%20in%20practice%20from%20Sweden%20(William%20Wikstr%C3%B6m).pdf)

<sup>498</sup> [Youth recruitment - community-based programmes - Breaking the cycle - Offering families involved in organised crime a way out \(Rik Ceulen\).pdf](#)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		strategy for neighbourhoods with high levels of drug availability and drug-related crime in Sweden has been adapted for use in other Member States.	<p><b>recidivism among young drug-related crime offenders as a result of the promotion and support of the work of EUCPN</b>, though some initiatives have been launched in the field. These include the 2022 Commission launched call for evidence as regards the recommendation on the implementation of alternatives to coercive sanctions<sup>499</sup> as response to drug law offences and drug-related crimes which underlined that alternatives to coercive sanctions can contribute to alleviating recidivism, as well as the continued support of EUCPN's work which focuses on reducing recidivism. In addition, the Hungarian Presidency of the EUCPN in 2024 will focus on reducing recidivism through tertiary prevention, emphasising the importance of resocialisation and skill development during imprisonment.<sup>500</sup> The objective is to promote European best practices in reintegrating offenders by offering programs that enhance employability and lawful behaviour within correctional facilities, with most efforts concentrated on activities conducted during incarceration.</p> <p>With regards to encouragement of evidence-based strategies in neighbourhoods with high levels of drug availability and drug-related</p>	designed and implemented at a local level or they overlap with broader public health and crime prevention activities. <sup>511</sup>

<sup>509</sup> EUCPN (2020). Experiences of the Member States performing evaluations in projects and activities aimed at crime prevention

<sup>510</sup> EUCPN (2020). Toolbox 16 - Preventing Drug-Related Crimes.

<sup>499</sup> European Commission (2022). Call for Evidence for an Initiative - Commission recommendation on the implementation of alternatives to coercive sanctions as response to drug law offences and drug-related crimes [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12854-Drug-using-offenders-alternatives-to-punishment\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12854-Drug-using-offenders-alternatives-to-punishment_en)

<sup>500</sup> EUCPN (2024) - European Crime Prevention Award and Best Practice Conference <https://www.eucpn.org/service/bpc-ecpa>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>crime, the EUCPN recommends following the Communities that Care (CtC) approach<sup>501</sup>. The CtC approach aims to prevent multiple problematic behaviours among young people, such as crime and substance use, through tackling common risk and protective factors identified in the community. An example of such practice is the Sofielund project from Sweden, which is an ongoing strategy aimed at enhancing safety, reduce crime (including drug trafficking), and improving social cohesion and environmental <b>quality through collaborative urban development</b>.<sup>502</sup> It is reported that the project has achieved substantial reductions in crime rates, increased community engagement, and better environmental conditions, demonstrating the success of well-executed evidence-based strategies.<sup>503</sup> In addition, in 2021, <b>EUCPN adopted a Strategy on evidence-based crime prevention in the EU</b> for the period 2022-2025, which specifies a set of criteria that serve as minimum thresholds for assessing crime prevention interventions and a roadmap containing the actions EUCPN will take to increase the uptake of evidence-based practice in the EU crime prevention field.<sup>504</sup> The Strategy also sets minimum criteria that have to be met before a crime prevention intervention can be disseminated by the EUCPN under the</p>	

<sup>511</sup> EMCDDA (2023). Local communities and drugs: health and social responses.

<sup>501</sup> EUCPN (2020). Toolbox 16 - Preventing Drug-Related Crimes.

<sup>502</sup> EUCPN (n.d.) Sofielund Approach

<sup>503</sup> EUCPN (2020). Toolbox 16 - Preventing Drug-Related Crimes.

<sup>504</sup> EUCPN (2021). Towards evidence-based crime prevention in the EU. [https://eucpn.org/sites/default/files/document/files/Adopted\\_EBA%20Strategy\\_0.pdf](https://eucpn.org/sites/default/files/document/files/Adopted_EBA%20Strategy_0.pdf)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>label of good practice. Finally, the EUCPN's Multiannual Strategy 2021-2025 indicates that the network will prioritise evidence-based approaches to achieve its strategic and operational goals, which led to the creation of a Working Group and a task force to develop and implement a five-year strategy for integrating these approaches.<sup>505</sup></p> <p>There is no evidence on the implementation of support measures that create a more protective environment for communities affected by the consumption and sale of drugs or drug-related crime<sup>506</sup> in Member States. This could be also attributed to the fact that there is no systematic collection of information on community interventions and similarly due to the difficulty to monitor them as they are often designed and implemented at a local level or they overlap with broader public health and crime prevention activities.<sup>507</sup> Similarly, no evidence is available at the Member State level on the number of communities included in such initiatives or a measure of the quality or impact of such initiatives. One Member State representative noted that although they consider Action 9 beneficial, the Action Plan should place greater emphasis on evidence-based and community-driven responses.<sup>508</sup></p>	

<sup>505</sup> EUCPN (2020). EUCPN Multiannual Strategy. [https://eucpn.org/sites/default/files/document/files/2101\\_MAS\\_2021-2025\\_LR%20%281%29.pdf](https://eucpn.org/sites/default/files/document/files/2101_MAS_2021-2025_LR%20%281%29.pdf)

<sup>506</sup> In accordance with UNODC/WHO International Standards on Drug Use Prevention

<sup>507</sup> EMCDDA (2023). Local communities and drugs: health and social responses.

<sup>508</sup> Interview with Member States (EL)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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### Traffic light assessment Strategic priority 1

Significant progress has been achieved at EU level with regards to enhancing EMPACT, information sharing and tackling encrypted communication channels. Nevertheless, the assessment shows that there are some delays in the implementation of the actions outlined under Strategic Priority 1, largely linked to delayed implementation at the national level. Overall, there is a lack of comprehensive and coordinated actions across all Member States in some areas. Key areas like information sharing related to other forms of serious crime linked to drug crime, such as violence, homicide, corruption, money-laundering, trafficking in human beings, migrant smuggling, trafficking of firearms and terrorism have seen insufficient advancements, highlighting the need for more consistent and effective measures. Similarly, efforts to reuse confiscated assets in drug supply and demand measures, to reduce repeat offenses among young drug-related criminals, and to support communities affected by drug activity have shown insufficient progress.



**AMBER:** In progress or some progress, but behind plan

### SWOT ANALYSIS Strategic priority 1

Strengths	Weaknesses	Opportunities	Threats
<p>Elaboration of strengths</p> <p>EMPACT has been enhanced through a number of initiatives, including its transformation of into a permanent cooperation framework and has been one of the major catalysts in developing the</p>	<p>Elaboration of weaknesses</p> <p>There is a lack of comprehensive data and evidence on the implementation of actions across Member States which leads to lack of measurable progress at the national level.</p>	<p>Elaboration of opportunities</p> <p>The Directive on the access of competent authorities to centralised bank account registries enabling Member States to access financial information from other Member States is expected to facilitate</p>	<p>Elaboration of threats</p> <p>The increasing use of drug trafficking on encrypted communication channels could pose challenges to law enforcement authorities to monitor and intercept communications</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p>European Ports Alliance.</p> <p>Information sharing and analysis is reinforced through EMPACT's operational priorities on drugs, through which law enforcement authorities share intelligence on drug production and detection, trafficking routes, and drug trafficking networks' methods.</p> <p>Significant progress has been achieved at the EU level through initiatives targeting enhanced investigations and asset tracing and through considerable operational progress on asset seizure.</p> <p>Similarly, significant progress has been achieved through the dismantling of several encrypted communication networks and in strengthening of mutual legal assistance on standard measures to improve information exchange.</p> <p>Cooperation with high-risk countries has been prioritised at the EU level.</p>	<p>Collaboration with third countries is delayed due to reliance on political agendas and formal legal commitments, resulting in a lengthy procedure.</p> <p>Insufficient progress has been achieved in key areas such as reusing confiscated instrumentalities to support drug demand and supply reduction, reducing recidivism among young drug-related crime offenders and the development of support measures for communities affected by consumption and sale of drugs.</p>	<p>effective financial investigations into organised crime groups involved in drug-related activities.</p> <p>Good practices on evidence-based strategies in neighbourhoods with high levels of drug availability and drug-related crime such as the Sofielund project could be scaled up and adapted in other Member States.</p> <p>The adopted package on cross-border access to electronic evidence is expected to introduce a coherent EU framework for handling electronic evidence and speed up the process of evidence gathering, while maintaining safeguards for fundamental rights.</p> <p>The European Ports Alliance can assist in disrupting high-risk drug-related organised crime groups functioning in ports.</p> <p>Cooperation achieved with third high-risk countries could assist in facilitating Member States' access to financial and other operational information and subsequently to increased seizure and confiscation orders executed.</p> <p>EUCPN's work on crime prevention could assist in reducing recidivism in young drug-related</p>	<p>related to drug trafficking, potentially allowing criminal activities to go undetected which could also hinder investigations and allow criminal networks to expand their operations.</p> <p>Geopolitical tensions and conflicts may hinder cooperation with certain high-risk countries.</p> <p>There may be risks associated with the reliability and authenticity of information shared by high risk countries.</p> <p>The use of alternative banking and money transfer systems by drug trafficking organised crime groups poses threats such as heightened financial secrecy, difficulty in tracking transactions, global operational reach, and obstruction of financial investigations due to regulatory loopholes and limited transparency.</p>	

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			crime offenders.	

## A1.2 Strategic priority 2: Increase the detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 10:	2.1		The effective risk management and customs controls linked to trafficking of drugs and precursors will be facilitated by a dedicated project group which was launched in November 2023 and which	Digitalisation generates opportunities for more efficient law-enforcement (e.g. by

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>Support activities at drug trafficking entry and exit points by reinforcing and promoting the establishment of police and customs risk analysis, investigation methods, and other relevant policies, controls and procedures to counter drug trafficking.</b></p> <p><b>Ensure structured coordination and cooperation as well as exchange in real time of crime intelligence and coordinated investigations in the EU by using the services of relevant EU agencies such as Europol and Frontex to support Member States. Member States should also ensure that real-time information exchange among competent</b></p>		 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Advancements at EU and national level have been made with relation to support activities at drug trafficking entry and exit points. Nevertheless, only two Member States provided evidence on reinforcing and promote the establishment of police and customs risk analysis, though no evidence on how this strategic level risk analyses have been translated at the operational level was provided.</p>	<p>involves representatives from Member State customs authorities at management and expert level. The project group will assess the current situation, develop a shared understanding and coordinated strategy, identify gaps and weaknesses in customs supervision, create a threat and risk assessment, establish common targeting criteria, and share best practices.<sup>512</sup> It is expected that this will lead to a more <b>coordinated and efficient customs controls by defining common risk criteria and priority customs controls at the EU level</b>, with the Commission recommending these for implementation to Member States in order to enhance real-time analysis.<sup>513</sup> Nevertheless, as the actions of the customs project group are ongoing or planned to be implemented in the future, conclusions on their progress cannot be assessed currently.<sup>514</sup> Among the envisioned actions are port visits conducted by customs experts with the objective of reviewing the state of play of major ports and the cooperation between authorities (customs, police, and others), with three port visits already conducted, and more are planned until the end of 2024 and for 2025.<sup>515</sup> It has been indicated that these visits are <b>beneficial for sharing best practices among customs authorities</b>, especially since each port has a unique ecosystem, with authorities varying between ports even within the same country.</p>	<p>creating red flag indicators to assist in risk analysis of cargo and passenger traffic)<sup>531</sup>.</p> <p>The activities of the European Ports Alliance and the dedicated project group involving representatives from Member State customs authorities at management and expert level are expected to lead to a common risk criteria and priority customs controls at the EU level.</p> <p>A lack of comprehensive information provided from ports of origin complicates risk analysis.<sup>532</sup></p>

<sup>512</sup> EUCRIM (2023). Launch of New Expert Group to Fight Drugs Trafficking. <https://eucrim.eu/news/launch-of-new-expert-group-to-fight-drugs-trafficking/#:~:text=On%202024%20November%202023%2C%20as,they%20fight%20against%20drug%20trafficking>.

<sup>513</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>514</sup> Interviews with EU institutions and agencies (TAXUD)

<sup>515</sup> Interviews with EU institutions and agencies (TAXUD)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
authorities at the entry/exit points is directly connected to SIENA.			<p>Activities at drug trafficking entry and exit points are also supported through EMPACT's CCH and SYN-NPS which support law enforcement by facilitating intelligence sharing on drug production, trafficking routes, and networks, leading to <b>enhanced targeting criteria, risk profiles, and a comprehensive understanding of how legal business structures are abused</b>.<sup>516</sup></p> <p>Another EU effort in the area is <b>the common risk management framework (CRMF)</b> which aims to establish an uniform and integrated EU approach to reinforce and enhance the efficiency of <b>customs risk management to detect suspicious shipments</b>. This framework entails common risk criteria and standards, priority control areas, and a secure tool for the exchange of risk information and crisis management (CRMS2).<sup>517</sup> Under the CRMF, the European Commission is deploying three releases to gradually cover all modes of transport (air, maritime, inland waterways, road and rail) from 2021 to end-2025 through the new customs pre-arrival security and safety programme, underpinned by a large-scale advance cargo information system – Import Control System 2 (ICS2) which enables the early identification of threats.<sup>518</sup></p>	

<sup>531</sup> Interviews with EU institutions and agencies (HOME D1, HOME D5)

<sup>532</sup> Interviews with EU institutions and agencies (Europol)

<sup>516</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>517</sup> Interviews with EU institutions and agencies (DG TAXUD)

<sup>518</sup> Interviews with EU institutions and agencies (DG TAXUD)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>In addition, in 2023, a joint report of Europol and the Security Steering Committee of the ports of Antwerp, Hamburg/Bremerhaven and Rotterdam was published, which describes and assesses criminal networks' infiltration in EU ports, as well as their activities and their modi operandi, including how they use vulnerabilities in port security and maritime shipping procedures to organise the trafficking of illicit goods.<sup>519</sup> The report also highlights drug trafficking using containers and the modi operandi for extraction of the illicit goods from the ports, illustrating how criminal networks exploit the loopholes in port and logistic procedures. The joint analysis also served as the basis for the Schengen thematic evaluation and the launch of the EU Ports Alliance<sup>520</sup>.</p> <p>The 2023 thematic Schengen evaluation on combatting drug trafficking into the EU, which focused on trafficking through ports, assessed that have an insufficient threat picture on drug trafficking since only a small percentage of the drugs trafficked into the Schengen area is detected and seized.<sup>521</sup> Persisting challenges underlined were the lack of coordination among all relevant actors involved in the operations of the ports and the need to strengthen barriers to intra-Schengen drug flows through efficient cross-border operational cooperation. A number of <b>best practices were identified in the framework of the 2023 thematic Schengen evaluation</b></p>	

<sup>519</sup> Europol (2023) Criminal Networks in EU Ports: Risks and challenges for Law Enforcement

<sup>520</sup> Information provided by Europol

<sup>521</sup> Annex to the Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions. State of Schengen Report 2024

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><b>including on risk analysis, investigation methods, and other relevant policies, controls and procedures to counter drug trafficking.</b><sup>522</sup> As a result, in March 2024 the Schengen Council adopted a Council Decision setting out a recommendation to implement the best practices identified, which will invite Member States to submit their action plans detailing which best practices would be useful for their specific national situation to implement.</p> <p><b>Police and customs risk analysis</b> is also reinforced through a number of EU-funded projects which focus on detection technologies, enhancing data analysis, and optimising operational processes such as the BorderSens, METEOR, ENTRANCE, SilentBorder, PARSEC, Cosmoport.</p> <p>In addition, the majority of Member States <b>reported reinforcing and promote the establishment of police and customs risk analysis, investigation methods, and other relevant policies, controls and procedures to counter drug trafficking.</b><sup>523</sup> In two Member States, a national Serious and Organised Crime Threat Assessment is conducted each year by customs, police and other law enforcement authorities, which also includes a joint analysis of trends, risks and modus operandi of criminal networks.<sup>524</sup> A second risk analysis is conducted in one of the Member States, by a permanent inter-agency working</p>	

<sup>522</sup> Council Implementing Decision setting out a recommendation on the implementation of the best practices identified in the 2023 thematic Schengen evaluation of Member States' capabilities in the areas of police cooperation, protection of the external borders, and management of IT systems to fight against drug trafficking into the Union

<sup>523</sup> Survey with MS authorities (supply reduction), 10/26 MS (BE, DK, EE, ES, FI, FR, HR, IT, NL, PL) indicating to a great extent, 15/26 MS (AT, BG, CY, CZ, DE, EL, LT, LU, LV, MT, PT, RO, SE, SI, SK) indicating to some extent and 1/26 MS (HU) indicating not at all/rarely

<sup>524</sup> Survey with MS authorities (supply reduction), 2/26 MS (LV, LT)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>group, with the objective of monitoring changes in the crime situation in the country and to issue recommendations to law enforcement authorities on priority areas of action based on the analysis data.<sup>525</sup> No evidence has been provided on how this strategic level risk analyses have been translated at the operational level.</p> <p>A good practice reported is the effective collaboration and intelligence-sharing between police, customs, and port authorities, with a clear understanding of each other's roles, which enhances their ability to tackle organised crime and seize illegal goods, despite varying practices across Member States.<sup>526</sup></p> <p>Evidence from the survey indicates that the majority of Member States <b>also reported ensuring that real-time information exchange among competent authorities at the entry/exit points is directly connected to SIENA.</b><sup>527</sup> In two Member States<sup>528</sup>, information exchange occurs through the single point of contact, while the direct information exchange between law enforcement agencies only takes place in urgent cases or in cases where the exchange of information may jeopardize the investigation in one of the countries.<sup>529</sup> One</p>	

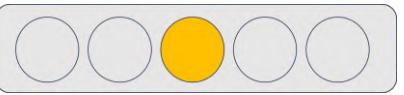
<sup>525</sup> Survey with MS authorities (supply reduction), 1/26 MS (LT)

<sup>526</sup> Interviews with EU institutions and agencies (TAXUD)

<sup>527</sup> Survey with MS authorities (supply reduction), 8/26 MS (BE, DK, ES, FI, FR, IT, PL, PT) indicating to a great extent, 10/26 MS (AT, DE, HR, LT, LU, LV, MT, RO, SE, SI) indicating to some extent and 8/26 MS (BG, CY, CZ, EE, EL, HU, NL, SK) indicating not at all/rarely

<sup>528</sup> Survey with MS authorities (supply reduction), 2/26 MS (LV, NL)

<sup>529</sup> Survey with MS authorities (supply reduction), 1/26 MS (LV)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Member State reported that customs and border guard authorities are directly connected to SIENA, with the exchange mirrored in SIENA application administrated by the single point of contact and available to monitor.<sup>530</sup> Nevertheless, no evidence was provided on the use of SIENA to support drug investigations and whether it has increased since 2021, the number of additional competent authorities (end-users at EU entry-exit points), which have been provided direct access to SIENA, or on the extent to which these new end-users are directly exchanging messages via SIENA.</p>	
<b>Action 11:</b> <b>Support Member States in the development of effective screening technologies for detecting drugs and drug precursors for containers, trucks and ships, focusing on major ports, airports, train stations and major land border crossings</b>	2.1	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>While advancements have been made through the BorderSens project and some national initiatives, there is no available evidence on the uptake and</p>	<p>The importance of screening technologies in detecting drugs precursors for containers, trucks and ships was emphasised by EU level stakeholders, with one stakeholder<sup>533</sup> indicating that investing in such sensor development would enable accurate detection of drug shipments without disrupting international trade.</p> <p>Support to Member States is provided through the Customs Control Equipment Instrument (CCEI) programme which has allocated more than EUR 200 million to fund state-of-the-art equipment that can assist customs authorities scan containers and other means of transport, with the objective of increasing the effectiveness of customs risk management and controls related to illicit drugs and drug precursors.<sup>534</sup></p> <p>Another notable EU initiative is the European Ports Alliance launched</p>	<p>Between 2 and 10 % of containers in EU ports can be physically inspected which makes detection of illicit drugs challenging and emphasises the need of effective screening technologies.<sup>549</sup></p> <p>Challenges in detection of drugs also stem from criminal networks adopting new modus operandi for drug concealment such as the misappropriation of container reference codes (PIN code fraud method).<sup>550</sup></p>

<sup>530</sup> Survey with MS authorities (supply reduction), 1/26 MS (LT)

<sup>533</sup> Interviews with EU institutions and agencies (DG HOME D1)

<sup>534</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		deployment of new screening technologies across Member States, or on detection success rate and seizure volumes following the introduction of the technologies.	in 2024, which is a public-private partnership between authorities from EU Member States, the European Commission, EU agencies, port operators, shipping associations, and customs and law enforcement bodies with the objective of combatting organised crime and drug trafficking by enhancing port security. <sup>535</sup> The Alliance includes an innovation cluster, which held a workshop in 2024, during which, EU-funded projects showcased emerging technologies aimed at improving port security. <sup>536</sup> These include the launched in 2022 and ongoing PARSEC project which aims at developing technologies for rapid and accurate detection of drugs, firearms, and explosives in postal services, streamlining the process without slowing down the parcel flow. <sup>537</sup> In addition, the launched in 2023 CosmoPort project aims to develop an AI-based MRT scanner to significantly improve the detection capacity of threats and illicit goods in trade flows. <sup>538</sup> It is anticipated that the system will be deployed in five demonstration campaigns in 2026 after having integrated all enhancements during laboratory testing. The ENTRANCE project develops a toolbox for	

<sup>549</sup> Council of the EU (2023). Detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit

<sup>550</sup> Europol (2024). Criminal Networks in EU Ports: Risks and challenges for Law Enforcement.

<sup>535</sup> European Commission (2024). EU-funded innovative projects support the European Ports Alliance [https://home-affairs.ec.europa.eu/news/eu-funded-innovative-projects-support-european-ports-alliance-2024-07-23\\_en](https://home-affairs.ec.europa.eu/news/eu-funded-innovative-projects-support-european-ports-alliance-2024-07-23_en)

<sup>536</sup> European Commission (2024). EU-funded innovative projects support the European Ports Alliance [https://home-affairs.ec.europa.eu/news/eu-funded-innovative-projects-support-european-ports-alliance-2024-07-23\\_en](https://home-affairs.ec.europa.eu/news/eu-funded-innovative-projects-support-european-ports-alliance-2024-07-23_en)

<sup>537</sup> <https://www.parsec-project.eu/>

<sup>538</sup> <https://cosmoport.webflow.io/>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>risk-based non-intrusive inspection to limit unnecessary physical inspections, which disrupt business and threaten supply lines, with field tests taking place in 2023 in the port of Rijeka, Croatia.<sup>539</sup> The METEOR project, which was launched in 2023 and will close in 2026, will focus on threat analysis, through the development of portable air sampling-based screening system which is expected to enable customs to rapidly inspect for the presence of illicit goods.<sup>540</sup> The launched in 2021 SilentBorder project is developing a new high-tech cosmic ray tomography scanner that aims to enable safe and fast screening, detection and identification of hazardous and illegal goods, contraband, and persons hiding in containers.<sup>541</sup> Finally, <b>the pioneer BorderSens project</b> combined sensor technologies, nanotechnology and data analysis to develop portable, wireless prototype devices which provide highly accurate selective detection of trace levels of illicit drugs and precursors, with the technology demonstrated at seven sites at EU borders in 2023.<sup>542</sup> The project received EUR 5,504,415 and end users in seven Member States were included in the project consortium. Nevertheless, <b>the desk research failed to uncover any follow-up on the BorderSens project, as there is no information available on the level of uptake and deployment in Member States of the innovative technologies used as part of the project after its</b></p>	

<sup>539</sup> <https://www.entrance-h2020.eu/>

<sup>540</sup> <https://www.fundacion.valenciaport.com/en/project/meteor-rapid-portable-and-reliable-cargo-screener-new-concept-of-vapour-screening-technology-ion-mobility-chemical-fingerprint-detector/>

<sup>541</sup> <https://silentborder.eu/our-project/>

<sup>542</sup> <https://bordersens.eu/>

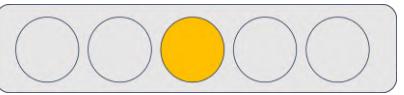
Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><b>completion.</b> This is confirmed by a stakeholder which emphasised that while some technologies for detection of drugs exist, it is not clear whether they can be scaled up and whether they are sufficient from a technical perspective to cater for the large flow of goods through EU ports.<sup>543</sup></p> <p>The majority of Member States reported participating in the development of effective screening technologies capable of detecting drugs and drug precursors for containers, trucks and ships, focusing on major ports, airports, train stations and major land border crossings.<sup>544</sup> Nevertheless, evidence on how and what screening technologies have been developed was found for only three Member States provided. In one Member State, developments include the improvement of the technological means of control, such as the implementation of scanners capable of checking containers on top of lorries<sup>545</sup>. Another Member State is developing an initiative for testing mass spectrometers with Raman technology, used at national level for the detection of synthetic drugs which might be concealed in postal packages.<sup>546</sup> A "100% Scanning" project is a significant initiative of one Member State, aimed at intensifying efforts to combat drug trafficking, particularly at the country's busiest and most critical port. The project seeks to increase the scanning of high-risk containers from</p>	

<sup>543</sup> Interviews with EU institutions and agencies (DG HOME D1)

<sup>544</sup> Survey with MS authorities (supply reduction), 5/24 MS (BG, ES, FR, NL, PL) indicating to a great extent, 15/24 MS (AT, BE, CY, CZ, DE, DK, EE, FI, HR, IT, LT, LV, MT, PT, RO) indicating to some extent and 4/24 MS (HU, SE, SI, SK)

<sup>545</sup> Survey with MS authorities 1/24 MS (ES)

<sup>546</sup> Survey with MS authorities 1/24 MS (IT )

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>the current limited levels to 100%, using advanced technologies including AI models and new scanning equipment.<sup>547</sup> Finally, new handheld X-ray machines for screening of luggage and vehicles and shelters, as well as spectrometric instruments (Raman, NIRLab) were purchased in one Member State, acquired for the primary analysis of drugs found and seized, particularly in air transport at international airports.<sup>548</sup> It was indicated that customs authorities make use of a large mobile X-ray machine for scanning train carriages, semi-trailers, and containers.</p>	
<b>Action 12:</b> <b>Improve structured coordination and cooperation between customs and Frontex, Europol and EMCDDA within their respective mandates, as well as exchange of customs information, to be interoperable and combined with that of law enforcement and border</b>	2.1	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Advancements in cooperation between Member States and EU agencies are largely on target. However, <b>there is</b></p>	<p>The desk research identified several advancements towards <b>improved structured coordination and cooperation between customs and Frontex, Europol and EMCDDA since 2021</b>. In particular, the Council resolution on custom cooperation adopted in 2023 has underlined several achievements in the context of Member States' customs law enforcement cooperation. For instance the implementation of the strategies for future customs law enforcement co-operation and the action plans of the Law Enforcement Working Party on customs, the cooperation achieved based on the Naples II Convention, the operational results from joint operations organised and carried out by customs authorities and the active and improved participation of customs authorities in EMPACT.<sup>551</sup> Nevertheless, information on the number of customs authorities participating in EMPACT is not available to allow for a comparison with the previous evaluation period . The progress in active coordination and</p>	<p>Significant improvement in cooperation between customs and other law enforcement authorities is expected through the reform of the EU Customs Union, but as the reform has not taken place yet, progress stemming from it cannot be measured.</p>

<sup>547</sup> Belgium and the Netherlands jointly intercept 160 tonnes of cocaine through thorough cooperation and information exchange <https://vanpeteghem.belgium.be/en/belgium-and-netherlands-jointly-intercept-160-tonnes-cocaine-through-thorough-cooperation-and>

<sup>548</sup> Survey with MS authorities 1/24 MS (CZ)

<sup>551</sup> Council Resolution on customs cooperation in the area of law enforcement and its contribution to the internal security of the EU 2023/C 217/01

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>control, where appropriate. Increase the customs expertise within Europol, and reinforce the capability of Frontex border guards to detect drug trafficking at the EU's borders.</b>		<b>insufficient evidence to demonstrate increased customs expertise within Europol</b> , enhanced capability of Frontex to detect drug trafficking, a higher number of customs authorities participating in EMPACT, more customs liaison officers at Europol, or an increase in investigations following the exchange of customs information.	<p>cooperation of Member States' customs authorities with Frontex, Europol and EMCDDA has similarly been underlined by the Resolution.<sup>552</sup> A Member State representative indicated that cooperation of customs and other authorities has strengthened since 2021, with these services now being more structured.<sup>553</sup> In addition, the reform of the EU Customs Union is expected to substantially improve cooperation between customs and law enforcement authorities at the EU and national levels, including through information sharing via the Customs Data Hub.<sup>554</sup> Nevertheless, no evidence is available on number of investigations following exchange of customs information. Europol and EUDA (formerly EMCDDA) also cooperate closely to produce joint publications and analyses on drugs (such as the EU Drugs Markets Analysis<sup>555</sup>), combining their respective strengths in law enforcement intelligence and public health expertise.</p> <p>Steps to increase customs expertise have been undertaken by Europol, in particular the objective of establishing capacity to use custom data extraction methods from mobile devices and expanding the community of liaison officers hosted by Europol, which also includes customs representatives.<sup>556</sup> Europol promotes a multi-agency approach to tackle serious and organised crime serving as a broad law enforcement platform of which customs is an integral part.</p>	

<sup>552</sup> Council Resolution on customs cooperation in the area of law enforcement and its contribution to the internal security of the EU 2023/C 217/01

<sup>553</sup> Interviews with Member States (EL)

<sup>554</sup> European Commission (n.d.) EU Customs Reform [https://taxation-customs.ec.europa.eu/customs-4/eu-customs-reform\\_en](https://taxation-customs.ec.europa.eu/customs-4/eu-customs-reform_en)

<sup>555</sup> <https://www.europol.europa.eu/publications-events/publications/eu-drug-markets-analysis-2024-key-insights-for-policy-and-practice>

<sup>556</sup> Europol (2023). Europol Programming Document 2024 – 2026

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The Customs expertise within Europol has increased, with 16 Member States posting customs liaison officers to their Liaison Bureaux at Europol Headquarters.<sup>557</sup> It was reported that there is also a notable increase in the amount of information provided to Europol from Customs authorities from all EU Member States and third countries for the latest SOCTA, which is reflected in the expanded analysis and coverage of customs-related threats, such as excise and Customs import fraud.<sup>558</sup> Member States' customs authorities also cooperate through the EMPACT operational action plans cannabis, cocaine and heroin (CCH) and synthetic drugs and new psychoactive substances (SYN-NPS), and through the Europol Analysis Projects.<sup>559</sup></p> <p>It is indicated that <b>customs cooperation with Frontex is being developed through joint control operations and EMPACT Joint Action Days</b><sup>560</sup>, though there is no available evidence of how reinforced the capability of Frontex border guards to detect drug trafficking is.</p> <p>The EMCDDA has also supported the implementation of Action 12, through contribution to the Schengen thematic evaluation identifying best practices in the Member States' national capabilities in the area of customs and police cooperation to fight against drug trafficking</p>	

<sup>557</sup> Written evidence provided by Europol

<sup>558</sup> Written evidence provided by Europol

<sup>559</sup> Europol (2023). Europol Programming Document 2024 – 2026

<sup>560</sup> Strategy for customs cooperation in the area of law enforcement and its contribution to the internal security of the EU (2023/C 217/02); Europol (2023). Europol Programming Document 2024 – 2026

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 13:</b> <b>Establish the necessary links and cooperation with the relevant civil aviation and maritime authorities, where appropriate through formal agreements, in order to ensure effective and efficient investigations and detection of drugs at airports and ports, taking into account relevant international regulation and instruments issued by the ILO, IMO and ICAO.</b>	2.1  2.2	 <b>RED:</b> Very little progress or considerably behind plan  Evidence on national level cooperation with maritime authorities, including through formal agreements, is available for only two Member States. Despite several EU initiatives such as seminars and specific actions, no evidence on how these have contributed to effective and efficient investigations and	into the EU and through the provision of technical inputs at expert meetings, drafting sessions, and site visits (Port of Hamburg). <sup>561</sup>  At the Member State level, the majority of Member States reported that they have established cooperation with relevant civil aviation and maritime authorities in order to ensure effective and efficient investigations and detection of drugs at airports and ports. <sup>562</sup> Nevertheless, only one Member State provided evidence that it has, since 2021, developed and initiated several domestic and cross-border strategies on harbours and has improved and developed its (integrated) approach to increase resilience of ports against criminal infiltration, in cooperation with relevant partners. <sup>563</sup> In particular, cooperation between customs, police, municipalities, public prosecution services, tax authorities, fiscal information and investigation service and port and airport companies is established with regards to five major junctions where drug trafficking poses challenges, including four ports and one airport in the country. <sup>564</sup> Evidence from the desk research indicates that two Member States signed a joint declaration on the	The general aviation sector represents a growing security concern for the EU, as it is increasingly exploited by drug traffickers while remaining under-monitored. <sup>572</sup>  Organised crime groups are increasingly using maritime drugs trafficking as their modus operandi therefore, strengthened cooperation with maritime authorities (and other actors as MAOC/SEACOP; and agencies Europol) is needed.

<sup>561</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>562</sup> Survey with MS authorities (supply reduction), 12/25 MS (AT, BE, CZ, DE, ES, FR, HR, IT, NL, PL, PT, SE) indicating to a great extent, 9/25 MS (BG, DK, EE, FI, LT, LV, MT, RO, SI) indicating to some extent and 4/25 MS (CY, EL, HU, SK) indicating not at all/rarely

<sup>563</sup> Survey with MS authorities (supply reduction) 1/25 (NL)

<sup>564</sup> Survey with MS authorities (supply reduction) 1/25 (NL)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Strengthen international cooperation with maritime and civil aviation authorities in key partner countries along major drug trafficking routes, where appropriate through formal agreements.</b>		detection of drugs at airports and ports is available. Similarly, no new national or international cooperation agreements with civil aviation authorities in third countries have been identified.	<p>fight against cross-border organised drug crime with five major international shipping companies in 2023.<sup>565</sup> The shipping companies moving containers through the major ports in the two countries have pledged to work together with ports and government officials to fight drug smuggling aboard their vessels, and to accelerate the implementation of smart containers and limit access to data about the containers, with the declaration seeking to set a global standard in the fight against organised crime by creating better cooperation between the shipping lines and the authorities.<sup>566</sup></p> <p>At the EU level, international cooperation with maritime authorities in key partner countries along major drug trafficking routes, in particular Latin America and Caribbean (LAC) countries, is established through events such as the EU-LAC Foundation's seminars, which aim to enhance dialogue between relevant actors with the aim of tackling drug trafficking and its impacts on port cities' economies and societies.<sup>567</sup> In addition, the 11th Action Plan of the Law enforcement Working Party (Customs) 2022-2023 included an action on the trafficking of</p>	

<sup>572</sup> Interviews with EU institutions and agencies (DG HOME)

<sup>565</sup> Government of the Netherlands (2023). The Netherlands and Belgium enlist shipping companies in fight against drug smuggling. <https://www.government.nl/latest/news/2023/02/17/the-netherlands-and-belgium-enlist-shipping-companies-in-fight-against-drug-smuggling#:~:text=The%20Netherlands%20Belgium%20and%20five,a%20secure%20and%20trustworthy%20port>.

<sup>566</sup> The Maritime Executive (2023). Shipping Lines Join with Dutch and Belgians to Fight Drug Smuggling. <https://maritime-executive.com/article/shipping-lines-join-with-dutch-and-belgians-to-fight-drug-smuggling>

<sup>567</sup> EU-LAC (2024). EU-LAC cooperation to combat the Illicit Maritime Trade of Drugs. <https://eulacfoundation.org/en/eu-lac-cooperation-combat-illicit-maritime-trade-drugs>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>cocaine in maritime consignments aiming for better identification of trends, risks and modus operandi.<sup>568</sup> The action was included in the EMPACT Operational Action Plan of Drugs (Cannabis, Cocaine and Heroin) for 2023.</p> <p>In its 2022 Joint Declaration, the Latin American Committee on Internal Security (EU-CLASI) considered the establishment of a temporary counter narcotics Task Force, whose mandate will be to launch joint operations, on the basis of a shared threat assessment, particularly on the maritime sector in close collaboration with MAOC(N)<sup>569</sup>.</p> <p>Notable success since 2021 has been achieved through the MAOC (N) which has actively engaged in international cooperation to combat maritime drug trafficking, working closely with Member States and third countries such as Brazil, Colombia and Senegal.<sup>570</sup> MAOC (N) operations have achieved considerable operational results and have led to the seizure of 403,000 tonnes of cocaine and 674,000 tonnes of cannabis.<sup>571</sup> As indicated in table 1 below, the <b>number of seizures, quantity of cocaine seized, the number of arrests and country updates have all increased considerably since 2021</b>.</p>	

<sup>568</sup> Council of the European Union (2023). Detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit

<sup>569</sup> Council of the European Union (2022). Joint Declaration of the Ministers of the Interior of the Member States of the European Union and the Ministers in charge of security matters of the Member States of the Latin American Committee on Internal Security

<sup>570</sup> MAOC (N). (n.d.) Who we are. <https://maoc.eu/who-we-are/>

<sup>571</sup> MAOC (N). (n.d.) Statistics. <https://maoc.eu/statistics/>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results																														
			<p><b>Table 1 Statistics on seizures, arrests and country updates in the framework of MAOC(N) (2019-2023)</b></p> <table border="1"> <thead> <tr> <th></th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th></tr> </thead> <tbody> <tr> <td><b>Seizures</b></td><td>19</td><td>26</td><td>38</td><td>35</td><td>49</td></tr> <tr> <td><b>Cocaine seized (in kg)</b></td><td>30200</td><td>22165</td><td>40418</td><td>36571</td><td>79694</td></tr> <tr> <td><b>Arrests</b></td><td>89</td><td>105</td><td>158</td><td>154</td><td>220</td></tr> <tr> <td><b>Country updates</b></td><td>2510</td><td>2796</td><td>2896</td><td>3068</td><td>3656</td></tr> </tbody> </table> <p>While cooperation with maritime authorities has been intensified, no evidence on new cooperation agreements with civil aviation authorities in third countries has been identified, indicating a gap.</p>		2019	2020	2021	2022	2023	<b>Seizures</b>	19	26	38	35	49	<b>Cocaine seized (in kg)</b>	30200	22165	40418	36571	79694	<b>Arrests</b>	89	105	158	154	220	<b>Country updates</b>	2510	2796	2896	3068	3656	
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<b>Action 14:</b>  <b>Continue financing and providing the Maritime Analysis and Operation Centre - Narcotics (MAOC-</b>	2.2	 <p><b>LIGHT GREEN:</b> In progress or ongoing but on target</p>	<p>The desk research indicates that MAOC-N receives continued co-financing through the Internal Security Fund of the European Union.<sup>573</sup> It is indicated that the EU funding for the instrument is substantial because of the successful operations achieved in recent years.<sup>574</sup></p>																															

<sup>573</sup> <https://maoc.eu/who-we-are/>

<sup>574</sup> Interviews with EU institutions and agencies (DG HOME)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>N) with a sustainable long-term governance model. Ensure exchange of information and cooperation with the relevant EU agencies.</b>		MAOC-N seems to be well supported, both through funding and a sustainable governance model. Cooperation and exchange of information is achieved with both EU partners and individual EU and non-EU countries.	With regards to the governance model, a current topic of discussion is defining the scope of MAOC-N's future operations, in particular whether its focus should be exclusively on the Atlantic or if expanding to include the Mediterranean would be beneficial. <sup>575</sup> Additionally, there is consideration of whether MAOC-N should evolve into a separate organization. <sup>576</sup> In addition, in its role as an observer on the board of MAOC-N in 2022 and 2023, the EMCDDA provided a governance model and furthered the cooperation and information sharing with the Centre. <sup>577</sup> MAOC-N has a close cooperation with Europol, through regular exchange of operational intelligence and conducting cross-checks on crew member lists from vessels of interest, as well as with the EUDA which provides insights into new trends, such as Europe becoming a cocaine production hub. <sup>578</sup> Additionally, MAOC-N collaborates closely with EMSA, using their maritime safety systems and, in return, producing reports to improve their systems and with FRONTEX on various projects, particularly EU-funded ones such as SEACOP, which focuses on maritime analysis and operations in Latin America, the Caribbean, and West Africa. <sup>579</sup> The organisation has also expanded, with Belgium and Germany joining recently, and Sweden expressing interest in joining.	

<sup>575</sup> Interviews with EU institutions and agencies (DG HOME)

<sup>576</sup> Interviews with EU institutions and agencies (DG HOME)

<sup>577</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>578</sup> Interview with EU level actors (MAOC-N)

<sup>579</sup> Interview with EU level actors (MAOC-N)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Cooperation with EU Member States that are not members of MAOC-N, such as Bulgaria, Greece, Croatia, and Sweden, is also intensified, with MAOC-N engaging these countries during the pre-seizure phase, in particular in cases where there are ongoing investigations on vessels of interest, to avoid disrupting evidence collection. These countries may request analysis or intelligence, such as tracking vessel movements or obtaining crew member lists, which MAOC-N can quickly provide through its international contacts.<sup>580</sup> MAOC-N also facilitates cooperation with non-EU countries, such as contacting local navies or coast guards in West Africa, to support EU Member States in drug trafficking cases by gathering evidence and dismantling organized crime groups.<sup>581</sup></p> <p>MAOC-N's actions are increasingly focused on West Africa's Gulf of Guinea, as there is a risk of instability in that area, which has potential connections to terrorist activities and drug trafficking.<sup>582</sup> It is assessed that MAOC-N functions effectively, delivering on its core missions, such as drug seizures at sea.</p> <p>A challenge highlighted is the duplication of efforts across EU initiatives, where multiple European countries might unknowingly deliver similar initiatives in the same region.<sup>583</sup> To prevent this, MAOC attempts to coordinate with EU embassies in their areas of</p>	

<sup>580</sup> Interview with EU level actors (MAOC-N)

<sup>581</sup> Interview with EU level actors (MAOC-N)

<sup>582</sup> Interviews with EU institutions and agencies (DG HOME)

<sup>583</sup> Interview with EU level actors (MAOC-N)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			operation, though this coordination remains challenging, often revealing overlaps only after the fact.	
<b>Action 15:</b>  <b>Further develop the drug intelligence fusion platform at Europol, including links with relevant EU agencies and MAOC-N, and enhance information exchange and investigative actions with third countries and regions constituting major source or transit hubs for drugs affecting Member States, in accordance with applicable legislation.</b>	2.2	 <b>LIGHT GREEN:</b> In progress or ongoing but on target	<p>Evidence indicates that the drug intelligence fusion platform at Europol has been further developed since 2021, through the restructuring of the agency's European Serious Organised Crime Centre (ESOCC) capabilities.<sup>584</sup> This includes the creation of the Drugs unit within the ESOCC and the merging of the separate drug-related Analysis Projects within Europol's information processing system into a single Analysis Project on drug crime.<sup>585</sup> Other efforts to advance the drug intelligence fusion platform also involve establishing a dedicated drugs liaison task force at Europol, launched in 2022. The task force is designed to significantly enhance the exchange of actionable intelligence, enabling authorities to respond swiftly and effectively to emerging drug-related threats<sup>586</sup> and is composed of liaison officers from the Member States most affected by drug trafficking and misuse. Additionally, three key non-EU countries are also represented, reflecting the global nature of the drug trade and the necessity for international cooperation. The collaboration within the task force facilitates real-time intelligence sharing, but also strengthens the overall strategic approach to combating drug trafficking.</p> <p>Positive steps have also been undertaken with regards to enhancing information exchange and investigative actions with third countries and regions constituting major source or transit hubs for drugs,</p>	

<sup>584</sup> Written evidence provided by Europol

<sup>585</sup> Written evidence provided by Europol

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Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>including through the inclusion of third countries in High Value Targets related investigations and enhance partnerships at both strategic and operational levels, with a view to opening new channels for data exchange and increasing the data flow through existing ones.<sup>587</sup></p> <p>Considerable <b>operational results</b> have been achieved with Europol assistance in 2024 alone, including the dismantling of the largest synthetic opioid laboratory in Poland<sup>588</sup>, the dismantling of a cocaine laboratory capable of producing 100 kilograms of the drug each month in Spain<sup>589</sup> and another cocaine laboratory which led to 28 arrests, including high-profile traffickers in multiple European countries<sup>590</sup>, as well as to the takedown of a cocaine cartel following an investigation led by Spain supported by Europol, resulted in a major hit on a criminal network involved in large-scale drug trafficking from South America to the EU.<sup>591</sup> In addition, Europol supported Montenegro's arrest of nine members from high-risk drug</p>	

<sup>587</sup> Europol (2023). Europol Programming Document 2024 – 2026

<sup>588</sup> Europol (2024). Largest ever synthetic opioid laboratory in Poland dismantled <https://www.europol.europa.eu/media-press/newsroom/news/largest-ever-synthetic-opioid-laboratory-in-poland-dismantled>

<sup>589</sup> Europol (2024). Law enforcement dismantle cocaine lab in Spain with 100 kg monthly capacity <https://www.europol.europa.eu/media-press/newsroom/news/law-enforcement-dismantle-cocaine-lab-in-spain-100-kg-monthly-capacity>

<sup>590</sup> Europol (2024). 28 arrested and cocaine lab dismantled in hit against drug traffickers <https://www.europol.europa.eu/media-press/newsroom/news/28-arrested-and-cocaine-lab-dismantled-in-hit-against-drug-traffickers>

<sup>591</sup> Europol (2024). Cocaine cartel collapses after final arrests in Spain <https://www.europol.europa.eu/media-press/newsroom/news/cocaine-cartel-collapses-after-final-arrests-in-spain>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>trafficking organisations, disrupting organised crime activities in the Balkans<sup>592</sup> and aided in the arrest of 15 individuals linked to a prominent Albanian drug network, severely impacting cocaine trafficking channels in Europe<sup>593</sup>. Europol also supported the seizure of a cocaine-laden sailboat in the Caribbean and the arrest of 50 suspects tied to a global smuggling network<sup>594</sup>, the seizure of 35 tonnes of cocaine across major European ports<sup>595</sup> and the freezing of assets worth €48 million following a drug sweep involving Ecuador and Spain<sup>596</sup>. In 2023, Europol coordinated major crackdowns on drug trafficking networks across Europe, leading to the arrests of 78 members of a cannabis trafficking ring in Spain and Italy<sup>597</sup> and the seizure of 2.7 tonnes of cocaine from a Balkan cartel's vessel<sup>598</sup>.</p>	

<sup>592</sup> Europol (2024). Nine members of high-risk drug trafficking organisations arrested in Montenegro <https://www.europol.europa.eu/media-press/newsroom/news/nine-members-of-high-risk-drug-trafficking-organisations-arrested-in-montenegro>

<sup>593</sup> Europol (2024). 15 arrested in crackdown on high-profile Albanian criminal network <https://www.europol.europa.eu/media-press/newsroom/news/15-arrested-in-crackdown-high-profile-albanian-criminal-network>

<sup>594</sup> Europol (2024). 50 arrests after cocaine-laden sailboat intercepted in the Caribbean <https://www.europol.europa.eu/media-press/newsroom/news/50-arrests-after-cocaine-laden-sailboat-intercepted-in-caribbean>

<sup>595</sup> Europol (2024). 6 arrested as 35 tonnes of cocaine seized at major European ports <https://www.europol.europa.eu/media-press/newsroom/news/6-arrested-35-tonnes-of-cocaine-seized-major-european-ports>

<sup>596</sup> Europol (2024). Properties worth EUR 48 million frozen after cocaine sweep in Ecuador and Spain <https://www.europol.europa.eu/media-press/newsroom/news/properties-worth-eur-48-million-frozen-after-cocaine-sweep-in-ecuador-and-spain>

<sup>597</sup> Europol (2023). 78 involved in large-scale cannabis trafficking arrested in Spain and Italy <https://www.europol.europa.eu/media-press/newsroom/news/78-involved-in-large-scale-cannabis-trafficking-arrested-in-spain-and-italy>

<sup>598</sup> Europol (2023). Balkan cartel sinks as Spain seizes 2.7 tonnes of cocaine on board large vessel <https://www.europol.europa.eu/media-press/newsroom/news/balkan-cartel-sinks-spain-seizes-27-tonnes-of-cocaine-board-large-vessel>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Other key actions included the arrest of a high-profile drug baron in Colombia<sup>599</sup>, the discovery of 6.5 tonnes of cocaine hidden in banana shipments in Colombia and Spain<sup>600</sup>, the apprehension of Balkan drug lords after an investigation into encrypted communication<sup>601</sup>, and the dismantling of a methamphetamine distribution network across Europe<sup>602</sup>. Operational results achieved in 2022 include the dismantling of a high-risk criminal network involved in large scale cocaine trafficking in 2022, following an extensive investigation involving authorities in Brazil, Spain, Paraguay and the United States.<sup>603</sup> In addition, in 2022, Europol supported raids carried out across Europe and the United Arab Emirates (targeting both the command-and-control centre and logistical drug trafficking infrastructure in Europe, which led to the arrests of 49 suspects and seizure of over 30 tonnes of drugs over the course of the investigations.<sup>604</sup> In 2021, Europol led the coordination of an international operation involving eight countries, resulting in</p>	

<sup>599</sup> Europol (2023). Alleged drug baron coordinating drug production in Europe is arrested in Colombia <https://www.europol.europa.eu/media-press/newsroom/news/alleged-drug-baron-coordinating-drug-production-in-europe-arrested-in-colombia>

<sup>600</sup> Europol (2023). 6.5 tonnes of cocaine found hidden between bananas in Colombia and Spain <https://www.europol.europa.eu/media-press/newsroom/news/65-tonnes-of-cocaine-found-hidden-between-bananas-in-colombia-and-spain>

<sup>601</sup> Europol (2023). Balkans' biggest drug lords arrested after investigation into encrypted phones <https://www.europol.europa.eu/media-press/newsroom/news/balkans-biggest-drug-lords-arrested-after-investigation-encrypted-phones>

<sup>602</sup> Europol (2023). Crackdown on criminal network that produced and distributed methamphetamine in Europe <https://www.europol.europa.eu/media-press/newsroom/news/crackdown-criminal-network-produced-and-distributed-methamphetamine-in-europe>

<sup>603</sup> Europol (2022). Consolidated Annual Activity Report 2022

<sup>604</sup> Europol (2022). Consolidated Annual Activity Report 2022

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>criminal reports against 61 suspects from a Balkan drug cartel responsible for cocaine trafficking.<sup>605</sup></p> <p>The link with MAOC-N has also been enhanced. MAOC-N conducts meetings with Europol leadership twice a year, during which new developments in the field of maritime and aviation drug trafficking are discussed.<sup>606</sup> Europol is also invited to participate in MAOC-N operational meetings when it is considered useful, such as during case evaluations. Additionally, MAOC N uses its Portuguese contact at Europol to submit crew members' lists to Europol on a monthly basis.<sup>607</sup> The Centre is also in the process of connecting to Europol's SIENA network, which is expected to enhance information exchange and investigations between MAOC-N and Europol even further.<sup>608</sup></p>	
<b>Action 16:</b> <b>Conclude agreements between the European Union and third countries where drug trafficking hubs</b>	2.2	 <p><b>RED:</b> Very little progress or considerably behind plan</p>	<p>Several positive developments have taken place in relation to conclusion of agreements with third countries where drug trafficking hubs are located, allowing for exchange information and data, including personal and operational data. In particular, in March 2023, a pilot project was proposed between Europol and Colombia aiming to strengthen the exchange of information and investigations of</p>	<p>Latin America's organised crime groups and their cooperation with European organised crime networks pose a serious threat to EU internal security, as their actions are increasingly linked to a series</p>

<sup>605</sup> Europol (2021). Over 60 charged in crackdown on Balkan cartel behind cocaine pipeline to Europe. <https://www.europol.europa.eu/media-press/newsroom/news/over-60-charged-in-crackdown-balkan-cartel-behind-cocaine-pipeline-to-europe>

<sup>606</sup> Interview with EU level actors (MAOC-N)

<sup>607</sup> Interview with EU level actors (MAOC-N)

<sup>608</sup> Interview with EU level actors (MAOC-N)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
are located, enabling relevant EU agencies such as Europol and Frontex to exchange information and data, including personal and operational data, where appropriate.		Progress has been achieved through initiatives such as the Europol-Colombia pilot project on exchange of information and opening of negotiations with key Latin American countries on exchange of personal and operational data. While no agreements on the exchange of personal and operational data between the European Union and third countries where drug trafficking hubs are located have been concluded since 2021, negotiations are ongoing, indicating the intensified EU-level efforts in the area.	organised crime groups behind the production and trafficking of drugs. <sup>609</sup> The pilot project is to be implemented in the framework of EL PAcCTO 2.0 and the activities were planned to start during the second semester of 2023. Colombia is the only country in the LAC region that has concluded bilateral agreement for the exchange of information with Europol and in this sense, an objective to utilise the linkages to the EL PAcCTO project as a gateway to concluding agreements with other countries in the region was set. <sup>610</sup>  In addition, in May 2023, the European Data Protection Supervisor (EDPS) issued five opinions on the European Commission's Recommendations to open negotiations for International Agreements on the exchange of personal data between Europol, the EU Agency for Law Enforcement, and the competent authorities of five Latin American countries: Ecuador, Brazil, Peru, Bolivia, and Mexico to fight serious crime, including drug trafficking. <sup>611</sup> Consequently, five Council Decisions were published in May 2023, authorising the opening of negotiations for an agreement between the EU and the Latin American countries on the exchange of personal data between Europol and national authorities competent for fighting serious crimes. <sup>612</sup> This indicates the ongoing efforts at EU level to negotiate	of crimes within the Union and increasing quantities of drugs trafficked. <sup>616</sup>  The geopolitical instability and conflicts affect the implementation of drug policy, in particular regarding cooperation with third countries. <sup>617</sup>  The effectiveness of information exchange agreements is hindered by being contingent on political priorities and legally binding arrangements, leading to a very time-consuming process. <sup>618</sup>

<sup>609</sup> European Commission (2023). Fight against drugs: Commission supports cooperation between Colombia and Europol on information exchange. [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_23\\_1362](https://ec.europa.eu/commission/presscorner/detail/en/IP_23_1362)

<sup>610</sup> Europol (2023). Europol Programming Document 2024 – 2026

<sup>611</sup> EDPS (2023). International Agreements to fight crime require strong data protection safeguards. [https://www.edps.europa.eu/press-publications/press-news/press-releases/2023/international-agreements-fight-crime-require-strong-data-protection-safeguards\\_en](https://www.edps.europa.eu/press-publications/press-news/press-releases/2023/international-agreements-fight-crime-require-strong-data-protection-safeguards_en)

<sup>612</sup> Council Decision (EU) 2023/1010 of 15 May 2023 authorising the opening of negotiations with the Federative Republic of Brazil; Council Decision (EU) 2023/1009 of 15 May 2023 authorising the opening of negotiations with the Plurinational State of Bolivia; Council Decision (EU) 2023/1011 of 15 May 2023 authorising the opening of negotiations

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>international agreements with third countries where drug trafficking hubs are located, demonstrated also through the Commission's intensified work to negotiate international agreements on judicial cooperation between Eurojust with Brazil, Argentina and Colombia.<sup>613</sup> In the case of the existing agreement between Brazil and Europol, it does not cover the exchange of personal data, and as the country is part of the route for drug trafficking to the EU, the future agreement is expected to have a positive impact on society, particularly because human rights and protections are integral to the discussions surrounding it.<sup>614</sup> Although negotiations are ongoing, it is important to note these will not be sufficient as concrete agreements and measures are necessary to effectively address the challenges posed by drug trafficking hubs.</p> <p>As indicated by an EU-level stakeholder, the effectiveness of information exchange agreements is hindered by being contingent on</p>	

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with the United Mexican States; Council Decision (EU) 2023/1012 of 15 May 2023 authorising the opening of negotiations with the Republic of Peru; Council Decision (EU) 2023/1008 of 15 May 2023 authorising the opening of negotiations with the Republic of Ecuador

<sup>616</sup> European Parliament (2024). EU cooperation with Latin America: Combating drug trafficking in the Andean region

<sup>617</sup> Interviews with Member States (CZ)

<sup>618</sup> Interviews with EU institutions and agencies (Europol)

<sup>613</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>614</sup> Santos, I. (2023). Data sharing between Europol and Brazil: challenging negotiation. <https://www.law.kuleuven.be/citip/blog/data-sharing-between-europol-and-brazil-challenging-negotiation/>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			political priorities and legally binding arrangements, leading to a very time-consuming process. <sup>615</sup>	

### Traffic light assessment Strategic priority 2

The assessment shows that the implementation of Strategic Priority 2 is in progress but behind plan, with some progress in structured coordination and cooperation between customs and EU agencies and ongoing financial support and governance for the MAOC-N. However, significant delays and very little progress have been observed in reinforcing risk analysis methods, establishing cooperation agreements with civil aviation authorities, and concluding agreements on personal and operational data exchange with third countries where drug trafficking hubs are located.



**AMBER:** In progress or some progress, but behind plan

### SWOT ANALYSIS Strategic priority 2

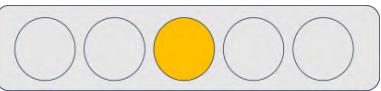
Strengths	Weaknesses	Opportunities	Threats
Elaboration of strengths The Bordersens' project demonstrates the potential for	Elaboration of weaknesses There is a lack of comprehensive data and evidence on the	Elaboration of opportunities The development and deployment of already developed screening and	Elaboration of threats Drug trafficking networks continuously adapt their methods,

<sup>615</sup> Interviews with EU institutions and agencies (Europol)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p>scaling up the technology across more EU Member States, broadening its impact and improving overall drug detection capabilities in the EU.</p> <p>There is improved structured coordination and cooperation between customs and Frontex, Europol and EMCDDA.</p> <p>The pilot project between Europol and Colombia aiming to strengthen the exchange of information and investigations of organised crime groups behind the production and trafficking of drugs could promote concluding agreements with other countries in the region.</p>		<p>implementation of actions across Member States which leads to lack of measurable progress at the national level.</p> <p>Political priorities and legally binding arrangements can delay the conclusion of international agreements, hindering timely information exchange and cooperation.</p> <p>No sufficient cooperation has been established with civil aviation and maritime authorities at the national level.</p> <p>While increasing quantities of drugs are trafficked from Latin American countries to the EU, no agreements on the exchange of personal and operational data have been concluded.</p>	<p>detection technologies can significantly improve the efficiency of drug trafficking countermeasures.</p> <p>Expected reforms in the EU Customs Union could enhance cooperation between customs and law enforcement authorities, leading to better information sharing and operational efficiency.</p> <p>The European Ports Alliance, which aims to facilitate effective risk management and customs controls, can provide an EU framework which can lead to more coordinated and efficient customs controls at the EU level.</p>	<p>making it challenging for law enforcement to keep up with new concealment techniques and trafficking routes.</p> <p>Geopolitical instability and conflicts affect the cooperation with third countries.</p>

### A1.3 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

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 17:</b> <b>Monitor internet and darknet marketplaces for drugs by implementing the preparatory action proposed by the European Parliament on 24/7 monitoring of the darknet to ensure comprehensive results. Reinforce EMCDDA's and Europol's capacities in this area.</b>	3.1	 <b>AMBER:</b> In progress or some progress, but behind plan	<p>Several initiatives with regards to monitoring of internet and darknet marketplaces for drugs have been launched. In particular, the development of an IT tool to assist law enforcement authorities in monitoring the darknet is taking place in 2024.<sup>619</sup> Online drug trafficking will be addressed through collaboration with the private sector through the EU Internet Forum, which in 2022 further expanded its scope to cover drug trafficking online.<sup>620</sup> In 2023, the EU Internet Forum conducted technical meetings and consultations with Member States, Europol, and EMCDDA to compile a Knowledge Package on online drug sales, including relevant terms, names, emojis, and codes, to aid platforms in moderating such content.<sup>621</sup> In the beginning of 2024, the Forum made available to companies the Knowledge Package on drug sales online, while additional activities are envisioned for this year, such as consulting platforms on their use of and remaining needs regarding the Knowledge Package, a technical meeting on drug sales online and how to improve the package and updating it on the basis of the received feedback.<sup>622</sup> In addition, the Digital Services Act<sup>623</sup>, which entered into force in February 2024, obliges intermediary services, including social media platforms and         </p>	<p>The COVID-19 pandemic has led to a shift in the channels for distribution of illicit drugs and increased use of online platforms.</p> <ul style="list-style-type: none"> <li>• There has been increased visibility and accessibility of drugs online, in particular due to the shift observed from operations on darknet markets</li> </ul>

<sup>619</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>620</sup> European Commission (2024). European Union Internet Forum (EUIF). [https://home-affairs.ec.europa.eu/networks/european-union-internet-forum-euif\\_en](https://home-affairs.ec.europa.eu/networks/european-union-internet-forum-euif_en)

<sup>621</sup> EU Internet Forum (2023). EU Internet Forum Envisaged actions – 2023. [https://home-affairs.ec.europa.eu/document/download/986abf8c-018c-4437-bfe8-c2dfc6c542f2\\_en?filename=EU%20Internet%20Forum%20activities%202023\\_en.pdf](https://home-affairs.ec.europa.eu/document/download/986abf8c-018c-4437-bfe8-c2dfc6c542f2_en?filename=EU%20Internet%20Forum%20activities%202023_en.pdf)

<sup>622</sup> EU Internet Forum (2024). EU Internet Forum - Activities – 2024. [https://home-affairs.ec.europa.eu/document/download/f767b42d-005f-4368-8952-84198f52c25e\\_en?filename=EU%20Internet%20Forum%20activities%202024\\_en.pdf](https://home-affairs.ec.europa.eu/document/download/f767b42d-005f-4368-8952-84198f52c25e_en?filename=EU%20Internet%20Forum%20activities%202024_en.pdf)

<sup>623</sup> Regulation (EU) 2022/2065

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
	17.		<p>booking sites, to report illegal content including drug trafficking to law enforcement. Additional obligations include providing users with a notice-and-action mechanism to report illegal content and requiring very large online platforms and search engines to assess and mitigate systemic risks, such as the dissemination of illegal content.</p> <p>In addition, EMCDDA and Europol jointly supported the European Commission's Joint Research Centre (JRC) in the implementation of the preparatory action on darknet monitoring<sup>624</sup>, and are currently supporting JRC in the development of a new tool for monitoring and analysis of drug activity on the darknet.<sup>625</sup> EMCDDA has further developed its capacity for darknet monitoring since 2021, with core drug market monitoring complementing by this approach.<sup>626</sup> The EU Drug Strategy and Action Plan 2021-2025 have also promoted the services of Europol's Analysis Project Dark Web, through target profiling, blockchain intelligence, forensics, and server seizures, while offering training to Member States on conducting online research and understanding trends in the underground economy.<sup>627</sup> To enhance Member States' capacities, Europol has also organised annual dark web conferences, focused on most recent criminal trends, investigative methodologies and case presentations on platform's takedowns. In the period of implementation of the EU Drug Strategy and Action plan, Europol has continued to support the Member</p>	<p>to the exploitation of new online spaces for drug-related criminal activities, including recruitment and drug sales<sup>642</sup>.</p>

<sup>624</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>625</sup> EMCDDA (2023). General Report of Activities; Europol (2023). Europol Programming Document 2024 – 2026

<sup>626</sup> EMCDDA (2023). General Report of Activities; EMCDDA (2022). General Report of Activities; EMCDDA (2021). General Report of Activities

<sup>627</sup> Case study on Tackling digitally enabled illicit drug markets

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>States by carrying out cross-match reports, where Member States bring in their identifiers (username on a dark web platform) and Europol runs it against its system to provide a better intelligence picture and, hopefully, link the username to an identity.<sup>628</sup> Finally, a cyber patrolling week organised by Europol in the framework of EMPACT is scheduled to take place in November 2024 and will focus exclusively on the online sales of drugs and firearms.<sup>629</sup></p> <p>Considerable operational progress has been achieved as well. In 2021, two operations coordinated by Europol's Cybercrime Centre and Eurojust, targeting the trade of illicit goods on the dark web, resulted in 150 arrests, and the seizure of over EUR 26 million in cash and virtual currencies, as well as over 200 kg of drugs.<sup>630</sup> In 2023, an Europol-coordinated operation involving nine countries shut down the illegal dark web marketplace "Monopoly Market" and led to the arrests of 288 individuals involved in drug transactions on the dark web and the seizure of over EUR 50.8 million in cash and virtual currencies, as well as 850 kg of drugs.<sup>631</sup> In addition, a Dark Web Conference focusing on criminal trends, investigative methodologies, and innovative law enforcement</p>	

<sup>642</sup> EMCDDA, Europol. EU Drug Markets: In-depth analysis, 2024

<sup>628</sup> Case study on Tackling digitally enabled illicit drug markets

<sup>629</sup> Information provided by Europol

<sup>630</sup> Europol (2021). Consolidated Annual Activity Report.

<sup>631</sup> Europol (2023). 288 dark web vendors arrested in major marketplace seizure. <https://www.europol.europa.eu/media-press/newsroom/news/288-dark-web-vendors-arrested-in-major-marketplace-seizure>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>strategies for tackling dark web activities was organised by Europol's Cybercrime Centre in 2023. Finally, a dark web marketplace for the online sale of drugs was shut down by Finnish customs with the support of Europol in 2023.<sup>632</sup></p> <p>Finally, a Horizon-funded security research project using artificial intelligence in fighting illicit drugs production and trafficking (ARIEN project) was launched in November 2023 with expected duration of 36 months. The ARIEN project is multidisciplinary, aligned with the 2021-2025 Drugs Action Plan, and aims at utilizing AI strategies to monitor online illicit drugs markets and collect information on physical drug-dealing hotspots through social media, as well as to enhance law enforcement's investigative capabilities.<sup>633</sup></p> <p>The majority of Member States reported tackling digitally enabled illicit drug markets by implementing the preparatory action proposed by the European Parliament on 24/7 monitoring of the darknet.<sup>634</sup> However, concrete practices were identified in five Member States. One practice includes the collection of statistics about such intervention measures with regards to the number of controlled deliveries purchased on darknet.<sup>635</sup></p>	

<sup>632</sup> Europol (2023). International operation closes down Piilopuoti dark web marketplace. <https://www.europol.europa.eu/media-press/newsroom/news/international-operation-closes-down-piilopuoti-dark-web-marketplace>

<sup>633</sup> CORDIS (2023). ARTificial IntelligencE in fighting illicit drugs production and trafficking. <https://cordis.europa.eu/project/id/101121329>

<sup>634</sup> Survey with MS authorities (supply reduction), 7/25 MS (EE, ES, FI, FR, HR, IT, SE) indicating to a great extent, 12/25 MS (AT, BE, BG, DK, LT, LV, MT, NL, PL, PT, RO, SI) indicating to some extent and 6/25 MS (CY, CZ, DE, HU, LU, SK) indicating not at all/rarely

<sup>635</sup> Survey with MS authorities (supply reduction), 1/25 MS (HR)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Routine monitoring of relevant darknet marketplaces is conducted in one Member State by the criminal police, which also collects statistics on sellers with the aim of identifying key points and initiating investigations<sup>636</sup>. In the period 2021 – 2023, the same country concluded notable law enforcement operations against darknet platforms, including the take down of the illegal darknet marketplace Hydra, which resulted in the confiscation of €23 million in Bitcoin.<sup>637</sup> A darknet marketplace for drug trafficking for several years was also taken down in 2022. In another country, monitoring of darknet markets for both single vendor and multi-vendor platforms takes place, as well as monitoring of closed social media applications such as Telegram after establishing illegal or criminal content.<sup>638</sup> The monitoring is based on judicial thresholds and priorities based on operational investigation, and collected data is stored in a warehouse as well as operational systems to provide exposure within the police authorities. The same country launched a project aimed at combating the online trade in new psychoactive substances, which achieved significant success in the period 2021-2022, initiating 42 investigations against NPS operators, seizing NPS worth approximately 3.5 million euros, and shutting down several high-turnover online stores.<sup>639</sup> A Hit and Run Postal Team, which is a collaboration between</p>	

<sup>636</sup> Survey with MS authorities (supply reduction), 1/25 MS (DE)

<sup>637</sup> Case study on tackling digitally enabled drug markets

<sup>638</sup> Survey with MS authorities (supply reduction), 1/25 MS (NL)

<sup>639</sup> Brock, A. (2022) Kampf gegen Drogen: Darum trafen sich Chef-Ermittler aus 23 Staaten in Fürth, available at [https://www.nordbayern.de/franken/fuerth/kampf-gegen-drogen-darum-trafen-sich-chef-ermittler-aus-23-staaten-in-fuerth-1.12193673#google\\_vignette](https://www.nordbayern.de/franken/fuerth/kampf-gegen-drogen-darum-trafen-sich-chef-ermittler-aus-23-staaten-in-fuerth-1.12193673#google_vignette)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Customs, the police and the Public Prosecution Service to combat drug smuggling by mail was also launched by the same Member State.<sup>640</sup> In another Member State 3,302 consignments containing narcotics were seized by the customs office in 2023.<sup>641</sup></p>	
<b>Action 18:</b>  <b>Operational feasibility analysis of how postal and express services can detect and prevent distribution of illicit substances in postal items. Conclude Memoranda of Understanding with the objective of enhancing cooperation between law</b>	3.2	 <p><b>RED:</b> Very little progress or considerably behind plan</p> <p>No evidence has been provided on the conducted operational feasibility analyses on how postal and express services can detect and prevent distribution of illicit substances in postal</p>	<p>The majority of Member States have reported increasing their capacity to target drugs trafficking via postal and express services by conducting an operational feasibility analysis of how postal and express services can detect and prevent distribution of illicit substances in postal items<sup>643</sup>. Nevertheless, no evidence has been provided as to the outcome of these operational feasibility analyses, the stakeholders involved or the number and types of detection methods identified and evaluated.</p> <p>In addition, the majority of Member States reported concluding Memoranda of Understanding to enhance cooperation between law enforcement, customs, postal and express services and electronic payment providers.<sup>644</sup> Nevertheless, <b>only two Member States<sup>645</sup> provided evidence on a Memorandum of Understanding</b>. In one case, the</p>	<p>There are indications that external factors such as COVID-19 have impacted the overall drug trafficking trade and have boosted new methods for trafficking, for instance through online platforms and postal parcels.<sup>652</sup></p>

<sup>640</sup> Case study on tackling digitally enabled drug markets

<sup>641</sup> Case study on tackling digitally enabled drug markets

<sup>643</sup> Survey with MS authorities (supply reduction), 8/25 MS (CZ, DE, DK, ES, FR, HR, IT, SE) indicating to a great extent, 13/25 MS (BE, BG, CY, EE, FI, HU, LT, LV, MT, NL, PL, PT, RO) indicating to some extent and 4/25 MS (AT, EL, SI, SK) indicating not at all/rarely

<sup>644</sup> Survey with MS authorities (supply reduction), 8/25 MS (CZ, DK, ES, HR, IT, LT, MT, NL) indicating to a great extent, 12/25 MS (AT, DE, EE, FI, FR, HU, LV, PL, PT, RO, SE, SI) indicating to some extent and 5/25 MS (BE, BG, CY, EL, SK) indicating not at all/rarely

<sup>645</sup> Survey with MS authorities (supply reduction), 2/25 MS (LU, NL).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>enforcement, customs, postal and express services and electronic payment providers.</b>		items, while evidence for a concluded Memoranda of Understanding has been provided by only two Member States.	<p>Memorandum was concluded between the police, customs, public prosecutor office and postal services in order to enhance cooperation in investigating and sanctioning drugs trafficking via postal and express services, with the designated team aiming to conduct between 20 and 25 cases per year.<sup>646</sup> Another Member State has signed MOUs with couriers such as DHL and FedEx, as well as with the national postal service.<sup>647</sup></p> <p>In one Member State, a cooperation project between police, customs, postal and express services representatives is planned for the forthcoming period.<sup>648</sup> In one country, a project based on collaboration has been launched between federal police, local police, customs, justice, postal, and private courier services to tackle drug trafficking through postal services<sup>649</sup>. A unit to combat drug trafficking via postal services and the internet has been set up by police and custom authorities in one Member State.<sup>650</sup> Legislation changes in two Member States have</p>	

<sup>652</sup> Interviews with EU institutions and agencies (HOME D1, HOME D5 (EMPACT), HOME D5)

<sup>646</sup> Survey with MS authorities (supply reduction), 1/25 MS (NL)

<sup>647</sup> Survey with MS authorities (supply reduction), 1/25 MS (LU)

<sup>648</sup> Survey with MS authorities (supply reduction), 1/25 MS (HR)

<sup>649</sup> CND (2023). CND Thematic Discussions // Session 2 – Record levels of drug abuse & illicit cultivation, production & trafficking <https://cndblog.org/2023/10/cnd-thematic-discussions-session-2-record-levels-of-drug-abuse-illicit-cultivation-production-trafficking/> ; Bloomberg (2023). Belgium Tackles Gangs Shipping Drugs to South America by Courier. <https://www.bloomberg.com/news/articles/2023-12-13/belgium-tackles-gangs-shipping-drugs-to-south-america-by-courier>

<sup>650</sup> Survey with MS authorities (supply reduction), 1/25 MS (AT)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			enabled cooperation and information sharing between postal companies and law enforcement authorities. <sup>651</sup>	
<b>Action 19:</b>  <b>Promote the development, use and exchange of best practices and equipment among Member States on monitoring of suspicious postal items by employing solutions such as detection dogs and/or x-ray machines. Notably, the role of new technologies and especially of artificial intelligence should be examined, while preserving the</b>	3.2	 <b>RED:</b> Very little progress or considerably behind plan	<p>Nearly all Member States reported developing and applying best practices and equipment on monitoring of suspicious postal items through employing solutions such as detection dogs and/or x-ray machines.<sup>653</sup> In addition, the majority of Member States reported exploring the potential of new technologies, in particular artificial intelligence.<sup>654</sup></p> <p>No Member States provided evidence on the implementation in practice of Action 19 allowing to measure progress, for instance on the number of additional equipment installed, number of additional mail services covered, number of best practices developed and exchanged, number of AI-based solutions developed and implemented</p>	<p>Drugs trafficking through postal services is becoming increasingly popular and the substantial quantity of parcels poses challenges for conducting thorough inspections, making it imperative to perform stricter monitoring of postal shipments.<sup>655</sup></p>

<sup>651</sup> Survey with MS authorities (supply reduction), 2/25 MS (DE, SE)

<sup>653</sup> Survey with MS authorities (supply reduction), 11/24 MS (BG, CZ, DE, EL, ES, FR, HU, IT, LV, MT, NL) indicating to a great extent, 12/24 MS (AT, BE, DK, EE, FI, HR, LT, PL, PT, RO, SI, SK) indicating to some extent and 1/24 MS (SE) indicating not at all/rarely

<sup>654</sup> Survey with MS authorities (supply reduction), 15/24 MS (DK, EE, ES, FI, FR, HU, IT, LT, LV, MT, NL, PL, PT, RO, SI) indicating to some extent, 1/24 MS (CZ) indicating to a great extent and 8/24 MS (AT, BE, BG, DE, EL, HR, SE, SK) indicating not at all/rarely

<sup>655</sup> Interview with Member States (LT)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>fundamental right of privacy of correspondence.</b>		for monitoring postal items.		
<b>Action 20:</b>  <b>Raise awareness of the need to focus actions on drug trafficking channels currently insufficiently monitored by law enforcement, by establishing or reinforcing monitoring and investigation methods for smaller sea harbours and fluvial ports, airfields, and train and bus stations. Involve relevant EU agencies to support Member States in these activities within their respective mandates.</b>	3.3	 <b>RED:</b> Very little progress or considerably behind plan <p>No Member States provided evidence on the implementation in practice of Action 20. There is insufficient evidence allowing to measure progress from EU and national initiatives on the number of reinforced monitoring and investigation methods or numbers of smaller ports, airfields, train or bus stations placed under monitoring for drug trafficking.</p>	<p>Drug trafficking is increasingly occurring in less monitored trafficking channels.<sup>656</sup> One stakeholder indicated that drug trafficking is redirecting to new routes due to the more stringent measures in certain ports such as Rotterdam. It was also underlined that the <b>response and infrastructure vary considerably</b> among Member States, with some countries such as the Netherlands and Belgium actively addressing the issue and continuing efforts in securing ports on their territory, while others are not as active in doing so.<sup>657</sup> Another challenge underlined relates to the need for a strategic document and improvement in regards to addressing drugs trafficking in general aviation, which has been indicated to not have been the focus of improvements made in other areas such as maritime drug trafficking or drug trafficking on the Internet.<sup>658</sup> As port resilience and logistics are strengthened, a potential shift away from port smuggling to increased use of general aviation and other transportation methods was indicated.</p> <p><b>Efforts to strengthen the security of logistic hubs at EU level include the Schengen Thematic Evaluation on drug trafficking in ports</b>, which resulted in an evaluation report with best practices in 2023 and a proposal for Council recommendations in 2024.<sup>659</sup> In addition, EMCDDA and Europol jointly cover the topic of small-scale drug trafficking</p>	<p>Criminal networks are increasingly adapting their supply routes to less protected or smaller harbours.<sup>664</sup></p> <p>As major EU ports increase security through enhancing procedures and database security, and exploring AI-powered imaging technologies to improve container and goods screening, less monitored EU ports with fewer stringent security measures in place are likely to become more attractive for criminal networks.<sup>665</sup></p>

<sup>656</sup> Interview with Member States (NL); Interviews with EU institutions and agencies (DG HOME, Europol)

<sup>657</sup> Interviews with EU institutions and agencies (Europol)

<sup>658</sup> Interviews with EU institutions and agencies (DG HOME)

<sup>659</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>channels in the modules of the EU Drug Markets: In-depth analysis report.<sup>660</sup> In addition, a 2023 Europol report on the risk and challenges that criminal networks in EU ports pose for law enforcement underlines that cocaine trafficking through secondary EU ports is increasingly being observed, likely due to less stringent security measures in place.<sup>661</sup> Action days are also organised annually through the EMPACT operational action plan on synthetics drugs and NPS since 2021 to gather intelligence and address trafficking through small seaports, focusing on synthetic drugs.<sup>662</sup></p> <p>At the national level, the majority of Member States<sup>663</sup> reported focusing actions on drug trafficking channels currently insufficiently monitored by law enforcement through establishing or reinforcing monitoring and investigation methods for smaller sea harbours and fluvial ports, airfields, and train and bus stations. Nevertheless, there is insufficient data on the number of reinforced monitoring and investigation methods or numbers of smaller ports, airfields, train or bus stations placed under monitoring for drug trafficking, makes it challenging to assess the extent to which</p>	<p>Increased cocaine trafficking from larger amounts of cocaine from South America to secondary EU ports has been reported, as well as an increasing trend of using private business aircraft for large shipments of the drug from South America and the Caribbean to Europe, indicating a potential shift to secondary airports and small airfields due to stricter border controls and</p>

<sup>664</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>665</sup> Europol (2024). Criminal Networks in EU Ports: Risks and challenges for Law Enforcement

<sup>660</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>661</sup> Europol (2024). Criminal Networks in EU Ports: Risks and challenges for Law Enforcement

<sup>662</sup> Interviews with MS authorities (PL)

<sup>663</sup> Survey with MS authorities (supply reduction), 15/25 MS (BE, BG, DE, DK, EE, FI, FR, HR, LT, LV, MT, NL, PL, RO, SI) indicating to some extent and 4/25 MS (AT, ES, IT, SE) indicating to a great extent, 6/25 MS (CZ, EL, HU, LU, PT, SK) indicating not at all/rarely

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			these measures are implemented at the national level.	<p>While the largest quantities of cocaine are mainly seized in Belgian, Dutch, Spanish and German ports, increasing quantities have been seized in other EU ports indicating that trafficking groups might be expanding their operations to ports where cocaine interdiction measures are possibly seen as less stringent.<sup>667</sup> The development of the EU project intended to link 328 ports to the comprehensive Trans-European Transport Network (TEN-T) by 2030 could contribute to this trend.</p> <p>security checks in the larger ones.<sup>666</sup></p>

<sup>666</sup> Europol (2024). Criminal Networks in EU Ports: Risks and challenges for Law Enforcement; EMCDDA (2024). Source data for EU Drug Market: Cocaine — In-depth analysis

<sup>667</sup> EMCDDA (2024). Source data for EU Drug Market: Cocaine — In-depth analysis

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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### Traffic light assessment Strategic priority 3

The assessment shows that there are delays in the implementation of the actions outlined under Strategic Priority 3, with limited progress across key areas. Despite initiatives undertaken at EU level with regards to monitoring internet and darknet marketplaces for drugs, Member States showed varied levels of engagement and insufficient practical evidence of progress. Key areas like cooperation between law enforcement and postal services, detection of suspicious postal parcels and monitoring of drug trafficking channels that are currently insufficiently protected have seen insufficient advancements, highlighting the need for more consistent and effective measures.



**RED:** Very little progress or considerably behind plan

### SWOT ANALYSIS Strategic priority 3

Strengths	Weaknesses	Opportunities	Threats
<p>Elaboration of strengths</p> <p>The EU Drugs Action Plan 2021-2025 has reinforced the focus on digital illicit drug markets, when compared to the previous Action Plan (2013-2020) which had emphasised the need to make better synergies with the area of new ICT technologies, including the use of darknet.</p>	<p>Elaboration of weaknesses</p> <p>Insufficient evidence on the implementation of the actions under Strategic Priority 3 provided by Member States which leads to lack of measurable progress at the national level.</p> <p>While drugs trafficking through postal services is becoming</p>	<p>Elaboration of opportunities</p> <p>Continued development and deployment of AI and other advanced technologies can improve real-time detection and analysis of illicit drug activities.</p> <p>Sharing best practices and conducting training sessions on the use of advanced detection tools and</p>	<p>Elaboration of threats</p> <p>Criminal networks are increasingly adapting their supply routes to less protected or smaller harbours, indicating increasing need to focus actions in these areas.</p> <p>The development of the EU project intended to link 328 ports to the comprehensive Trans-European</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p>The EU Drugs Action Plan 2021-2025 has also reinforced the focus on new methods of smuggling such as postal and express services, a need emphasized by the previous Strategy and Action Plan.</p> <p>Efforts in monitoring the internet and darknet marketplaces for drugs have taken place including the development of an IT tool, a Knowledge Package on drugs sales online, and successful operations coordinated by Europol.</p>		<p>increasingly popular, there is no evidence on good practices for the monitoring of suspicious postal parcels at the EU or national level.</p> <p>Similarly, while criminal networks are increasingly adapting their supply routes to smaller and less protected trafficking channels, there is no evidence that effective monitoring and investigation methods for these channels have been established.</p>	<p>methodologies can enhance the capabilities of law enforcement across Member States.</p> <p>The ARIEN project could assist in harmonisation of approaches and developing modular of AI solutions of for monitoring online illicit drugs markets in the EU.</p>	<p>Transport Network (TEN-T) by 2030 could contribute to the trend of criminal networks shifting operations to ports where interdiction measures are seen as less stringent.</p> <p>Drug trafficking through postal services is on the rise which could pose challenges for thorough inspections.</p> <p>The increased availability of drugs online could pose threats such as heightened risk of addiction, easier access for minors, proliferation of counterfeit or dangerous substances, and challenges for law enforcement in regulating and tracking illegal drug distribution.</p>

## A1.4 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

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 21:</b>  <b>Identify, track and dismantle illicit drug producing facilities in the EU, including by targeting precursors and designer precursors, by improving and making better use of forensic investigations and intelligence and by developing and expanding detection techniques, making better use of public-</b>	4.1	  <b>RED:</b> Very little progress or considerably behind plan	<p>An increased number of dismantled drug production laboratories has been observed since 2021. Overall, 439 and 442 drug production laboratories in the EU were dismantled in 2022 and 2021 respectively, an increase compared to the previous evaluation period where 363 and 410 laboratories were dismantled in 2020 and 2019, respectively.<sup>668</sup> In particular, the number of dismantled laboratories producing cocaine, amphetamine and MDMA increased in the last two years, while there was a decrease in dismantled laboratories producing heroin. In 2023, in the Netherlands alone, 124 laboratories were dismantled, marking an increase compared to 2022 when 105 laboratories were dismantled.<sup>669</sup>, although there are estimations that only around a third of existing facilities in the country were taken down. In addition, the number of dismantled laboratories in Belgium has doubled in 2023.<sup>670</sup> The number of reported dumping sites for drug production waste and equipment has also increased in 2021, as compared to the previous evaluation period, however a slight decrease was reported in 2022.<sup>671</sup> It was reported that <b>precursors and designer</b></p>	<p>Further outcomes are anticipated under the new mandate of the EU Drugs Agency.</p>

<sup>668</sup> EMCDDA (2024). European Drug Report 2024: Trends and Developments; EMCDDA (2023). European Drug Report 2023: Trends and Developments; EMCDDA (2022). European Drug Report 2022: Trends and Developments; EMCDDA (2021). European Drug Report 2021: Trends and Developments

<sup>669</sup> RTL (2023). Ruim 120 drugslabs ontdekt in 2023, criminelen zoeken ruimtes bij boeren. <https://www.rtl.nl/economie/artikel/5425650/drugslabs-ontmanteld-platteland-boeren-ondermijning-criminelen-politie?redirect=rtlnieuws>

<sup>670</sup> VRT (2024). “Doubling of drugs labs in Belgium last year” says national drugs commissioner Ine Van Wymersech <https://www.vrt.be/vrtnws/en/2024/04/04/drug-labs-belgium-doubling-poedelée-uninhabitable-100-years/>

<sup>671</sup> EMCDDA (2024). European Drug Report 2024: Trends and Developments; EMCDDA (2023). European Drug Report 2023: Trends and Developments; EMCDDA (2022). European Drug Report 2022: Trends and Developments; EMCDDA (2021). European Drug Report 2021: Trends and Developments

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>private partnerships and enhancing the reporting of suspicious transactions.</b>		level with regards to number of forensic investigations conducted and number of suspicious transaction reports received from private entities. In addition, only two Member States provided evidence on public-private partnerships.	<p><b>precursors are targeted in the process of dismantling illicit drug producing facilities</b> in the EU, and that most of the laboratories dismantled actually include precursors, though no data at the EU level is available<sup>672</sup>.</p> <p>Further efforts to address the challenge were made through the EU and China third dialogue on drugs in 2024, in which 19 Member States participated and which focused on the growing phenomena of new psychoactive substances, synthetic drugs and drug precursors, with the next meeting planned for 2025.<sup>673</sup> In addition, the EU participates in the Global Coalition to address Synthetic Drug Threats, launched in July 2023, through its Subgroup 1.1. on manufacture of synthetic drugs.</p> <p>At the EU level, the new EU Drugs Agency mandate (effective as of July 2024) <b>provides for the Agency to investigate drug precursors through setting up a network of forensic laboratories to identify new substances</b> and possible trends, contributing to improved forensic investigations.<sup>674</sup> It remains to be seen how implementation will progress in this regard or what impact this will concretely achieve. In addition, <b>support to dismantling of drug production facilities in the EU is provided by Europol</b>, in particular through the Europol Illicit Laboratory Comparison System which processes photographic and technical information on synthetic drugs and illicit laboratories and the Europol</p>	

<sup>672</sup> Interview with EU institutions (TAXUD)

<sup>673</sup> European Commission (2024). EU and China hold the third dialogue on drugs policy [https://home-affairs.ec.europa.eu/news/eu-and-china-hold-third-dialogue-drugs-policy-2024-04-23\\_en](https://home-affairs.ec.europa.eu/news/eu-and-china-hold-third-dialogue-drugs-policy-2024-04-23_en)

<sup>674</sup> EUDA (2024). Information page on the EMCDDA's new mandate (EUDA). [https://www.euda.europa.eu/about/euda-2024\\_en](https://www.euda.europa.eu/about/euda-2024_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Synthetic Drug System which includes information on modi operandi and significant seizures, enabling the identification of matches between seizures.<sup>675</sup> Support in dismantling synthetic drug facilities by Europol is also provided through collecting evidence and safely disposing of materials, such as chemicals and chemical waste, technical examinations of custom-made and industrial equipment seized from production and storage units, as well as field identification of unknown solid and liquid samples.<sup>676</sup> Since 2021 Europol has supported a number of investigations that involved the dismantlement of drug production facilities, including the dismantling in 2024 of the largest synthetic opioid laboratory in Poland<sup>677</sup> and dismantling of two cocaine laboratories in Spain<sup>678</sup>, and the shutdown of an industrial-sized cocaine production laboratory in the Netherlands in 2021<sup>679</sup>. Since 2021, CEPOL has also conducted advanced training sessions to enhance law enforcement capabilities in safely dismantling illicit drug laboratories, focusing on synthetic drug production facilities. These sessions, often conducted in collaboration with Europol, include practical</p>	

<sup>675</sup> Europol (2024). Forensics - Using state-of-the-art science to solve and prevent crimes <https://www.europol.europa.eu/operations-services-and-innovation/services-support/forensics#:~:text=The%20Europol%20Illicit%20Laboratory%20Comparison,identification%20of%20matches%20between%20seizures>.

<sup>676</sup> Information provided by Europol

<sup>677</sup> Europol (2024). Largest ever synthetic opioid laboratory in Poland dismantled <https://www.europol.europa.eu/media-press/newsroom/news/largest-ever-synthetic-opioid-laboratory-in-poland-dismantled>

<sup>678</sup> Europol (2024). 28 arrested and cocaine lab dismantled in hit against drug traffickers <https://www.europol.europa.eu/media-press/newsroom/news/28-arrested-and-cocaine-lab-dismantled-in-hit-against-drug-traffickers>; Europol (2024). Law enforcement dismantle cocaine lab in Spain with 100 kg monthly capacity <https://www.europol.europa.eu/media-press/newsroom/news/law-enforcement-dismantle-cocaine-lab-in-spain-100-kg-monthly-capacity>

<sup>679</sup> Europol (2021). Industrial-scale cocaine lab uncovered in Rotterdam in latest Encrochat bust <https://www.europol.europa.eu/media-press/newsroom/news/industrial-scale-cocaine-lab-uncovered-in-rotterdam-in-latest-encrochat-bust>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>exercises in handling hazardous materials, forensic analysis, and safe disposal techniques, with recent programmes in 2021<sup>680</sup>, 2023<sup>681</sup>, and 2024<sup>682</sup> emphasising crime scene investigation and chemical safety.</p> <p>The majority of Member States reported dismantling illicit drug producing facilities by targeting production of precursors and designer precursors.<sup>683</sup> Nevertheless, six Member States provided statistics on the number of dismantled illicit drug production facilities since 2021<sup>684</sup>, with the majority of these being cannabis plantations and synthetic drugs laboratories and not precursors laboratories. In one Member State, police officers are trained on how to safely handle the dismantling of drug laboratories.<sup>685</sup> In another Member State, police authorities are responsible for identifying, tracking and dismantling illicit drug facilities within their criminal investigations.<sup>686</sup> A decrease in the number of dismantled drug laboratories was observed in 2022 by one country, possibly because chemicals acquired are not monitored by law or because the frequent</p>	

<sup>680</sup> <https://www.cepol.europa.eu/training-education/15-2021-illicit-laboratory-dismantling-follow>

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<sup>683</sup> Survey with MS authorities (supply reduction), 6/25 MS (BE, BG, DE, ES, NL, PL) indicating to a great extent, 12/25 MS (AT, CZ, DK, EL, FI, FR, HR, LT, LV, RO, SI, SK) indicating to some extent and 7/25 MS (EE, HU, IT, LU, MT, PT, SE) indicating not at all/rarely

<sup>684</sup> Survey with MS authorities (supply reduction), 6/25 MS (AT, IT, NL, SI, PL, PT)

<sup>685</sup> Survey with MS authorities (supply reduction), 1/25 MS (LT)

<sup>686</sup> Survey with MS authorities (supply reduction), 1/25 MS (DE)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>inclusion of substances in the list of regulated drug precursors, which prompts the use of unnoticed sales channels.<sup>687</sup></p> <p>The majority of Member States also reported improving and making better use of forensic investigations and intelligence and expanding detection techniques.<sup>688</sup> In one Member State, each synthetic drug production site is investigated both tactically and forensically.<sup>689</sup> In another Member States, forensic investigation experts are used in all cases.<sup>690</sup> Another country launched a pilot project between 2021 and 2023, focused on improving forensic investigations related to synthetic drugs, by employing a "living lab" method aiming to enhance the understanding and transparency of criminal organizations involved in synthetic drug production, leading to more informed forensic choices and strengthened operational cooperation among relevant stakeholders.<sup>691</sup> It is indicated that the project achieved significant outcomes, including faster feedback on forensic analysis, better coordination among parties, and the successful prosecution of</p>	

<sup>687</sup> Austrian Ministry of the Interior (2024). Drug-Related Crime Annual Report 2022 - Reported violations, investigations and drug seizures. [https://www.bundeskriminalamt.at/302/files/Suchtmittelbericht-2022\\_engl\\_BF\\_20240131.pdf](https://www.bundeskriminalamt.at/302/files/Suchtmittelbericht-2022_engl_BF_20240131.pdf)

<sup>688</sup> Survey with MS authorities (supply reduction), 7/26 MS (AT, BE, BG, ES, HR, NL, PL) indicating to a great extent, 15/26 MS (CY, CZ, DE, DK, EL, FI, FR, HU, LT, LV, PT, RO, SE, SI, SK) indicating to some extent and 4/26 MS (EE, IT, LU, MT) indicating not at all/rarely

<sup>689</sup> Survey with MS authorities (supply reduction), 1/26 MS (BE)

<sup>690</sup> Survey with MS authorities (supply reduction), 1/26 MS (LT)

<sup>691</sup> Public Prosecution Service and Netherlands Forensic Institute (2024). Final Report - Test Ground Syndru. <https://www.politie.nl/binaries/content/assets/politie/nieuws/2024/februari/00-km/eindrapportage-proeftuin-syndru.pdf>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>several suspects through improved investigative techniques and DNA matching.</p> <p>The majority of Member States reported making better use of public-private partnerships<sup>692</sup>. In one Member State, public-private collaboration has recently been enhanced with the launch of an applications that streamlines communications, through which companies report suspicious transactions.<sup>693</sup> A public-private partnership with courier and freight companies regarding shipments of drugs and precursors is established by customs authorities in another Member State.<sup>694</sup> An EU agency underlined that while public-private cooperation is important, accessing information from shipping companies remains a challenge.<sup>695</sup></p> <p>Finally, the majority of Member States reported enhancing the reporting of suspicious transactions<sup>696</sup>. In one Member States, an anonymous hotline where citizens can report suspicious situations that could potentially indicate drug production has been provided.<sup>697</sup> In addition, representatives from the Ministry of Finance and Ministry of Health, responsible for drug precursors, network with</p>	

<sup>692</sup> Survey with MS authorities (supply reduction), 7/26 MS (BE, BG, CZ, DE, ES, PL, SE) indicating to a great extent, 13/26 MS (AT, DK, EE, EL, FI, FR, HR, LT, LV, NL, PT, RO, SI) indicating to some and 6/26 MS (CY, HU, IT, LU, MT, SK) indicating not at all/rarely

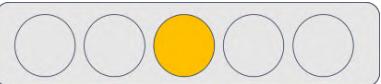
<sup>693</sup> Survey with MS authorities (supply reduction), 1/26 MS (ES)

<sup>694</sup> Survey with MS authorities (supply reduction), 1/26 MS (DK)

<sup>695</sup> Interview with EU institutions and agencies (Europol)

<sup>696</sup> Survey with MS authorities (supply reduction), 7/25 MS (BE, CZ, DE, ES, NL, PL, SE) indicating to a great extent, 14/25 MS (DK, EE, EL, FI, FR, HR, HU, LT, LU, LV, PT, RO, SI, SK) indicating to some extent and 4/25 MS (AT, BG, IT, MT) indicating not at all/rarely

<sup>697</sup> Survey with MS authorities (supply reduction), 1/25 MS (BE)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>the chemical industry and wholesalers in order to report and further follow up suspicious transactions.<sup>698</sup> In another Member State Member State, a specialised intelligence centre carries out the control and monitoring of voluntary communications from chemical companies regarding suspicious transactions involving drug precursors<sup>699</sup>. An industry stakeholder underlined that there should be a follow-up reporting on how the information from companies that have flagged suspicious transactions is used and that companies could use information sharing from authorities to identify transactions which could be at risk.<sup>700</sup></p>	
<b>Action 22:</b>  <b>Consider launching a study assessing the effectiveness of Council Framework Decision 2004/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking,</b>	4.1	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>An assessment of Framework Decision 2004/757/JHA is foreseen for 2024.</p>	<p>With regards to countering illicit production of synthetic drugs and illicit cultivation of drugs, a study to assess the effectiveness of Framework Decision 2004/757/JHA, with a view to amending outdated aspects, especially those on criminal sanctions, and strengthening provisions on NPS as needed is foreseen for 2024. Since the Framework Decision is still to be evaluated, a substantial assessment of progress achieved in this area is not possible at this stage.</p>	Not applicable.

<sup>698</sup> Survey with MS authorities (supply reduction), 1/25 MS (BE)

<sup>699</sup> Survey with MS authorities (supply reduction), 1/26 MS (ES)

<sup>700</sup> Interview with industry (CEFIC)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>with a view to amending possibly outdated aspects and strengthening areas as needed, including the provisions on NPS.</b>				
<b>Action 23:</b>  <b>Address the main challenges identified by the evaluation of the drug precursors regulations, in particular the need to address the challenge posed by designer precursors.</b>	4.2	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Despite efforts aiming to address challenges posed by designer precursors, evidence suggests there is lack of established procedures at EU level and consistent monitoring of designer precursors, implementation challenges across Member States and increased trafficking and production of certain</p>	<p>Several positive developments with regards to addressing the challenges posed by designer precursors have been undertaken at the EU level, including <b>Commission initiatives such as speeding up and broadening the existing approach of scheduling drug precursors.</b><sup>701</sup> This approach aims to address the gaps in the existing legislative framework on drug precursors which follows a time consuming ‘substance-by-substance scheduling’ approach, allowing organised crime groups to respond by altering the molecular structure slightly and creating a new designer precursor.</p> <p>In addition, the evaluation of the EU Drug Precursors Regulations concluded that additional action regarding non-scheduled substances, in particular designer-precursors, is necessary. Therefore, the Commission has started the procedure to revise the drug precursors regulations, i.e. Regulation (EC) No 273/2004 and Council Regulation (EC) No 111/2005, respectively with regard to the internal market and trade with third countries<sup>702</sup>, with a COM proposal expected in the second quarter of 2025.</p> <p>Finally, the EMCDDA’s revised mandate and its transformation into the European Union Drugs Agency is expected to further support the European</p>	<p>Organised crime groups increasingly evade legislative and customs controls restricting the use of chemicals widely used in legitimate industries by creating alternative chemicals.<sup>709</sup></p> <p>The growing diversity of substances poses regulatory and law enforcement challenges (e.g. due to the use of unscheduled chemicals, either to produce the precursors required for synthetic drugs or to synthesise these drugs directly).</p>

<sup>701</sup> Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime

<sup>702</sup> Interviews with EU institutions and agencies (TAXUD)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		designer precursors.	<p>Commission in the monitoring, scheduling and threat assessment of precursors, including designer precursors.<sup>703</sup></p> <p>At the Member State level, State Court Regulation No. 9472 on the designation of chemicals that can be used to manufacture controlled drugs and that have no known legitimate uses, entered into force in April 2023 in one Member State. The legislation aims to address the proliferation of designer precursors without creating an administrative burden for competent authorities and commercial operators.<sup>704</sup></p> <p>With regards to challenges, one Member State representative indicated that designer precursors are becoming a pertinent issue in their country and that there is a lack of established procedures on how Member States should handle health risks for officers involved in drug raids, in particular with regards to lesser-known precursors and designer-precursors.<sup>705</sup> Evidence from desk research suggests that synthetic cathinones are increasingly trafficked to Europe in large shipments but are also increasingly produced in Europe, notably in Poland, where 355 kilograms of precursors were seized in 2022<sup>706</sup>. It was further indicated that while EMCDDA's document on synthetic opioids has been found informative, the information needs to be continuously monitored and shared with Member States in line with emerging designer precursors. An industry</p>	Further outcomes are anticipated under the new mandate of the EU Drugs Agency.

<sup>709</sup> EMCDDA (2024). European Drug Report 2024: Trends and Developments

<sup>703</sup> EMCDDA (2024). European Drug Report 2024: Trends and Developments

<sup>704</sup> INCB (2023). Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances

<sup>705</sup> Interview with Member States (PL)

<sup>706</sup> EMCDDA (2024). European Drug Report 2024: Trends and Developments

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			representative expressed concern about the level of misuse of designer precursors, indicating that due diligence norms for industrial manufacturers are circumvented by illicit trade of precursors, in particular through trade online. <sup>707</sup> Implementation challenges underlined include the inconsistent monitoring and handling of designer precursors, with some countries such as the Netherlands having additional lists, as well as insufficient follow-up on reported suspicions transactions, and lack of harmonisation of data reporting by industry bodies across Member States. <sup>708</sup>	
<b>Action 24:</b>  <b>Boost operational activities of law enforcement agencies and their cooperation with administrative authorities and other relevant parties with regard to the fight against environmental crime related to illicit drug production and</b>	4.3	 <b>RED:</b> Very little progress or considerably behind plan  Very few Member States provided evidence on the implementation in practice of Action 24. There is no	At the EU level, the EMCDDA has commissioned KWR (Water Research Institute – Netherlands) to assess the environmental impact of synthetic drug production, conducting an analysis of groundwater samples for contaminants from illicit synthetic drug production waste, with the outcome of this work featured in a background paper for the EU Drug Markets report. <sup>710</sup> In 2021, EMCDDA was also involved in an EU-level discussion on environmental, during which the agency emphasised the link between drugs and the environment. <sup>711</sup> The environmental impact of drug production and trafficking is also underlined in the 2021 SOCTA report, which emphasises that production of drugs has a significant impact on the environment in the EU, and dumping sites increasing as a result of adding additional steps for the conversion of (pre-)precursors into precursors. <sup>712</sup> The impact of drug production	Due to the underground nature of illicit drug production, its effects on environment could be difficult to detect.  The growing number of dismantled laboratories and seized quantities of drugs show that the scale and complexity of the problem is exacerbated by the fact that Europe

<sup>707</sup> Interview with industry representatives (CEFIC)

<sup>708</sup> Interview with industry representatives (CEFIC)

<sup>710</sup> EMCDDA overview on EMCDDA units contribution to the EU Action Plan on Drugs 2021-2025

<sup>711</sup> Frontex (2021). EU agencies against environmental crime. <https://www.frontex.europa.eu/media-centre/news/news-release/eu-agencies-against-environmental-crime-P7d4FR>

<sup>712</sup> Europol (2021). European Union serious and organised crime threat assessment – EU SOCTA 2021.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>trafficking, the transfer, custody and storage of drugs, precursors and seized equipment, and the destruction and treatment of the waste produced, as well as their associated costs where possible. Develop detection technologies, information exchange and coordinated investigations by involving relevant EU agencies to support Member States, including to develop a comprehensive method regarding the implementation and coordination of efficient and environment-friendly disposal of waste.</b>		evidence indicating boosted operational activities of Member States' law enforcement agencies and cooperation with other relevant parties with regard to the fight against environmental crime related to illicit drug production and trafficking. Similarly, there is no sufficient evidence indicating a comprehensive method regarding the implementation and coordination of efficient and environment-friendly disposal of waste, through the support of relevant EU agencies has been developed in Member States.	on the environment is also the object of a 2022 Europol threat assessment of environmental crime, which indicates that innovative production methods, the use of mobile synthetic production facilities and diverse waste disposal methods will likely make the environmental impacts more complex and difficult to detect. <sup>713</sup> Finally, the new Environmental Crime Directive <sup>714</sup> , adopted in April 2024, sets out a comprehensive list of environmental offenses causing or likely to cause injury to any person or substantial damage to the environment, including the unlawful discharge or introduction of materials or substances into the environment, as well as the unlawful collection, transport, and treatment of waste. The Directive also includes provisions to strengthen the enforcement chain, ensuring the effectiveness of practitioners' work on the ground, and enables the freezing and confiscation of criminal assets from drug traffickers. While the Directive establishes a strong foundation, the link between environmental crime and drug trafficking needs to be further strengthened.  At the national level, nearly half of the Member States <sup>715</sup> have not taken steps to address environmental crime related to illicit drug production and trafficking by boosting the operational activities of law enforcement agencies and their cooperation with administrative authorities and other relevant parties. In one Member State, logistical and financial support to police forces is provided for the destruction of the illegal cannabis plantations and drug laboratories for cocaine, heroin and hashish, etc.) with the aim of avoiding damage to the environment and establishing controlled methods for their destruction with simultaneous broad public-private collaboration efforts taking place <sup>716</sup> . Other	not only remains a production region for cannabis and synthetic drugs but illicit drug production is growing. <sup>724</sup>

<sup>713</sup> Europol (2022). Environmental crime in the age of climate change

<sup>714</sup> Directive (EU) 2024/1203

<sup>715</sup> Survey with MS authorities (supply reduction), 4/26 MS (ES, IT, NL, SI) indicating to a great extent, 10/26 MS (AT, BE, CZ, DE, FI, FR, LT, PL, RO, SK) indicating partially and 12/26 MS (BG, CY, DK, EE, EL, HR, HU, LU, LV, MT, PT, SE) indicating none

<sup>716</sup> Survey with MS authorities (supply reduction), 1/26 MS (ES)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>efforts indicated include taking part in actions on environmental crime conducted within the framework of EMPACT NPS/Synthetic Drugs platform.<sup>717</sup> In some countries, collected statistics on environmental crime do not specifically monitor environmental crime connected to drug production<sup>718</sup>. Other Member States have indicated that environmental crime connected to illicit drug production is not monitored as they are not a drug producing country.<sup>719</sup></p> <p>Two Member State representatives acknowledged the importance of including the environmental impact of drugs in the EU Drugs Strategy and the EU Drugs Action Plan 2021-2025<sup>720</sup> with one of them underlining that it should be a point of specific focus<sup>721</sup>. One Member State indicated the impact of drug trafficking and production on the environment as one of the main challenges at the national level.<sup>722</sup> Another stakeholder indicated that Action 24 could be complemented with elements on health risks for front-line officers, including through EMCDDA's mandate in researching these risks on health, as well as include</p>	

<sup>724</sup> EMCDDA (2023). European Drug Report 2023: Trends and Developments

<sup>717</sup> Survey with MS authorities (supply reduction), 1/26 MS (PL)

<sup>718</sup> Survey with MS authorities (supply reduction), 3/26 MS (DE, NL, SE)

<sup>719</sup> Survey with MS authorities (supply reduction), 2/26 MS (MT, SE)

<sup>720</sup> Interviews with Member States (EL, FR)

<sup>721</sup> Interview with Member States (FR)

<sup>722</sup> Interview with Member States (PT)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			provisions on using EMPACT or CEPOL to offer evidence-based training to frontline officers dismantling drug production facilities. <sup>723</sup>	

#### Traffic light assessment Strategic priority 4

The assessment shows that there are delays in the implementation of the actions outlined under Strategic Priority 4, with limited progress across key areas. Despite progress achieved at EU and Member State level with regards to overall number of dismantled laboratories and EU initiatives on addressing the challenges posed by designer precursors, there is a notable lack of comprehensive and coordinated actions across all Member States. Key areas like operational activities against precursors and designer precursors and environmental crimes related to drug production and the development of efficient waste disposal methods have seen insufficient advancements, highlighting the need for more consistent and effective measures.



**RED:** Very little progress or considerably behind plan

#### SWOT ANALYSIS Strategic priority 4

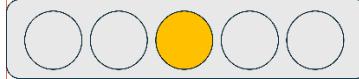
Strengths	Weaknesses	Opportunities	Threats
Elaboration of strengths	Elaboration of weaknesses	Elaboration of opportunities	Elaboration of threats

<sup>723</sup> Interview with Member States (PL)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p>The EU Drugs Action Plan 2021-2025 has incorporated an environmental dimension, which was not included in the previous EU Drugs Action Plan (2013-2020).</p> <p>Increasing number of dismantled drug production laboratories and reported dumping sites for drug production waste and equipment has been observed since 2021.</p> <p>The existing approach of scheduling drug precursors has been simplified and now does not include the time consuming 'substance-by-substance scheduling' approach.</p>		<p>Insufficient evidence on the implementation of the actions under Strategic Priority 4 provided by Member States which leads to lack of measurable progress at the national level.</p> <p>Lack of established procedures at the EU level for consistent monitoring of designer precursors.</p> <p>Increased trafficking and production of certain designer precursors despite efforts to address these challenges.</p> <p>No comprehensive method for the implementation and coordination of environment-friendly waste disposal has been developed at the Member State level.</p>	<p>EMCDDA's revised mandate and its transformation into the European Union Drugs Agency is expected to further support the European Commission in the monitoring, scheduling and threat assessment of precursors, including designer precursors.</p> <p>Improved forensic investigations could be expected the EU Drugs Agency mandate which provides for the Agency to investigate drug precursors through setting up a network of forensic laboratories to identify new substances and possible trends.</p> <p>The possible review of existing regulations on precursors could assist in tackling identified challenges on precursors.</p>	<p>The increasing complexity and scale of illicit drug production, including the use of unscheduled chemicals and designer precursors, pose significant regulatory and law enforcement challenges.</p> <p>The underground nature of drug production makes it difficult to detect and mitigate its environmental effects, posing ongoing risks to security and safety.</p>

## A1.5 Strategic priority 5: Prevent drug use and raise awareness of the adverse effects of drugs

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 25: Implement and, where needed, increase the availability of evidence-based environmental and universal prevention interventions and strategies, based on life skills. These should address the links between addictions to illegal, as well as legal, substances and behavioural addictions.</b>	5.1	 <p><b>AMBER: In progress or some progress, but behind plan</b></p>	<p>Most Member States authorities highlighted that, since 2021, their country ensured (increased) the availability of evidence-based a) environmental prevention interventions,<sup>725</sup> b) universal prevention interventions,<sup>726</sup> and c) prevention interventions based on life skills (addressing the links between dependencies to illegal, as well as legal, substances and behavioural addictions), <u>only to some extent</u>.<sup>727</sup> This implies, in practice, that, while almost all the Member States implemented / started to implement the specific components of the three evidence-based prevention approaches foreseen by Action 25, only few Member States<sup>728</sup> indicated that the level of implementation of the activities under Action 25 was largely achieved.</p> <p>This probably points to the fact that <b>Member States are still developing their evidence-based prevention strategies or, alternatively, that they consider this as a continuous work-in-progress, given the evolving nature of the EU drugs policy context.</b></p>	<p>Different traditions, and cultural components, weighting evidence-based prevention interventions in the Member States unevenly, resulting in discrepancies in the level of implementation of Action 25 across the EU</p> <p>Lack of monitoring mechanisms to measure the effectiveness of the interventions under</p>

<sup>725</sup> Survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): *To a very large extent* (6 out of 27 respondents - DK, ES, LV, MT, SE, SI), *To some extent* (19 out of 27 respondents - AT, BE, CY, CZ, DE, EE, EL, FI, FR, HR, HU, IT, LT, LU, NL, PL, PT, RO, SK), *Not at all / rarely* (2 out of 27 respondents – BG, IE).

<sup>726</sup> Survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): *To a very large extent* (10 out of 27 respondents - AT, DK, EL, ES, IT, LV, MT, PL, SE, SI), *To some extent* (16 out of 27 respondents - BE, BG, CY, DE, EE, FI, FR, HR, HU, IE, LT, LU, NL, PT, RO, SK ), *Not at all / rarely* (1 out of 27 respondents – CZ).

<sup>727</sup> Survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): *To a very large extent* (8 out of 27 respondents - AT, DK, EL, ES, FR, IT, MT, SI), *To some extent* (18 out of 27 respondents - BE, BG, CY, CZ, DE, EE, FI, HR, HU, LT, LU, LV, NL, PL, PT, RO, SE, SK ), *Not at all / rarely* (1 out of 27 respondents – IE).

<sup>728</sup> Survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): for environmental prevention 6 out of 27 respondents (DK, ES, LV, MT, SE, SI), for universal prevention 10 out of 27 respondents (AT, DK, EL, ES, IT, LV, MT, PL, SE, SI), for prevention based on life skills 8 out of 27 respondents (AT, DK, EL, ES, FR, IT, MT, SI).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		available on the degree of their effectiveness in the pursuit of priority area's 5.1 stated objectives. Thus, while the assessment on the development of certain components of Action 25 is ongoing and evolving, a monitoring methodology or the evaluation of the various components of the specific interventions remains, largely, unintelligible.	<p>There are notable examples of interventions implemented under Action 25, reported by the Member States, and targeting different groups / social contexts. For instance, the following initiatives / programmes have been reported by Member States:</p> <p><i>Slovenia</i> implemented a programme called "Schools for Health programme," involving 440 primary, secondary schools, school dormitories and institutions for children with special needs. The preventive evidence-based activities in the school environment addressed the development of social and emotional skills and realistic self-image. In school year 2022/23 the programme was implemented through 1,855 workshops, conducted by 209 education professionals at 132 primary and secondary schools. In addition, in 2022, the Utrip Institute (in collaboration with UNODC and Lions Clubs International Foundation) initiated a pilot phase of implementing Lions Quest programme<sup>729</sup> in Slovenia, which started in school year 2022/2023. Almost 30 schools and more than 1.600 children aged 11-12 collaborate in the pilot implementation, which were to be conducted in two consecutive school years (40 lessons all together). Five trainings in different parts of Slovenia were delivered in autumn 2022 and 75 teachers and school counsellors were trained to implement the programme in their schools;</p> <p>In <i>Croatia</i>, since 2021, the <i>Croatian Public Health Institute</i> organises EUPC training activities for decision/opinion makers and tries to influence on larger <i>availability</i> of evidence-based prevention interventions. Evidence-based prevention programmes are implemented in two counties (Zagreb County and Istrian County); and</p> <p>In <i>Malta</i>, several prevention initiatives have been implemented under Action 25, by a network of different actors. The <i>Foundation for Social Welfare Services (FSWS)</i> collaborates with NGOs to implement prevention activities related to addiction. They have introduced a Multi-disciplinary Team (MDT) system since January 2021, which involves a team of professionals providing personalized care plans for clients. <i>Caritas Tal-</i></p>	<p>Action 25, with this resulting in limited information on effectiveness</p> <p>Assessing the implementation of the components of the three different types of evidence-based interventions introduced by Action 25 is often unclear in practice (e.g., there is no distinction, in the implementation, between universal and environmental prevention)</p> <p>Environmental evidence-based interventions are likely the least implemented in practice</p>

<sup>729</sup> For information on Lions Quest Program see: <https://www.lions-quest.org/>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><i>Ibwar Adolescents Therapeutic Services</i> supports young people aged 12 to 17 struggling with substance use. They offer educational opportunities and psycho-social treatments through day care services and residential programs. <i>OASI Foundation</i> provides prevention services, intervening before unhealthy behaviours occur. Their services include individual sessions, home visits, family sessions, and social support, aiming for personal growth and positive change. The <i>Anti-Substance Abuse Service (ASAS)</i> assists children and adolescents of compulsory school age or those attending institutions under the Directorate for Educational Services. ASAS also provides guidance to parents and guardians as needed.<sup>730</sup></p> <p>In <i>France</i>, several evidence-based prevention initiatives are ongoing in their national context, targeting current and future generations to develop their ability to make informed and reasoned choices, their ability to live together and better manage their stress and regulate their emotions by strengthening their psychosocial skills.<sup>731</sup></p> <p>In addition, most Member States<sup>732</sup> declared that they collected metrics/statistics about the implementation of Action 25 for the period 2021-2023, and more than half of them measured the impacts of the measured implemented.<sup>733</sup></p> <p>Nevertheless, the evaluation of the effectiveness of the implementation of the</p>	

<sup>730</sup> MT open text comment - survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention). See also: “National Report on the Drug Situation and Responses in Malta 2023. Available online at: <https://familja.gov.mt/wp-content/uploads/2024/02/National-Report-Drugs-2023.pdf>.

<sup>731</sup> See, for instance: <https://www.santepubliquefrance.fr/docs/les-competences-psychosociales-un-referentiel-pour-un-deploiement-aupres-des-enfants-et-des-jeunes.-synthese-de-l-etat-des-connaissances-scientif>; and <https://www.jeunes.gouv.fr/sites/default/files/2023-09/les-comp-tences-psychosociales---l-essentiel-savoir-3090.pdf>.

<sup>732</sup> Survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 20 out of 27 respondents (AT, BE, BG, CY, CZ, DE, EE, EL, ES, FI, HR, IT, LV, MT, NL, PL, PT, RO, SE, SI).

<sup>733</sup> Survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 16 out of 26 respondents AT, BE, CY, DE, EE, EL, ES, FI, FR, HR, LV, MT, NL, PL, RO, SI

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>activities foreseen under Action 25 is limited by the paucity of available information as, also in those cases in which the Member States declared that they collect data on the impact of the action itself. This outcome may be related by a) the nature of the interventions that renders the assessment of their effectiveness particularly challenging, b) by Member States that are still developing the interventions (or have developed only part of them), c) absence of shared criteria on how to measure the effectiveness of the interventions.</p> <p>Notwithstanding this overall data gaps, some Member States provided additional information on the methodology they follow to measure effectiveness, as well as on the information they collect pertaining to the interventions they implement.</p> <p>Some Member States appear to follow a structured approach in collecting monitoring information on the interventions implemented under Action 25. For instance, in <i>Belgium</i>, while some indicators are collected by operators and reported in their activities reports, other are collected in a standardised form and transmitted to the relevant administration. As an example of this, the <i>Vlaams expertisecentrum Alcohol en andere Drugs (VAD)</i><sup>734</sup> coordinates the so-called <i>Ginger</i> programme, a specific prevention registration system and, in 2022, 122 Flemish prevention workers took part to this annual registration. Overall, in total 7,244 valid alcohol and drug prevention activities were registered.<sup>735</sup> Belgian national authorities indicated that they evaluated the impact of interventions for alcohol and gaming addictions.</p> <p>In <i>Czechia</i>, specific structured approaches have established monitoring and tracking systems for prevention programmes involving schools. For instance, Czech authorities indicated that they have in place the <i>School-based Prevention Activity</i></p>	

<sup>734</sup> In English the *Flemish Centre of Expertise on Alcohol and Other Drugs*.

<sup>735</sup> See Moernaut, Jolien, and Rosiers, Johan (2023), “Ginger - Rapport 2022 - Monitoring van activiteiten”, published by *Vlaams expertisecentrum Alcohol en andere Drugs*. Available online at: <https://www.vad.be/assets/gingerrapport-2022>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><i>Evidence System</i> (SEPA), which is a national monitoring and tracking system for prevention program, intervention providers and schools launched in 2014/2015. Although schools are not obliged to use the system, it is the most widespread tool for monitoring preventive activities.</p> <p>French national authorities pointed out that they base their activities on evidence-based actions that have already been evaluated, with impacts measured locally and nationally.<sup>736</sup></p> <p>In this context, Slovenia is a case in point as, in the programmes that it finances, the Ministry of Health checks only whether the activities set out in the application have been carried out, and not the effectiveness of the programmes. However, during the most recent call for applications by the Ministry of Health, two NGOs expressed a wish for their programmes to be evaluated by an external evaluator. In 2022, a pilot evaluation of five interventions in the field of preventing/reducing harms from alcohol consumption has been carried out. It recognised three of them as examples of good practice.<sup>737</sup></p> <p>At an EU level, in its <i>Conclusions on human rights-based approach in drug policies</i> of 9 December 2022 the Council of the EU invites EU Member States to further promote, among other things, ‘evidence-based life-skills programmes.’<sup>738</sup> In addition, EMCDDA (now “EUDA”) plays a key role for the implementation of Action 25.</p>	

<sup>736</sup> FR open text comment - survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention). See, for instance: <https://www.ofdt.fr/dispositifs-enquete-et-observation/escapad/>; <https://www.ofdt.fr/dispositifs-enquete-et-observation/enquete-enclass/>.

<sup>737</sup> SI open text comment - survey for Member State authorities – Action 25 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>738</sup> “Council conclusions on human rights-based approach in drug policies”, 15818/22, 9 December 2022.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The <i>Xchange</i> registry of the EMCDDA<sup>739</sup> includes environmental prevention strategies at the local level and an increasing number of universal prevention programmes with good ratings. These are all cross-domain, addressing illicit and licit substances, and other harmful behaviours. Examples include the Good Behaviour Game (GBG),<sup>740</sup> Unplugged,<sup>741</sup> and a Workplace based complex programme.<sup>742</sup> In addition, EMCDDA experts were invited to be part of the advisory board of the Frontline POLITEIA<sup>743</sup> European-funded project to ensure evidence-based outputs are useful for a wide European professional audience.</p>	

<sup>739</sup> [https://www.euda.europa.eu/best-practice/xchange\\_en](https://www.euda.europa.eu/best-practice/xchange_en).

<sup>740</sup> EMCDDA (2021) “Good Behaviour Game (GBG) - group-contingent positive reinforcement of children's prosocial behaviour”, available online at: [https://www.euda.europa.eu/best-practice/xchange/good-behaviour-game\\_en](https://www.euda.europa.eu/best-practice/xchange/good-behaviour-game_en).

<sup>741</sup> EMCDDA (2023) “Unplugged - a Comprehensive Social Influence programme for schools: life skills training with correction of normative beliefs”, available online at: [https://www.euda.europa.eu/best-practice/xchange/unplugged\\_en](https://www.euda.europa.eu/best-practice/xchange/unplugged_en).

<sup>742</sup> EMCDDA “Workplace-based interventions for the prevention and treatment of problematic substance use”, available online at: [https://www.euda.europa.eu/best-practice/evidence-summaries/workplace-based-interventions-prevention-and-treatment-problematic-substance-use\\_en](https://www.euda.europa.eu/best-practice/evidence-summaries/workplace-based-interventions-prevention-and-treatment-problematic-substance-use_en).

<sup>743</sup> <https://www.frontline-politeia.eu/>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 26: Expand and promote cross-EU educational campaigns, taking into consideration local and regional needs, targeted at families, teachers, social workers and local decision makers, to increase their knowledge and support them in increasing health literacy and promoting positive behaviour, a healthy lifestyle, and a safe environment for young people and other groups, with the</b>	5.1	 <b>AMBER:</b> In progress or some progress, but behind plan <p>The implementation of Action 26 is still ongoing, with most Member States having implemented the linked interventions only to a certain extent. While the landscape of cross-EU educational campaigns in the field of prevention is a pivotal element of the EU action in the subject matter (since at least 2007), progress in that respect is left mostly upon the different cultural traditions at Member State-level, except for</p>	<p>Since 2021, most Member States implemented cross-EU educational campaigns targeted to key stakeholders' groups set up by Action 26 – local decision-makers, social workers, teachers, families - at least to some extent.<sup>744</sup> Only few Member States did not expand or promote any cross-EU educational campaigns targeting the relevant stakeholders' groups.<sup>745</sup></p> <p>There are notable examples on cross-EU educational campaigns implemented at Member State-level. The following interventions are examples of interventions carried out to implement Action 26, as reported by Member States in the surveys.</p> <p><b><i>Social workers, teachers, and schools</i></b></p> <p>In Romania, educational campaigns are carried out nationally by the National Anti-drug Agency, Ministry of Education, Ministry of Family, Youth and Equal Opportunities, Ministry of Health, local authorities and NGOs, addressing families, parents, teachers, school counsellors, school principals and social workers in the child protection system and prisons. Local decision-makers are also involved. For instance, between September 2023 and January 2024, the specialists of the <i>Anti-Drug Prevention, Evaluation and Counselling Centre</i> (CPECA) carried out activities to prevent drug use addressed to secondary and high school students in Alba County,</p>	<p>Missing links between the single cross-EU educational campaigns, and related interventions under the wider drugs demand prevention domain.</p> <p>Varied nature of the target groups of the cross-EU educational campaigns.</p> <p>Availability of sufficient funds for the design and implementation of the cross-EU educational campaigns</p>

<sup>744</sup> Survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Since 2021, the Member State promoted educational campaigns targeted at **families** (16 out of 26 respondents - AT, BE, BG, CY, DE, EE, ES, FR, HU, IE, LT, LU, LV, NL, PT, SK) / **teachers** (13 out of 26 respondents - AT, BE, BG, CY, EE, ES, HU, LT, LV, NL, PT, RO, SK) / **social workers** (16 out of 26 respondents - AT, BE, BG, CY, EE, ES, FR, HU, IT, LU, LV, MT, PT, RO, SI, SK) / **local decision-makers** (19 out of 26 respondents - AT, BE, BG, CY, DE, EE, EL, ES, HU, IE, IT, LT, LU, LV, PL, PT, RO, SI, SK) to increase their knowledge and support them in improving health literacy and promoting positive behaviour, healthy lifestyle, and a safe environment for young people, to prevent them from taking illicit drugs and engaging in risky behaviours and drug market-related activities “*to some extent*”.

<sup>745</sup> Survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 3 out of 26 (CZ, HR, RO) respondents marked “not at all / rarely” for cross-EU campaigns involving **families**, 4 out of 26 (CZ, HR, IE, PL) involving **teachers**, 4 out of 26 (CZ, HR, IE, LT, PL) **social workers**, and 2 out of 26 (CZ, HR) **local decision-makers**.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>objective of preventing them from taking illicit drugs and engaging in risk behaviours and in drug market-related crime/activities</b>		the EUPC training programmes. Lack of information on the impact of the components of Action 26 results in a difficult assessment of the degree of effectiveness of this action.	<p>as part of the national campaign “Drug use it concerns us all”. The campaign promotes the development of life skills necessary for making informed, correct, and responsible decisions regarding the consumption of psychoactive substances, among teenagers and young people. 2,857 students and 126 teaching staff were informed about the effects and risks of the consumption of psychoactive substances, the risk and protective factors regarding the initiation of consumption, as well as about the specialised support services available, at the local level, in case face, directly or indirectly, problems caused by consumption.<sup>746</sup></p> <p><b><i>Local decision-maker, and families</i></b></p> <p>Local Action Groups (LAGs) in Slovenia adopt a whole-community approach to prevent and reduce issues related to psychoactive substances, addiction, and risky behaviours. These LAGs implement community-based programs that focus on preventing drug use, improving the health of drug users, facilitating reintegration, and enhancing the welfare and social cohesiveness of the local population. Although the number of active LAGs has declined over time, some continue to promote a healthy lifestyle and prevent both licit and illicit drug use. For instance, the municipality of Radlje ob Dravi established an addiction prevention group following the Communities That Care (CTC) model. They successfully implemented evidence-based practices, such as the “Strengthening Families Program,” and launched the “Ambassadors of Health” campaign in 2022.</p> <p>The <i>Heroes Drive in Pyjamas</i> project, in collaboration with the National Institute of Public Health, the Slovenian Traffic Safety Agency, and NGOs, organised six consultations in 2022 and 2023. These consultations involved adolescents, experts, and political decision-makers in local environments. The focus was on preventing</p>	

<sup>746</sup> Romanian national anti-drug agency: “Drug consumption affects all of us!” – preventive activities carried out in school units in Alba County”, available online at: <https://ana.gov.ro/consumul-de-droguri-ne-priveste-pe-totii-activitati-preventive-desfasurate-in-unitatile-scolare-din-judetul-alba/>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>driving under the influence of alcohol and addressing alcohol consumption among young people. The consultations aimed to raise community awareness and develop regional action plans. Additionally, workshops on effective prevention were conducted for representatives of local communities, including parents. The <b>VOZIM Institute</b> also facilitated “Alcohol Changes Your Life” workshops in primary and secondary schools to delay adolescents’ first alcohol consumption.<sup>747</sup></p> <p>In addition, more than half of the respondents further specified that their Member States collect metrics/statistics on Action 26.<sup>748</sup> In Belgium, the <i>Ginger</i> registration and the <i>VAD</i> progress report (internal document) contain data on the number of the intervention packages distributed and number of interventions carried out per specific target groups.<sup>749</sup> In Romania, metrics are collected by each responsible entity and reported for monitoring purposes, upon request.<sup>750</sup> In contrast, Portuguese national authorities specified that the implementation of a national and global monitoring system is planned, but it is not yet operational.<sup>751</sup></p> <p>In addition to collecting data on Action 26, only few respondents declared that they</p>	

<sup>747</sup> SI open text comment - Survey for Member State authorities - Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>748</sup> Survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Yes (15 out of 23 respondents - AT, BE, BG, CY, DE, EE, EL, ES, FR, HR, NL, PL, PT, RO, SI), No (8 out of 23 respondents - CZ, DK, IE, LU, LV, MT, SE, SK).

<sup>749</sup> BE open text comment - survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>750</sup> RO open text comment - survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>751</sup> PT open text comment - survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention). See also: <https://www.sicad.pt/PT/Intervencao/Programas/Prevencao/Paginas/default.aspx>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>measure the impact of the interventions at national level, while most of them do not.<sup>752</sup> Among the authorities that highlighted that their Member States measures the impact of Action 26 in practice, the Slovenian provided some examples related to specific programmes,<sup>753</sup> with this information, however, not indicating how the impact of the interventions are calculated in practice. Interestingly, the Belgian national authorities specified that interventions could be measured indirectly, as in the cases of the “<i>Drugbeleid op festivals</i>” and the “<i>Safe 'n Sound</i>” interventions targeted towards the party scene. Evolutions in this setting are monitored by the <i>Uitgaansonderzoek</i>,<sup>754</sup> a research that reveals some positive evolutions in the prevention of the use of illegal drugs in the party scene.</p> <p>At an EU-level, the EMCDDA implemented the EUPC, which is a training programme for local decision-makers. More than 1000 people have been trained by EMCDDA-approved trainers. In addition, the EUPC frontline Politeia is piloting training for teachers and social workers. The area of educational campaigns has been consistently considered as a sensitive topic for the EU COM, at least since the EU</p>	

<sup>752</sup> Survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Yes (7 out of 24 respondents - AT, BE, EL, ES, FR, PL, SI), No (17 out of 24 respondents - BG, CY, CZ, DK, EE, HR, IE, IT, LT, LU, LV, MT, NL, PT, RO, SE, SK).

<sup>753</sup> For instance: a) Family Centres: focus on prevention activities within vulnerable families, serving as social hubs for parents and children, strengthening social roles and sharing positive experiences. In 2022, 12 providers of family centre content were co-financed by the Ministry of Labour, Family, Social Affairs, and Equal Opportunities. Activities included informal gatherings, positive parenting workshops, holiday activities, and counselling for emotional management and positive self-image; b) Glimmer of Hope (“Žarek upanja”) Society: This organization addresses alcohol and substance-related issues in families by offering psychosocial support and counselling for individuals with problems and their close relatives. In 2022, 211 adults and 37 children participated in their program; c) Strengthening Families Program (SFP): Run by the Utrip Institute since 2011, SFP focuses on family skills, enhancing family relations, parenting skills, and life skills in children and adolescents. The program was successfully implemented in the Pomurska region and the Municipality of Radlje ob Dravi. A pilot implementation of the Strong Families program (developed by UNOCD) is also underway.

<sup>754</sup> VAD (2022), “Uitgaan in Vlaanderen: minder druggebruik, alcohol grootste aandachtspunt”. Available online at: <https://www.vad.be/artikels/detail/uitgaan-in-vlaanderen-minder-druggebruik-alcohol-grootste-aandachtspunt>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Drugs Strategy 2007-2013, where the <i>Drug Prevention and Information Programme</i> (DPIP),<sup>755</sup> was implemented. The Programme provided financial support for projects which aim to exchange and transfer best practice across the EU to improve the quality of prevention and treatment services, to reduce drug-related health damage and to prevent drug use.<sup>756</sup> Such a programme has not been renewed per se, although the focus on cross-EU educational campaigns remained strong.</p> <p>Scanty information on the effectiveness of these campaigns renders it complex to clearly outline the added value of the single components of the prevention interventions set out by Action 26. The lack of monitoring and evaluation programmes linked to the educational campaigns that are being implemented, which depends on the diverse national traditions of the EU Member States (with some of them more inclined to collect metrics and data), may result in the difficult assessment on the extent to which these interventions provide concrete added value in the prevention of drugs demand. As suggested by European Cities Against Drugs (EURAD) in the public consultation carried out for this evaluation, while ‘the evidence for educational campaigns and social media messages as stand-alone measures to reduce drug use is not very strong [...], reliable information about prevention and drug related harm can be an important component in a comprehensive prevention strategy that aims to engage parents, schools, social workers and local communities in strengthening young people’s resilience and life-skills, and promoting healthy choices.’<sup>757</sup></p>	

<sup>755</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1424945990537&uri=CELEX:32007D1150>.

<sup>756</sup> [https://ec.europa.eu/justice/grants1/programmes-2007-2013/drug/index\\_en.htm](https://ec.europa.eu/justice/grants1/programmes-2007-2013/drug/index_en.htm).

<sup>757</sup> Public consultation – EURAD response: [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/14015-Implementation-of-the-EU-drugs-strategy-and-EU-drugs-action-plan-2021-2025-evaluation/F3450931\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/14015-Implementation-of-the-EU-drugs-strategy-and-EU-drugs-action-plan-2021-2025-evaluation/F3450931_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 27 – Increase the availability of reliable information on prevention, including effective models of prevention, as available on the EMCDDA Best Practice Portal and encourage the wider adoption of prevention programmes that have proven to be effective, including innovative activities with demonstrable effectiveness.	5.1	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>While Member States ensured widespread availability of information on prevention, only few of them adapted prevention programmes with proven effectiveness, including innovative activities. Metrics and statistics are scarcely collected and the impact of interventions under this action is largely unknown.</p>	<p>Since 2021, Member States implemented Action 27 and its components at least to some extent. Most Member States ensured widespread <b>availability of information on prevention</b>, including effective prevention models, as available on the EMCDDA Best Practice Portal, to a great extent,<sup>758</sup> with, however, a significant number of other Member States that did so to some extent.<sup>759</sup></p> <p>There are notable examples of interventions implemented at Member States-level concerning the availability of information on prevention component of Action 27, as follows<sup>760</sup>:</p> <p>In <i>Spain</i>, for instance, the portal of the Plan Nacional Sobre Drogas includes a comprehensive list of key documentation on prevention, across a different set of intervention areas and target groups (e.g., families and schools).<sup>761</sup></p> <p>Similarly, in <i>Italy</i> the website of the Dipartimento per le Politiche Antidroga, contains a widespread information database on addictions, and on resources for the prevention of the phenomenon.<sup>762</sup></p> <p>In <i>Germany</i>, in a similar manner, information on prevention are vehiculated on a web portal managed by the Federal Centre for Health Education (BZgA).<sup>763</sup></p>	<p>Funding availability to implement the interventions set out at Action 27.</p> <p>Centrality (or scarce centrality) of the adoption of intervention programmes in the policy / political debates in the Member States</p>

<sup>758</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 15 out 27 respondents (BE, CY, DE, DK, EL, ES, FI, FR, LV, MT, NL, PL, PT, SE, SI).

<sup>759</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 12 out of 27 respondents (AT, BG, CZ, EE, HR, HU, IE, IT, LT, LU, RO, SK).

<sup>760</sup> The examples provided are not exhaustive, and are included for illustrative purposes only.

<sup>761</sup> Prevención - Documentos de interés - Ministerio de la Sanidad. Available online at: [https://pnsd.sanidad.gob.es/profesionales/prevencion/Documentos\\_interes.htm](https://pnsd.sanidad.gob.es/profesionales/prevencion/Documentos_interes.htm).

<sup>762</sup> Dipartimento per le Politiche Antidroga – “Dipendenze”. Available online: <https://www.politicheantidroga.gov.it/it/notizie-e-approfondimenti/dipendenze/>.

<sup>763</sup> Federal Centre for Health Education (BZgA) – “Prevention”. Available online at: <https://www.bzga.de/home/key-topics/drug-prevention/>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>In <i>Malta</i>, the Ministry of Education published guidelines on prevention, targeting state schools.<sup>764</sup></p> <p>On the extent to which Member States-level information on prevention derives from prevention models as available on the EMCDDA Best Practice Portal, there is an overall lack of available data. In fact, only Lithuanian authorities confirmed that information about EMCDDA Best practice portal was given to all municipalities' decision makers in the context of preparation of regional financing documents.<sup>765</sup> Thus, the coverage of this aspect in the implementation of Action 27 remains unclear from a Member States perspective.</p> <p>At an EU level, the EMCDDA developed a "<i>Best Practice Portal</i>", which is designed to gather practical and reliable information on effective and ineffective interventions in the areas of prevention, treatment, harm reduction and social reintegration.<sup>766</sup> On the prevention – drugs demand reduction side, the portal list few interventions targeting opioids and cannabis consumption.<sup>767</sup> The other typologies of drugs are not covered by prevention interventions within the EMCDDA Best Practice Portal.</p> <p>In contrast, a different trend is observable for the widespread <u>adoption of</u></p>	

<sup>764</sup> Ministry of Education “Substance abuse prevention programmes and interventions in state schools”, available online at: <https://educationservices.gov.mt/en/resources/News/Documents/Substance%20Abuse%20Prevention%20Programmes.PDF>.

<sup>765</sup> LT open text comment - survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>766</sup> EMCDDA – Best Practice Portal: [https://www.euda.europa.eu/best-practice\\_en](https://www.euda.europa.eu/best-practice_en).

<sup>767</sup> Notable examples are: 1) Life skill and social influence-based interventions to reduce hard drug use, available online at: [https://www.euda.europa.eu/best-practice/evidence-summaries/life-skill-and-social-influence%20based-interventions-reduce-hard-drug-use\\_en](https://www.euda.europa.eu/best-practice/evidence-summaries/life-skill-and-social-influence%20based-interventions-reduce-hard-drug-use_en); 2) Standalone social influence-based interventions to reduce cannabis use, available online at: [https://www.euda.europa.eu/best-practice/evidence-summaries/standalone-social-influence%20based-interventions-reduce-cannabis-use\\_en](https://www.euda.europa.eu/best-practice/evidence-summaries/standalone-social-influence%20based-interventions-reduce-cannabis-use_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><b>prevention programmes</b> that have proven effective, including innovative activities with demonstrable effectiveness, which is another key component of Action 27. In fact, only few Member States ensured its implementation to a great extent,<sup>768</sup> with most of them that did so only to some extent,<sup>769</sup> and four of them that implemented those programmes only rarely / not at all.<sup>770</sup> In Slovenia, for instance, a further significant shift in the introduction of scientifically-supported programmes has been signalled by the inclusion of two manualised prevention programmes, with proven effectiveness, in the Resolution on the National Mental Health Programme 2018–2028, with the resolution ensuring their implementation in local and school settings throughout the country.<sup>771</sup> In France several initiatives have been indicated as connected to Action 27.<sup>772</sup> Nevertheless, it is still unclear to which extent these initiatives contributed to an increased effectiveness of the policy intervention. The comparatively lower number of Member States that implemented this component of Action 27 may point to the fact that Action 27 was only partially implemented, with this, however, not indicating a lack of effectiveness as such, but probably that the Activities undertaken to implement the specific action are still under development –</p>	

<sup>768</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 5 out of 26 respondents (DK, ES, MT, NL, PL) marked “to a great extent”.

<sup>769</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 16 respondents (AT, BE, BG, CY, DE, EE, EL, FI, HR, HU, LU, LV, PT, RO, SE, SI, SK, FR) marked “to some extent”.

<sup>770</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 4 out of 26 (CZ, IE, IT, LT) respondents marked “Not at all / rarely”.

<sup>771</sup> SI open text comment - survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>772</sup> See, for instance: <https://eduscol.education.fr/3901/developper-les-competences-psychosociales chez-les-eleves>; <https://eduscol.education.fr/3526/comment-aborder-la-prevention-des-conduites-addictives-l-ecole>; <https://www.etudiant.gouv.fr/fr/videos>. FR open text comment - survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>or not so developed - in the reporting period.</p> <p>Measuring the impact of the interventions under Action 27 remains difficult, as only few Member States collect metrics and statistics on the interventions,<sup>773</sup> and most of them do not measure the impacts of Action 27.<sup>774</sup> For instance, Austrian national authorities indicated that relevant information and data are included in the Workbook on Prevention submitted to the EMCDDA.<sup>775</sup> In 2023, they started implementing EUPC to encourage widespread adoption of prevention programmes that have proven effective. In this respect, impact evaluation has only focused on soft outcomes such as potential knowledge gains. Notwithstanding this, they plan to evaluate the impacts in the future.<sup>776</sup></p>	
Action 28 – Promote the inclusion of preventive messages with demonstrable effectiveness in communication and social media channels addressed to young	5.2	 <b>LIGHT RED:</b> Very little progress	<p><b>Several prevention programmes focusing on evidence-based interventions targeted to young people and schools are in place across the EU Member States</b>, addressing both the substance demand reduction and indirect elements conducive to risky behaviours (e.g., life skills). Certain existing interventions have been evaluated overall <i>beneficial</i> in reducing drug demand / raising awareness within the EU countries, by the EMCDDA's <i>Xchange rating</i> system (e.g., PreVent</p>	<p>Differentiation in the focus given to vulnerable groups across the Member States</p> <p>Social media channels diverse usage across the</p>

<sup>773</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 14 out of 25 (AT, BE, BG, CY, EE, EL, ES, FR, HR, IT, PL, PT, RO, SI) respondents marked “Yes”. The remaining 11 out of 25 respondents marked “No” (CZ, DK, FI, IE, LT, LU, LV, MT, NL, SE, SK).

<sup>774</sup> Survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 16 out of 24 respondents (BE, BG, CY, CZ, DK, FI, IE, IT, LT, LU, LV, MT, PT, RO, SE, SK).

<sup>775</sup> AT open text comment - survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>776</sup> AT open text comment - survey for Member State authorities – Action 27 (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>people and other vulnerable groups. Roll out targeted rapid alert risk communications and intelligence notifications when dangerous substances, including new psychoactive substances (NPS), or other emerging threats appear on the market including, where appropriate and in accordance with national legislation, using information from drug checking.</b>		With a strict focus on the two main components of Action 28 (1 - inclusion of preventive messages targeting young people and other vulnerable groups, and 2 - rolling out targeted rapid alert risk communications and intelligence notifications on dangerous substances), their implementation under the drugs strategy made very little progress. Nevertheless, on a wider point of view, the implementation of actions targeting young people, vulnerable groups are developing – although without homogeneity – across the EU Member States, with this not indicating, however, any direct link with the Action Plan. The overall scarcity of	<p>project).</p> <p>However, since 2021, Member States only partially implemented Action 28, for both young people<sup>777</sup> and other vulnerable groups.<sup>778</sup> In addition, most Member States pointed out that they did not collect metrics / statistics about implementation of such social media alert campaigns for 2021-2023.<sup>779</sup> Some notable examples were provided by national authorities:</p> <ul style="list-style-type: none"> <li>• In Belgium, messages regarding dangerous substances and new psychoactive substance (NPS) are sometimes used to target young people and vulnerable groups as part of the EU Early Warning System (EU EWS) Network. Statistics are available in internal documents and databases (VAD progression report, Druglijn report, Safe n' sound report and Sciensano internal documentation);</li> <li>• Sweden implemented information and social media campaigns about nitrous oxide in different languages and to different target groups;<sup>780</sup></li> <li>• Slovakia implemented a protocol for two newly established postgraduate certification study programs: (a) in addiction medicine for specialist-</li> </ul>	EU Member States  Not synchronised timing in which dangerous substances enter the market

<sup>777</sup> Survey for Member State authorities – Action 28 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 6 out of 26 respondents (FR, IE, LT, MT, NL, SI) selected “To a great extent”, 14 out of 26 respondents (AT, BE, BG, CY, DE, DK, ES, FI, LU, PL, PT, RO, SE, SK) selected “To some extent”, 6 out of 26 respondents (CZ, EE, EL, HR, IT, LV) “not at all / rarely”.

<sup>778</sup> Survey for Member State authorities – Action 28 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 6 out of 26 respondents (BE, DE, FI, FR, NL, SI) selected “To a great extent”, 13 out of 26 respondents (BG, CY, DK, EE, ES, IE, LT, LU, MT, PL, PT, RO, SK) selected “To some extent”, 7 out of 26 respondents (AT, CZ, EL, HR, IT, LV, SE) “not at all / rarely”.

<sup>779</sup> Survey for Member State authorities – Action 28 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 25 respondents (BG, CY, DE, ES, FI, FR, IE, MT, RO, SE, SI) selected “Yes”, 14 out of 25 respondents (AT, BE, CZ, DK, EE, EL, HR, IT, LT, LU, LV, PL, PT, SK) selected “No”.

<sup>780</sup> <https://www.lakemedelsverket.se/4aea2a/contentassets/dfd28b806cc14b9aadd6f271e8ee0307/lustgas-engelska.pdf>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>available information – and the fact that only few Member States collects data on this - render the assessment of the effectiveness of Action 28 complex.</p>	<p>psychiatrists (2) and certification study in the addictions for psychologists working in the fields of harm-reduction, treatment and aftercare. Diagnostic and treatment guidelines with flow-charts were developed and approved by the Ministry of Health; and</p> <ul style="list-style-type: none"> <li>French national authorities listed a number of alert risk communications that have been implemented in their Member State during the reporting period, with this information not allowing, however, any assessment on the effectiveness of the specific intervention.<sup>781</sup></li> </ul> <p>At an EU level, EMCDDA implemented Action 28 through several activities, as follows:</p> <p>Publication of risk communication guidance; ERG content on responses in recreational settings includes the use of social media in prevention; Different types of risk communications are issued regularly and as relevant to the EU Early Warning System (EU EWS) Network. For example, when a new psychoactive substance (NPS) is first identified in the EU, a Formal Notification (FN) is issued informing the network of the detection. The FN includes information for forensic and toxicology laboratories and partners of national EWS and triggers the monitoring of the NPS identified; and The new European Drug Alerts System is conceptualised and built on the well-established Risk Communication System (RCS) that operates within the EU EWS on NPS.</p>	

<sup>781</sup> See, for instance: a) Preventive messages: 1) <https://www.drogues.gouv.fr/un-kit-addictions-pedagogique-pour-faciliter-la-prise-en-charge-des-patients>; 2) <https://www.drogues.gouv.fr/nous-connaitre/equipes-de-liaison-et-de-soins-en-addictologie-elsa-publication-dun-guide-qui-fait>; 3) <https://www.drogues.gouv.fr/addictions-et-troubles-psychiatriques-une-publication-de-la-federation-addiction-soutenue-par-la>; c) <https://www.drogues.gouv.fr/guide-addictions-et-troubles-psychiatriques>; d) <https://www.drogues.gouv.fr/information-et-prevention-sur-les-risques-lies-la-cocaine>; e) <https://maad-digital.fr/>; b) Alert emergency communication: a) [https://www.has-sante.fr/jcms/p\\_3218478/fr/prevention-des-addictions-et-reduction-des-risques-et-des-dommages-rdrd-dans-les-établissements-et-services-sociaux-et-medico-sociaux-essms](https://www.has-sante.fr/jcms/p_3218478/fr/prevention-des-addictions-et-reduction-des-risques-et-des-dommages-rdrd-dans-les-établissements-et-services-sociaux-et-medico-sociaux-essms); b) <https://www.sicad.pt/PT/Formacao/SitePages/OfertaFormativa.aspx>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 29	5.3	 <p>- <b>RED</b>: Very little progress</p> <p>For the first main component of Action 29 (partnership approach in providing effective evidence-based prevention measures across different categories of stakeholders), a very progress could be noticed in the implementation of its main interventions, with significant variations across the different categories of target groups to which Action 29 refers to. A diversity of approaches and cultural sensitivities, coupled with the single political / policy national focuses, determined that for people experiencing homelessness, people with dual diagnosis (comorbidities), and refugee / migrants the implementation of the first component of Action 29 is still lagging behind, across the EU Member States. A similar – although comparatively better – situation is observable for</p>	<p>[Action 29* invites Member States:</p> <p><i>to provide for and increase the <u>partnership approach in the provision of effective evidence-based selective and indicated prevention measures to prevent the development of risk behaviours and reduce progression into severe drug use disorders</u>, among those experiencing multiple disadvantages, such as homelessness, dual diagnosis, migrants, refugees and victims of violence, including gender-based violence. Also for young people in multiple settings, including schools, families and community, in recreational and workplace settings, as well as people in high-risk environments.</i></p> <p><b><u>Collaboration efforts should be enabled between all stakeholders</u></b>, 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. Implementation of these measures may <u>rely on trained professionals, in particular from primary healthcare, to better identify substance use issues and include the use of brief and early interventions</u> and utilise novel digital health communication and the social media channels. Responsible parties: Member States, Council of the EU, European Commission, EMCDDA].</p> <p>*Note: for analytical purposes, Action 29 has been split into two main components (a) and (b), as per above.</p> <p>Overall, since 2021, most Member States achieved the application of the <b>partnership approach</b> (stakeholder involvement) in the provision of effective evidence-based selective and indicated prevention measures to prevent the development of risk behaviours and reduce progression into high-risk drug use/drug dependency, among people or groups experiencing multiple disadvantages only to a limited extent, with, however, certain small differences across the different</p>	<p>Varied national approaches, as well as the different national contexts in which the Member States implement priority areas and actions</p> <p>Stigma and exclusion for certain segments of population (e.g., refugees / migrants) in certain national context</p> <p>Lack of reliable data and corpus of research on homelessness (e.g., number of homeless people using drugs), with this being exacerbated by the pandemic</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>workplace settings, as well as people in high-risk environments</b> <b>Collaboration efforts should be enabled between all stakeholders, including parents and families, those working in education or family support networks, youth</b>		<b>victims of violence especially gender-based violence, as some interventions targeting women are traceable at Member States level.</b> Young people in multiple settings represents the target group most targeted by the implemented interventions under Action 29. The area of people in high-risk environments has been covered to a limited extent by the implementation of Action 29.	<p>stakeholder's groups, as follows:</p> <p>People experiencing homelessness;<sup>782</sup>            People with dual diagnosis (co-morbidities);<sup>783</sup>            Refugees and migrants;<sup>784</sup>            Victims of violence (including gender-based violence);<sup>785</sup>            Young people in multiple settings (including schools, families, community, recreational and workplace settings);<sup>786</sup> and            People in in high-risk environments.<sup>787</sup></p> <p>While half Member States collect metrics and statistics on this first component of Action 29, the other half does not collect such information.<sup>788</sup></p>	

<sup>782</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 3 out of 27 respondents (DE, EL, FI) selected “To a great extent”, 15 out of 27 (AT, BE, CY, DK, ES, FR, HR, HU, IE, IT, MT, NL, PT, SE, SI) selected “To some extent”, and 9 out of 27 (BG, CZ, EE, LT, LU, LV, PL, RO, SK) selected “Not at all / Rarely”.

<sup>783</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 3 out of 26 respondents (FI, IT, MT) selected “To a great extent”, 19 out of 26 (AT, BE, CY, CZ, DE, DK, EE, EL, ES, FR, HR, IE, LV, NL, PL, PT, SE, SI, SK) selected “To some extent”, and 4 out of 26 (BG, LT, LU, RO) selected “Not at all / Rarely”.

<sup>784</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 18 out of 25 (AT, BE, BG, CY, CZ, DE, EL, ES, FI, FR, HR, IT, MT, NL, PL, PT, SE, SI) selected “To some extent”, and 7 out of 27 (EE, IE, LT, LU, LV, RO, SK) selected “Not at all / Rarely”.

<sup>785</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 15 out of 25 (AT, BE, CY, EE, ES, FI, FR, HR, IE, IT, MT, PL, PT, SE, SI) selected “To some extent”, and 10 out of 25 (BG, CZ, DE, EL, LT, LU, NL, RO, SK) selected “Not at all / Rarely”.

<sup>786</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 5 out of 26 respondents (DE, FI, IT, MT, PT) selected “To a great extent”, 19 out of 26 (AT, BE, BG, CY, DK, EE, EL, ES, FR, HR, IE, LU, LV, NL, PL, RO, SE, SI, SK) selected “To some extent”, and 2 out of 26 (CZ, LT) selected “Not at all / Rarely”.

<sup>787</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 3 out of 26 respondents (DE, IT, LU) selected “To a great extent”, 17 out of 26 (AT, BE, BG, CY, DK, EE, ES, FR, HR, IE, LV, MT, PL, PT, SE, SI, SK) selected “To some extent”, and 6 out of 26 (CZ, EL, FI, LT, NL, RO) selected “Not at all / Rarely”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p>services, student unions, sporting organisations and networks of people who use drugs.</p> <p><b>Implementation of these measures may rely on trained professionals, in particular from primary healthcare, to better identify substance use issues and include the use of brief and early interventions, and utilise novel digital health communication and the social media channels.</b></p>			<p><b><i>People experiencing homelessness</i></b></p> <p>According to the EMCDDA among homeless populations, high-risk drug use and mental health problems coexist, but the causality remains unclear. Long-term and recurrent homelessness, affecting around 20% of homeless individuals, is associated with serious mental illness, high-risk drug use, and poor physical health. Short-term homelessness, on the other hand, is less consistently linked to high-risk drug use. Efforts to improve cultural competency and targeted interventions are crucial for addressing the unique needs of homeless populations.<sup>789</sup></p> <p>In Europe, there is no standardised response for homeless drug users. Homelessness services may coordinate with mainstream health and social care systems, but specific service provision varies widely. Targeted services for homeless drug users are scarce. They often rely on low-threshold services, such as drug consumption rooms and harm reduction clinics. These services address unique needs, providing amenities like showers, lockers, and clothing. Referrals to social welfare and treatment programs are also facilitated.<sup>790</sup></p> <p>Before the COVID-19 pandemic, over 700,000 people faced homelessness each night in Europe. Homelessness varies across Europe due to cultural attitudes and service availability. Some countries rely more on family or informal settlements due to limited services. In certain cities, homelessness services are basic emergency</p>	

<sup>788</sup> Survey for Member State authorities – Action 26 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 12 out of 24 respondents (BE, BG, CY, EL, ES, HR, IT, MT, NL, PT, RO, SI) selected “Yes”, 12 out of 24 respondents (AT, CZ, DK, EE, FI, IE, LT, LU, LV, PL, SE, SK) selected “No”.

<sup>789</sup> EMCDDA (2023) ‘Homelessness and drugs: health and social responses’: [https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses_en).

<sup>790</sup> EMCDDA (2023) ‘Homelessness and drugs: health and social responses’: [https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>shelters. Addiction services for homeless individuals are often the same as those for the general population, not specifically designed for the homeless. However, some countries offer extensive homelessness services, including housing targeted at homeless drug users.</p> <p>Service provision varies widely within the sector, often organized at subnational levels by civil society organizations. National data collection is lacking, making it challenging to assess service coverage. In general, EU member states address homelessness and drug use in their national drug policy action plans, with varying approaches to service provision. Supported housing is an important focus for interventions.</p> <p>There are notable actions implemented at an EU level, as follows:</p> <p><i>Supported Housing:</i> In November 2020, the European Parliament advocated for Housing First principles, recognizing housing as a fundamental right. Supported housing is part of an integrated response for long-term and recurrent homelessness, particularly among those with high-risk drug use. Finland's strategy prioritizes rapid housing provision alongside tailored support. Other countries offer supported housing for individuals completing drug treatment. Croatia's project assists with housing, psychosocial support, retraining, and employment. Portugal's CRESHER runs social businesses employing formerly homeless individuals;<sup>791</sup> and</p> <p><i>Low-Threshold and Targeted Services:</i> Homeless drug users often rely on low-threshold services, including drug consumption rooms and harm reduction clinics. Some services specifically address homeless individuals' needs. In France and Ireland, programs target vulnerable youth struggling with unemployment, homelessness, and drug use. Gender-responsive harm reduction services in Catalonia, Spain, cater to women and non-binary individuals experiencing homelessness and drug use;<sup>792</sup> and</p>	

<sup>791</sup> [https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses\\_en#section4](https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses_en#section4).

<sup>792</sup> Ibidem.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The Dutch national authorities indicated that the Public Health Service Amsterdam conducted a research on the use of cannabis for homeless people, although its results are not published.<sup>793</sup> Since 2021, interventions targeted to homelessness under Action 29 have been only partially implemented, according to the surveyed Member States authorities.<sup>794</sup> This outcome may be related to the complexities of homelessness problem, including the variety of national contexts and approaches on the topic. Nevertheless, information is too scanty and does not allow tracing any conclusive assessment on whether the EU Drugs Strategy and EU Action Plan 2021-2025 contributed to preventing drug use in the EU. Available findings seem to indicate that there is no causal link between drugs use in homeless people and a lack of effectiveness of the EU Drugs Strategy and Action Plan.</p> <p><b><i>People with dual diagnosis (comorbidities) and people in high-risk environments</i></b></p> <p>The dual diagnosis (co-morbidities) is conceptualised as the interaction between drugs use disorder and mental health disorders, which – in 2016 – was estimated as occurring in up to 50% of drugs users, according to EMCDDA.<sup>795</sup> On December 2023, the Council of the EU approved a conclusion on the situation of people suffering from both drug use and other mental health disorders, urging Member States to recognise this challenge and respond comprehensively to the needs of affected individuals. The Council emphasised the need for adopting and integrated approach involving health, mental health, and drug policies, to be achieved through</p>	

<sup>793</sup> NL open text comment - Survey for Member State authorities - Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>794</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 3 out of 27 respondents (DE, EL, FI) selected “To a great extent”, 15 out of 27 (AT, BE, CY, DK, ES, FR, HR, HU, IE, IT, MT, NL, PT, SE, SI) selected “To some extent”, and 9 out of 27 (BG, CZ, EE, LT, LU, LV, PL, RO, SK) selected “Not at all / Rarely”.

<sup>795</sup> EMCDDA (2016), “Comorbidity of substance use and mental health disorders in Europe”. Available online at: [Comorbidity\\_OF\\_Substance\\_Use\\_and\\_Mental\\_Health\\_Disorders\\_in\\_Europe.pdf](https://www.emcdda.europa.eu/attachements/1000/10000000/Comorbidity_OF_Substance_Use_and_Mental_Health_Disorders_in_Europe.pdf)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>an emphasis on personalised interventions considering individual and social factors, as well as comorbidity. The Council also stressed that to tackle the phenomenon further research and data would be necessary, including developing reliable indicators to monitor dual disorders, and prioritising research to improve definitions, measurement methods, and best practices.<sup>796</sup></p> <p>Since 2021, the provision of effective evidence-based selective and indicated prevention measures to prevent the development of risk behaviours and reduce progression into high-risk drug use/drug dependency, targeted to people suffering from dual diagnosis were implemented in most Member States at least partially.<sup>797</sup> The assessment of the state of implementation of Action 29 in cases of comorbidities, however, is conditioned by the overall lack of available data.<sup>798</sup></p> <p><b><i>Refugees and migrants</i></b></p> <p>The final evaluation of the previous EU Drugs Strategy and Action Plan 2013-2020 already highlighted that there was a ‘rising drug consumption among migrants stuck in Europe following the migration crisis.’<sup>799</sup> Nevertheless, establishing the exact nexus between migration and drug use is a complex task. In general, on their arrival,</p>	

<sup>796</sup> “Council addresses situation of people suffering from both drug use and other mental health disorders” (2023): <https://www.consilium.europa.eu/en/press/press-releases/2023/12/05/council-addresses-situation-of-people-suffering-from-both-drug-use-and-other-mental-health-disorders/>.

<sup>797</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 3 out of 26 respondents (FI, IT, MT) selected “To a great extent”, 19 out of 26 (AT, BE, CY, CZ, DE, DK, EE, EL, ES, FR, HR, IE, LV, NL, PL, PT, SE, SI, SK) selected “To some extent”, and 4 out of 26 (BG, LT, LU, RO) selected “Not at all / Rarely”.

<sup>798</sup> Only few authorities provided concrete examples of analytical material concerning comorbidities. For instance, the Dutch national authorities, outlined that the national centre of expertise on comorbidities, carried out an analysis on people with dual diagnosis, available at: <https://www.trimbos.nl/kennis/zorg-en-participatie/behandeling-dubbele-diagnose/expertisecentrum-ledd/>.

<sup>799</sup> Final Assessment of the EU Drugs Strategy 2013 – 2020 and the EU Action Plan on Drugs 2017 – 2020, p. 51. Available online at: <https://op.europa.eu/en/publication-detail-/publication/daf5ddf5-cd52-11ea-adf7-01aa75ed71a1>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>‘there is [...] a lower prevalence of drug use [...] than is found in the host country.’<sup>800</sup></p> <p>Overall, findings available do not allow establishing to what extent the EU Drugs Strategy and Action Plan contributed to the reduction of drug demand among refugees and migrants in the EU. This may preliminarily indicate that Action 29 is still underdeveloped in the Member States and that, where programmes are in place, their effectiveness and impacts have not been often measured. The severe lack of data on the nexus between migrants and drugs use is also conditioning the effective implementation of evidence-based approaches.</p> <p>At an EU level, the EMCDDA published a guide on this topic, identifying two main trends:</p> <ul style="list-style-type: none"> <li>• <i>Pre-existing Drug Use</i>. Some migrants arrive with prior drug use and require medical care, thus, ensuring continuity of care for those receiving opioid agonist treatment or antiretroviral therapy is crucial; and</li> <li>• <i>Vulnerability After Arrival</i>. Some migrants become vulnerable to substance use due to trauma, unemployment, poverty, and loss of social support. Drugs may be used to cope with trauma, boredom, uncertainty, and frustration related to immigration status. Lack of information about healthcare services and difficulties in accessing treatment exacerbate vulnerability.</li> <li>• </li> <li>• <b>Interventions specifically targeting drug use among migrants are scarce, and their effectiveness remains unclear.</b> However, efforts primarily focus on broader migrant health issues and improving access to</li> </ul>	

<sup>800</sup> EMCDDA (2023) ‘Migrants and drugs: health and social responses’. Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>existing drug services. Current responses include facilitating access to health services, cultural mediation, screening procedures upon arrival, brief interventions in migrant facilities, and integrating drug services within overall healthcare for migrants.<sup>801</sup></p> <ul style="list-style-type: none"> <li>• Currently, <b>there is no comprehensive European overview of services addressing the health and social needs of migrants with drug-related challenges.</b> At the national level, EU countries rarely prioritize migrants' needs in drug policies, mental healthcare, preventive care, and treatment services. While recent interventions have emerged in some countries, data on their effectiveness, availability, and coverage remain limited. Most practices target specific migrant populations, with only a few directly addressing drug-related issues.<sup>802</sup></li> <li>• Many European countries provide healthcare access to refugees, but limitations may apply. Applicants for international protection and irregular migrants face greater challenges. Efforts are underway to improve healthcare access for these populations. For instance, Spain restored universal access to the national health system regardless of administrative status. Latvia offers state-funded minimum medical care assistance to stateless persons. Cyprus shares the cost of medical services for third-country nationals, including applicants for international protection.<sup>803</sup></li> </ul>	

<sup>801</sup> EMCDDA (2023) 'Migrants and drugs: health and social responses'. Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses_en).

<sup>802</sup> EMCDDA (2023) 'Migrants and drugs: health and social responses'. Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses_en).

<sup>803</sup> EMCDDA: [https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/migrants-and-drugs-health-and-social-responses_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<ul style="list-style-type: none"> <li>Interventions target language barriers in healthcare, including drug services. Approaches include cultural <i>competency</i>, translation services, and multilingual information dissemination. Examples include cultural mediators in Belgian hospitals, telepsychiatry in Sweden, and multilingual online videos in Germany.<sup>804</sup> Several Member States have developed measures to improve cultural competency. These include professional training, guidebooks, and service linkages. Targeted interventions exist for migrants, such as REFRAME in Greece (addressing emergency needs and substance use awareness) and intercultural treatment programs in Berlin and Greece.<sup>805</sup></li> </ul> <p>Promoting preventative policies for migrant workers in the work setting has been referred to as an area of intervention by the Dutch authorities. This included advising and guiding companies with a high number of migrant workers, organising a national symposium that was aimed at exchanging barriers and best practices among employers and the publication of an info sheet for employers.<sup>806</sup></p> <p><b><i>Victims of violence (including gender-based violence);</i></b></p> <p>According to EMCDDA, women account for 'a quarter of all people with serious drug problems and around one-fifth of all entrants to drug treatment programmes in Europe,'<sup>807</sup> and 'the number of overdose deaths reported among those aged 50–64</p>	

<sup>804</sup> Ibidem.

<sup>805</sup> Ibidem.

<sup>806</sup> NL open text comment - survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>807</sup> EMCDDA (2023) 'Women and drugs: health and social responses': [https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>increased by 69 % between 2012 and 2021 (by 31 % among women and by 86 % among men).<sup>808</sup> Women experiencing substance constitute a particularly vulnerable social segment.<sup>809</sup></p> <p>On demand, the evaluation of the EU Drugs Strategy and Action Plan 2013-2020 called for a better integration of a gender-based approach within the follow-up Strategy and Action Plan 2021-2025. Based on several stakeholder views, the Final Evaluation report highlighted several specificities concerning women and drugs' use which would have requires a more nuanced gender-approach (e.g., social exclusion of women using drugs, link between gender-based violence and drug use).<sup>810</sup></p> <p>This specificities are also clustered by the EMCDDA in sub-groups of women with drug problems that have specific needs, such as:</p> <ul style="list-style-type: none"> <li>• <i>Pregnant and parenting women</i>. Pregnancy and motherhood can serve as both a strong motivator and a barrier to recovery. Beyond stigma, shame, and guilt, drug-using women fear having their children taken away;</li> <li>• <i>Women involved in sex trade</i>. In certain countries, estimates suggest that 20% to 50% of women who inject drugs are involved in the sex trade, and women who exchange sex for drugs often lack the ability to practice safe</li> </ul>	

<sup>808</sup> European Drug Report 2023: Trends and Developments, p. 116.

<sup>809</sup> For example: 1. Stigma and Economic Disadvantage: Individuals who experience stigma and economic challenges are more vulnerable to substance use. Additionally, having less social support exacerbates this situation; 2. Family Context: Growing up in families with substance use problems increases the risk of drug use. Furthermore, having a substance-using partner further influences drug use patterns; 3. Parental Responsibilities: Individuals with children may turn to drugs due to stress and caregiving responsibilities. Parental roles play a central role in both drug use and recovery; 4. Adverse Childhood Experiences (ACEs): Survivors of sexual and physical assault and abuse during childhood are at higher risk for substance use. Co-occurring mental disorders often accompany substance use in this context.

<sup>810</sup> Final Assessment of the EU Drugs Strategy 2013 - 2020 and the EU Action Plan on Drugs 2017 – 2020, Final Report (July 2020). Available online at: <https://op.europa.eu/en/publication-detail/-/publication/daf5ddf5-cd52-11ea-adf7-01aa75ed71a1>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>sex or follow safe injecting practices, putting them at risk of violence and imprisonment;</p> <ul style="list-style-type: none"> <li>• <u>LGBTQIA+ women</u>. LGBTQIA+ women encounter discrimination, social stigma, and an increased risk of violence, and they are prone to anxiety, loneliness, and co-occurring substance use and psychiatric disorders;</li> <li>• <u>Women victims of gender-based violence</u>. Experiencing gender-based violence increases the risk of developing drug-related problems, and it has been proved that women with drug issues often have a history of gender-based violence, including childhood sexual abuse, with drugs that could represent a coping mechanism to alleviate trauma from sexual violence. Gender-based violence may also occur in the context of sex trade, intimate relationship, and drug-facilitated sexual assaults, where violence occurs while they are under the influence of drugs, whether consumed voluntarily or unknowingly;</li> <li>• <u>Women from migrant or ethnic minority backgrounds</u>. Language barriers and conflicting treatment approaches based on religious beliefs can hinder access to treatment services. In addition, some migrant women may have experienced trauma from war, violence, or trafficking. Immigration status affects eligibility for services, and racism and discrimination may be encountered; and</li> <li>• <u>Women in prison</u>.<sup>811</sup> In prisons, women seeking assistance for substance use disorders often encounter a lack of available or limited services. Consequently, their psychological, social, and healthcare needs remain unaddressed.</li> </ul> <p>At an EU level, while the complexities of the specificities concerning women who use drugs would require a coordinated approach, the existing services (e.g., mental</p>	

<sup>811</sup> [https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>health, drugs-related, social services) are frequently disjointed, with integrated approached and cooperation relying on individual stakeholders. EMCDDA stresses a general lack of data on the availability of gender-mainstreaming responses to drug-related problems in Europe, several interventions addressing the specific needs of women using drugs have been traced. Nevertheless, ‘no information is available on the effectiveness of these interventions.’<sup>812</sup></p> <p>Since 2021, the provision of effective evidence-based selective and indicated prevention measures to prevent the development of risk behaviours and reduce progression into high-risk drug use/drug dependency, among victims of violence (including gender-based violence) have been indicated as implemented either “to some extent”<sup>813</sup> or “not at all / rarely”.<sup>814</sup> This may indicate that Member States are still lagging behind in implementing Action 29 and, more broadly the set of activities listed under priority area 5.3. Nevertheless, given the available information, this seems to indicate more the existence of certain issues / delays with the implementation of the measures than a lack of effectiveness of the EU Drugs Strategy and Action Plan.</p> <p><b><i>Young people in multiple settings (including schools, families, community, recreational and workplace settings); and</i></b></p> <p>Although Member States authorities indicated that Action 28 was implemented to a partial extent, the importance of evidence-based prevention interventions targeting</p>	

<sup>812</sup> [https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en).

<sup>813</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 16 respondents (AT, BE, BG, CZ, ES, FI, FR, HR, MT, PT, SI) selected “To some extent”.

<sup>814</sup> Survey for Member State authorities – Action 29a (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 16 respondents (AT, BE, BG, CZ, ES, FI, FR, HR, MT, PT, SI) selected “not at all / rarely”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>substance use in schools has occupied a pivotal role in designing prevention measures targeting young people, across the EU. Schools are a crucial environment to implement prevention measures as, according to EMCDDA, they ‘may provide [...] an important setting for the early identification of at-risk individuals, including young people with vulnerable personality traits and non-attenders, who may benefit from targeted interventions that reduce the likelihood of escalation into substance use disorders.’<sup>815</sup> In addition, while in schools ‘the focus of drug-related interventions is mainly on preventing or delaying the initiation of substance use as well as developing skills to support healthy decision-making and socialisation’, ‘[f]or older pupils and college students, controlled use and the de-escalation of consumption are the key targets for interventions.’<sup>816</sup></p> <p>In this respect, evidence collected by the EMCDDA in 2021, indicated that school-based interventions to prevent substance use are implemented with a varied approach across the Member States. Smoking bans and school policies around substance use were indicated as interventions with evidence effectiveness, while information-only interventions proved not effective in reducing drug use.<sup>817</sup></p> <p>Evidence-based universal prevention programmes focused on a) developing social competences and refusal skills, b) healthy decision-making abilities, and c) correcting normative misperceptions about drug use proved particularly effective in the field of drug demand prevention in youth people. An example of effective</p>	

<sup>815</sup> EMCDDA (2022) “Schools and drugs: health and social responses”. Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses_en).

<sup>816</sup> EMCDDA (2022) “Schools and drugs: health and social responses”. Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses_en).

<sup>817</sup> EMCDDA (2022) “Schools and drugs: health and social responses”. Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>initiative in this area is the <i>Unplugged</i> programme, rated as beneficial from EMCDDA <i>Xchange</i> ratings system.</p> <p>Other existing evidence-based programmes focus on social competence and behavioural development, and life skills, instead of merely addressing the substance use-related topics. These programmes proved particularly important in addressing impulse controls and long-term behavioural impacts, particularly in primary schools. An example of this has been the so-called <i>Good Behaviour Game</i>, a classroom-based behaviour management strategy for elementary school that teachers use along with a school's standard instructional curriculum, scoring beneficial according to the <i>Xchange</i> rating system.</p> <p>In certain schools, early-detection interventions are employed, often involving counselling for young individuals who either use substances or are deemed to be at elevated risk of doing so. An illustrative instance is the Canadian program <b><i>Preventure</i></b>, which has undergone favourable evaluation and has been adapted for implementation in Czechia and the Netherlands.<sup>818</sup></p> <p>This overall lack of information and assessment of the impact of the activities implemented under Action 29 may indicate that it has been only partially developed across the EU Member States and, thus, its effectiveness is measurable only to a limited extent.</p> <p>At an EU level, the EMCDDA implemented the following main activities:</p> <ul style="list-style-type: none"> <li>• New indicated prevention interventions were included in Xchange, alongside the first workplace-based intervention;</li> <li>• The European Responses Guide (ERG) has miniguides on the target groups mentioned here, outlining responses available, including prevention, to</li> </ul>	

<sup>818</sup> EMCDDA (2022) "Schools and drugs: health and social responses". Available online at: [https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses\\_en#section2](https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses_en#section2).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>address drug use among these groups; and</p> <ul style="list-style-type: none"> <li>• An EU-funded project (Interleave) focusing on gender-based violence and drugs in selected European countries has been completed: <a href="https://www.fyyc.org/proyectos/interleave-interventions-with-women-drug-users-who-are-victims-of-gender-based-violence-justice-programme/?lang=en">https://www.fyyc.org/proyectos/interleave-interventions-with-women-drug-users-who-are-victims-of-gender-based-violence-justice-programme/?lang=en</a>.</li> <li>• -----</li> <li>• <b>Action 29(b)</b></li> </ul> <p><b><i>Collaboration efforts should be enabled 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. Implementation of these measures may rely on trained professionals, in particular from primary healthcare, to better identify substance use issues and include the use of brief and early interventions and utilise novel digital health communication and the social media channels. Responsible parties: Member States, Council of the EU, European Commission, EMCDDA.</i></b></p> <ul style="list-style-type: none"> <li>• Overall, since 2021, Member States achieved the application of the <b>partnership approach</b> (stakeholder involvement) in the provision of effective evidence-based selective and indicated prevention measures to prevent the development of risk behaviours and reduce progression into high-risk drug use/drug dependency, among people or groups experiencing multiple disadvantages, only to a limited extent.</li> <li>• -----</li> <li>• Only few Member States were able to ensure <i>collaboration between all stakeholders</i>, including parents and families, those working in education or</li> </ul>	

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>family support networks, youth services, student unions, sporting organisations and networks of people who use drugs, to a great extent,<sup>819</sup> while most of them did so to some extent only.<sup>820</sup> Nevertheless, there are good examples of collaboration between stakeholders in the field of prevention. For instance, Romanian national authorities highlighted that prevention projects and campaigns are usually the result of collaboration between stakeholders, in a multidisciplinary manner, and that organisations that represent target groups, such as students, parents or former drug users, also participate in prevention projects and campaigns.<sup>821</sup> Similarly, Slovenian national authorities declared that in recent years there has been an increase in prevention programmes that are evidence-based, and a strengthening of activities in the field of education and training for those who decide which prevention programmes to implement, as well as for providers of prevention programmes. In addition, in Slovenia, although the majority of prevention programmes are still aimed at school settings, programmes that address families and local communities and environmental prevention activities are also carried out.<sup>822</sup></p> <ul style="list-style-type: none"> <li>•</li> <li>• Concerning the ability of the EU Member States to ensure the implementation of <i>training among professionals</i>, especially from primary</li> </ul>	

<sup>819</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 5 out of 26 respondents (EL, FR, HR, MT, SK) selected “To a great extent”.

<sup>820</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 19 out of 26 respondents (AT, BE, BG, CY, DE, DK, EE, ES, FI, IE, IT, LU, LV, NL, PL, PT, RO, SE, SI) selected “To some extent”.

<sup>821</sup> RO open text comment - survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

<sup>822</sup> SI open text comment - survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>healthcare, the following trends have been observed:</p> <ul style="list-style-type: none"> <li>• Training to better identify substance use issues, have been implemented only to a limited extent by the vast majority of Member States;<sup>823</sup></li> <li>• Training in the context of using brief and early interventions have been implemented only to a partial extent by most Member States, although in a slightly better manner than the ones at the previous point;<sup>824</sup></li> <li>• Training in the context of utilising novel digital health communication and the social media channels were implemented either to a partial extent<sup>825</sup> or rarely / not at all<sup>826</sup> by the EU Member States.</li> <li>• </li> <li>• Only half of the Member States collect metrics and statistics on the interventions implemented under Action 29b,<sup>827</sup> and most Member States</li> </ul>	

<sup>823</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 22 out of 26 respondents (AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, HR, IE, IT, LV, NL, PL, PT, RO, SE, SI, SK) selected “To some extent”, 2 out of 26 respondents (FR, MT) selected “To a great extent”, and 2 out of 26 respondents selected “Rarely / Not at all” (LT, LU).

<sup>824</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 18 out of 26 respondents (AT, BE, BG, CY, CZ, DK, ES, FI, HR, IE, IT, LV, MT, NL, PL, SE, SI, SK) selected “To some extent”, 1 out of 26 respondents (FR) selected “To a great extent”, and 7 out of 26 respondents selected “Rarely / Not at all” (DE, EE, EL, LT, LU, PT, RO).

<sup>825</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 14 out of 26 respondents (CY, DK, ES, FI, FR, HR, IT, LV, MT, NL, PL, SE, SI, SK) selected “To some extent”.

<sup>826</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 26 respondents (AT, BE, BG, CZ, EE, EL, IE, LT, LU, PT, RO) selected “Not at all / Rarely”.

<sup>827</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 12 out of 24 respondents (AT, BE, BG, CY, EL, ES, HR, IE, IT, PL, PT, SI) selected “Yes”, and 12 out of 24 respondents (CZ, DK, EE, FI, LT, LU, LV, MT, NL, RO, SE, SK) selected “No”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>do not measure the impact of the interventions.<sup>828</sup> In Portugal, national authorities pointed out that, while it is difficult to assess the impact of training, they administered a post-training questionnaire and another after a few months, with a view to a more long-term evaluation.</p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Action 30 - Promote and allocate sufficient funding for education, training and continuous professional development for decision makers, opinion leaders and professionals on the latest scientific evidence on drug use and addiction prevention, including new consumption</b>	5.4	 <p>- <b>AMBER</b>: In progress or some progress, but behind plan</p> <p>While certain progresses have been made in the field of promotion of education, training and continuous professional development, the allocation of sufficient funding for education, training and continuous professional development for</p>	<p>Since 2021, most Member States implemented interventions in the areas covered by Action 30 at least to some extent, as follows:</p> <p><b>Promotion of education, training and continuous professional development</b> for professionals, decision-makers and opinion leaders with a focus on the latest scientific evidence on drug use and dependency prevention (including the European Drug Prevention Quality Standards, the UNODC/WHO International Standards on Drug Use Prevention and the European Prevention Curriculum); and<sup>829</sup></p> <p><b>Allocation of sufficient funding for education, training and continuous professional development for professionals</b>, decision-makers and opinion leaders with a focus on the latest scientific evidence on drug use and dependency prevention (including the European Drug Prevention Quality Standards, the UNODC/WHO International Standards on Drug Use Prevention and the European Prevention Curriculum).<sup>830</sup></p>	<p>Availability of fundings dedicated to these interventions</p> <p>National contexts</p>

<sup>828</sup> Survey for Member State authorities – Action 29b (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 17 out of 24 respondents (BE, BG, CY, CZ, DK, EE, FI, IE, IT, LT, LU, LV, MT, RO, SE, SI, SK) selected “No”, 7 out of 24 (AT, EL, ES, HR, NL, PL, PT) selected “Yes”.

<sup>829</sup> Survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 27 respondents (AT, CY, DE, EE, EL, FR, HR, LV, NL, SI, SK) selected “To a great extent”, 14 out of 27 (BE, CZ, DK, ES, FI, HU, IE, LT, LU, MT, PL, PT, RO, SE) selected “To some extent”, 2 out of 27 respondents (BG, IT) selected “Rarely / Not at all”.

<sup>830</sup> Survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 5 out of 27 respondents (EE, FR, HR, NL, SI) selected “To a great extent”, 16 out of 27 (AT, BE, CY, DE, DK, EL, ES, FI, HU, LU, LV, MT, PL, PT, RO, SK) selected “To some extent”, 6 out of 27 respondents (BG, CZ, IE, IT, LT, SE) selected “Rarely / Not at all”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>patterns, also using online tools, and in particular promote the implementation of the European Drug Prevention Quality Standards (EDPQS), the UNODC/WHO International Standards on Drug Use Prevention and the European Prevention Curriculum (EUPC) training courses.</b>		professionals is still lagging behind in terms of implemented interventions	<p>National authorities are divided between the ones that collect metrics / statistics in this regard,<sup>831</sup> and the ones that do not.<sup>832</sup> Austrian national authorities highlighted that they started EUPC in 2023, so they will be reporting this data in the forthcoming Workbook Prevention to EMCDDA and in our annual national drugs report.<sup>833</sup> In Croatia, the information is available only inside internal documents (activity reports).<sup>834</sup> In Portugal, In the period 2021-2023, 180 training actions were promoted, totalling 2576 hours, covering 3519 trainees/professionals.<sup>835</sup> Most Member State authorities<sup>836</sup> responding to the survey indicated that they did not evaluate the impact of these interventions.</p> <p>At an EU-level, the EMCDDA is involved in delivering the EUCP training, with more than 100 EUPC trainers that have been licensed in all but 6 (FR, SK, SI, MT, BG, RO) EU countries, and in Lebanon (2), Georgia (4), Ukraine (2), Bosnia-Herzegovina (2), Brazil (2), and Switzerland (1), involving more than 1000 decision-, opinion- and policy-makers (DOPs) have been trained by them.</p>	

<sup>831</sup> Survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 14 out of 25 respondents (AT, BE, CY, EE, EL, ES, FR, HR, LT, NL, PL, PT, RO, SI).

<sup>832</sup> Survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 25 respondents (BG, CZ, DK, FI, IE, IT, LU, LV, MT, SE, SK).

<sup>833</sup> Open text answer - survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): AT.

<sup>834</sup> Open text answer - survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): HR.

<sup>835</sup> Open text answer - survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): PT. See also online: <https://www.sicad.pt/PT/Formacao/SitePages/OfertaFormativa.asp>.

<sup>836</sup> Survey for Member State authorities – Action 30 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 15 out of 23 respondents (BE, BG, CY, CZ, DK, EE, FI, IE, IT, LT, LU, LV, NL, SE, SK).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 31 – Implement activities that raise awareness of the risks of driving while impaired by drugs and disseminate best practices of testing and early intervention models targeted especially to young drivers. Support research and innovation of on-site drug detection tools and explore the possibility of including considerations on</b>	5.5	 <p>- <b>RED:</b> Very little progress or considerably behind plan</p> <p>Action 31 has been implemented only to a very limited extent by the Member States, with few initiatives that were traceable. Information paucity conditions the assessment of the progress, and may indicate the overall lack of initiatives on this topic at an EU-level.</p>	<p>Overall, most Member States implemented interventions in the area of Action 31 only to a limited extent, as follows:</p> <p>Raising awareness of the risks of driving while impaired by drugs; and<sup>837</sup> Implementing best practices on testing and early intervention models targeted especially to young drivers.<sup>838</sup></p> <p>The Commission has supported activities in this area by working on studies on how to prevent driving under the influence and issuing thematic reports, to help increasing the knowledge base on the effects of drugs on driving behaviour and to developing a knowledge-based policy on drug driving.<sup>839</sup> The EMCDDA co-authored in 2022 the ICADTS fact sheets on cannabis and driving, collecting the latest research<sup>840</sup>, and maintains up-to-date web content on drug driving laws in the EU.<sup>841</sup></p> <p>While nearly half<sup>842</sup> of the Member States collects metrics and statistics on Action 31, most of them do not analyse the impact of the interventions.<sup>843</sup> Notable examples</p>	<p>National context influencing this topic</p>

<sup>837</sup> Survey for Member State authorities – Action 31 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 6 out of 25 respondents (DE, FI, IT, MT, PL, RO) selected “to a great extent”, 15 out of 25 respondents (AT, BE, BG, CY, CZ, ES, FR, HR, LU, LV, NL, PT, SE, SI, SK) selected “to some extent”, and 4 (EE, EL, IE, LT) “Rarely / Not at all”.

<sup>838</sup> Survey for Member State authorities – Action 31 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 2 out of 24 respondents (DE, IT) selected “to a great extent”, 12 out of 24 respondents (BE, CY, ES, FI, FR, HR, MT, NL, PL, RO, SI, SK) selected “to some extent”, and 10 (BG, CZ, EE, EL, IE, LT, LU, LV, PT, SE) “Rarely / Not at all”.

<sup>839</sup> Interview, DG MOVE

<sup>840</sup> <https://www.icadtsinternational.com/Fact-Sheets>.

<sup>841</sup> [https://www.emcdda.europa.eu/publications/topic-overviews/legal-approaches-to-drugs-and-driving/html\\_en](https://www.emcdda.europa.eu/publications/topic-overviews/legal-approaches-to-drugs-and-driving/html_en).

<sup>842</sup> Survey for Member State authorities – Action 31 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 23 respondents (BE, CY, ES, FI, FR, HR, IT, NL, PL, PT, RO) selected “Yes”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>drugs in the EU Recommendation on permitted blood alcohol content for drivers.</b>			<p>of the Member States collecting metrics and statistics are available. For instance, in Austria, the evaluation report (with English language summary) for the 2023 pilot implementation is available.<sup>844</sup></p> <p>Overall, available information are scarce, and points to the fact that Action 31 has been implemented only to a very limited extent.</p>	

### Traffic light assessment Strategic priority 5

Narrative summary of assessment

Assessment of strategic priorities on the basis of the cumulative assessment of the priority areas



**AMBER:** In progress or some progress, but behind plan. Evidence suggests that the interventions linked Strategic Priority 5 are still under development or behind plans across the key responsible parties. Several factors, including national contexts and resources may have influenced the outcomes of the implementation at national level. The assessment of this SP is, however, overall conditioned by the fact that Member States rarely collect information / data on the implementation, and even less so on the impacts.

### SWOT ANALYSIS Strategic priority 5

<sup>843</sup> Survey for Member State authorities – Action 31 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): 11 out of 22 respondents (BG, CZ, EE, EL, FI, HR, IE, IT, LT, LU, LV, MT, PT, RO, SE, SI, SK) selected “No”.

<sup>844</sup> [https://jasmin.goeg.at/id/eprint/3479/1/EUPC\\_Bericht\\_2023\\_BF.pdf](https://jasmin.goeg.at/id/eprint/3479/1/EUPC_Bericht_2023_BF.pdf).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment		Contextual factors influencing the results
Strengths		Weaknesses	Opportunities	Threats	
<p>Elaboration of strengths</p> <p>Preventing drugs use and raising awareness across multiple stakeholders involved is key for drugs demand reduction</p> <p>Reducing drugs demand has a positive effect also for the other key priorities of the EU Drugs Strategy</p>		<p>Elaboration of weaknesses</p> <p>National approaches on prevention are diverse and not homogeneous</p> <p>Allocation of fundings conditions the extent to which Member States implement relevant initiatives</p>	<p>Elaboration of opportunities</p> <p>Work in these area maximises benefits also in other areas</p> <p>Possibilities of creating inter-institutional cross borders synergies among actors involved</p>	<p>Elaboration of threats</p> <p>Scarce sensitivity to the topic may lead Member States to reduce resources on prevention as drugs policies may be seen only as supply reduction effort</p> <p>Evolution of the drugs context and prevention interventions lagging behind in terms of relevance</p> <p>Absence of measurement of impact disincentivising Member States to maximise effectiveness of the interventions</p>	

## A1.6 Strategic priority 6: Ensure access to and strengthen treatment and care services

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 32:</b> <b>Develop and ensure voluntary, non-discriminatory and gender-sensitive access to effective evidence-based drug treatment, including person-centred opioid maintenance therapy, risk and harm reduction, rehabilitation services, social reintegration and recovery support including comprehensive services for people with</b>	6.1	 <b>- AMBER:</b> In progress or some progress, but behind plan  While the data on the implementation of this action at the Member State and EU level is scarce compared to other areas, <b>Member States have reported progress in ensuring that the principles of voluntary, non-discriminatory and gender-sensitive</b>	<p>Available data suggest that treatment demand (TDI) in the EU has been on a downward trend for several years, but gaps in the most recent data<sup>845</sup> make it difficult to accurately assess the current picture and to gauge the level of progress since the introduction of the Strategy.</p> <p>In general, a majority of Member States (15) report having increased the financial resources allocated to demand reduction, while the remaining have either kept budgets stable (6) or reduced them (2).<sup>846</sup></p> <p>Most Member States in the study survey on drug demand state that they have managed to ensure that drug treatment and care services are provided on a <b>voluntary basis</b>, with the sole exception of comprehensive services for people with comorbidity.<sup>847</sup> In terms of intervention by the EMCDDA, a voluntary</p>	Rise of right-wing populism in EU MS and in national governments is linked to reduced focus and funding for demand and harm reduction, and to greater stigmatisation of drug users. <sup>860</sup>  Appearance of new psychoactive and other substances, for which the EU and MS are not sufficiently prepared. <sup>861</sup>

<sup>845</sup> [https://www.euda.europa.eu/data/stats2024/tdi\\_en#displayTable:TDI-2004](https://www.euda.europa.eu/data/stats2024/tdi_en#displayTable:TDI-2004)

<sup>846</sup> Survey for Member State authorities – (Section A1.6): Budget increased (15 out of 26 - BE, BG, CY, CZ, DK, EL, ES, FI, FR, HR, LT, LU, PT, RO, SI); Budget remained the same (6 out of 26 - AT, EE, MT, NL, PL, SE); Budget decrease (2 out of 26 - IT, SK); Don't know (1 out of 26 - HU); No data (2 out of 26 - DE, LV)

<sup>847</sup> Survey for Member State authorities – Action 32 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Voluntary access to drug treatment: Great extent (16 out of 26 - AT, BE, BG, CZ, DE, DK, EL, ES, HR, IT, LT, LU, MT, NL, PT, SI); Some extent (9 out of 26 - CY, EE, FI, HU, LV, PL, RO, SE, SK); Not at all (1 out of 26 - FR). voluntary to access risk and harm: Great extent (15 out of 26 - BE, CZ, DE, DK, EL, ES, FI, FR, HR, LT, LU, MT, NL, PT, SI); Some extent (11 out of 26 - AT, BG, CY, EE, HU, IT, LV, PL, RO, SE, SK); Not at all/rarely (0 out of 26). voluntary access to rehabilitation: Great extent (17 out of 26 - AT, BE, BG, CZ, DE, DK, EL, FR, HR, IT, LT, LU, MT, NL, PT, SI, SK); Some extent (9 out of 26 - CY, EE, ES, FI, HU, LV, PL, RO, SE); Not at all/rarely (0 out of 26). voluntary access to social reintegration: Great extent (15 out of 26 - AT, BE, CZ, DE, DK, EL, FR, HR, IT, LT, LU, MT, NL, PT, SI, SK). voluntary access to comprehensive services: Great extent (8 out of 26 - CZ, DK, EL, FR, HR, IT, MT, SI); Some extent (16 out of 26 - AT, BE, BG, CY, DE, ES, FI, HU, LT, LU, NL, PL, PT, SE, SK); Not at all/rarely (2 out of 26 - EE, RO).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>co-morbidity. Ensure that these services are well-coordinated at service level on the case management principle to provide the full continuum of care and be both as effective as possible and focused on life stages, with a particular focus on homeless and vulnerable people. These measures, based on the WHO/UNODC International Standards for the Treatment of Drug Use Disorders, should also address poly drug use, ageing drug</b>		<b>access to effective evidence-based drug treatment are applied in their drug treatment policies, and the Council and EMCDDA have been engaged in actions promoting these principles. However, academic evidence suggest that significant problems still exist in terms of guaranteeing that existing care is non-discriminatory and gender sensitive.</b> Moreover, existing data remains insufficient to fully assess progress.	module of data was included in the TDI, although countries will only start collecting data from September 2024. Until now, data on voluntary access to treatment has been insufficient.  Most Member States in the study survey on drug demand state that they have managed to ensure that drug treatment and care services are provided on a <b>non-discriminatory</b> basis, with the sole exception of comprehensive services for people with comorbidity. <sup>848</sup>  There is ongoing consensus in civil society and academia that migrants do not have access to drug treatment on the same basis as native-born Europeans, owing to a number of enduring problems such as: stigma, discrimination, and racism; lack of awareness of or information about available services and criminalization of drug use; language, religious, and cultural barriers; negative experiences with addiction services; addiction services not meeting the specific needs of migrants; service providers being unaware of legal requirements for	Insufficient funding for demand reduction at large, according to experts. <sup>862</sup>  Demographic changes in drug consumption, such as changes in age demographics for people entering treatment. <sup>863</sup>

<sup>860</sup> Interview Co-relation

<sup>861</sup> Interview with Co-Relation Network/C-EHRN.

<sup>848</sup> Survey for Member State authorities – Action 32 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Non-discriminatory access to drug treatment: Great extent (16 out of 25 - AT, BE, BG, CZ, DE, DK, ES, FR, HR, IT, LU, MT, NL, PT, SI, SK); Some extent (9 out of 25 - CY, EE, EL, HU, LT, LV, PL, RO, SE); Not at all/rarely (0 out of 25). Non-discriminatory access to risk and harm: Great extent (15 out of 26 - BE, CZ, DE, DK, EL, ES, FI, FR, HR, IT, LU, MT, NL, PT, SI); Some extent (11 out of 26 - AT, BG, CY, EE, HU, LT, LV, PL, RO, SE, SK); Not at all (0 out of 26). Non-discriminatory access to rehabilitation: Great extent (15 out of 25 - AT, BE, BG, CZ, DE, DK, ES, FR, HR, IT, LU, MT, PT, SI, SK); Some extent (10 out of 25 - CY, EE, EL, HU, LT, LV, NL, PL, RO, SE); Not at all (0 out of 25). Non-discriminatory access to social reintegration: Great extent (12 out of 25 - AT, BE, CZ, DE, DK, ES, FR, HR, IT, LU, MT, SI); Some extent (13 out of 25 - BG, CY, EE, EL, HU, LT, LV, NL, PL, PT, RO, SE, SK). Non-discriminatory access to comprehensive services: Great extent (9 out of 24 - CZ, DK, ES, FR, HR, IT, MT, SI, SK); Some extent (13 out of 24 - AT, BE, BG, CY, DE, EL, LT, LU, LV, NL, PL, PT, SE); Not at all/rarely (2 out of 24 - EE, RO).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>users, needs of families of people who use drugs and patients with coexistent drug addiction and other physiological or behavioural addictions.</b>			<p>migrants to access drug services; legal barriers preventing migrants from using services.<sup>849</sup></p> <p>Furthermore, as of 2021, it was assessed that migrants and ethnic minorities are often unequally reported in treatment demand statistics, which means that policies guided by TDI data may be skewed to this community's disadvantage.<sup>850</sup></p> <p>In terms of access to healthcare for LGBTQIA+ people, research has long established that significant barriers exist on the basis of sexual identity and orientation<sup>851</sup>, but a relative lack of research means that these are less clearly defined in relation to drug use.</p> <p>Fewer Member States in the study survey on drug demand state that they have managed to ensure that drug treatment and care services are provided on a</p>	

<sup>862</sup> Interview with Co-Relation Network/C-EHRN.

<sup>863</sup> Heroin and other opioids – the current situation in Europe (European Drug Report 2024) [31876\\_en.pdf \(europa.eu\)](https://ec.europa.eu/eurostat/documents/31876_en.pdf)

<sup>849</sup> Based on a study involving a panel of 57 experts on migration and/or drug use working in 24 countries. Van Selm et al., [Drug use and access to drug dependency services for vulnerable migrants who use drugs in the European Union: Consensus statements and recommendations from civil society experts in Europe \(mainline.nl\)](https://mainline.nl/Drug-use-and-access-to-drug-dependency-services-for-vulnerable-migrants-who-use-drugs-in-the-European-Union-Consensus-statements-and-recommendations-from-civil-society-experts-in-Europe)

<sup>850</sup> [Migration and ethnicity related indicators in European drug treatment demand \(TDI\) registries \(core.ac.uk\)](https://core.ac.uk/Migration-and-ethnicity-related-indicators-in-European-drug-treatment-demand-TDI-registries)

<sup>851</sup> [Health4LGBTI: Reducing health inequalities experienced by LGBTI people | ILGA-Europe](https://ilga-europe.org/Health4LGBTI)

[A long way to go for LGBTI equality \(europa.eu\)](https://europa.eu/A-long-way-to-go-for-LGBTI-equality)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><b>gender-sensitive basis</b> (which would signify that these differences are taken into account when designing policies on treatment).<sup>852</sup> While several Member States have put in place individual initiatives to reinforce the availability of drug-related interventions for women, there is no current data on the effectiveness of these interventions.<sup>853</sup> This is corroborated by the results of the study survey.<sup>854</sup> Furthermore, significant barriers exist in terms of research around women and drug-related health problems.<sup>855</sup></p> <p><b>The EMCDDA also published specific guidance on responses to drug-related problems among women.</b> It also developed a training modular curriculum (online and face-to-face options) for treatment professionals, drawing on evidence-based treatment and the European Quality Standards (Council Conclusions 2015).</p>	

<sup>852</sup> Survey for Member State authorities – Action 32 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): A majority of Member States say they have to some extent managed to ensure that access to care is gender sensitive – in comparison, a majority of Member states say this is the case “to a great extent” when ensuring access to care on a voluntary and non-discriminatory basis.

<sup>853</sup> [Women and drugs: health and social responses | www.euda.europa.eu](http://www.euda.europa.eu).

<sup>854</sup> Survey for Member State authorities – Action 32 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): No (16 out of 21 - AT, CY, CZ, EE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK); Yes (5 out of 21 - BG, DK, EL, ES, HR)

<sup>855</sup> According to the EMCDDA significant challenges remain around knowledge of drug-related problems amongst women: “Research that addresses gender issues and considers gender in all aspects of service design is needed in order to identify the types of intervention that are most appropriate for different groups of women. The need for and benefit of specific interventions for women who have problems with different drugs, including the misuse of prescription medicines and polydrug use, should be investigated. There is a pressing need for more research into and effective evaluation of approaches that respond to the needs of women who use drugs.”

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>A majority of Member States have reported being in compliance with the WHO/UNODC International Standards for the Treatment of Drug Use Disorders<sup>856</sup>, and to ensuring that their treatment services follow specific criteria.<sup>857</sup> <b>This marks an increase since the previous assessment made by FENIQS-EU in 2021.<sup>858</sup> 18 of these Member states have declared having policy documents in place stipulating these core principles for drug treatment and care services.</b></p> <p><b>In 2022, the Council of the European Union published its <i>Conclusions on human rights-based approach in drug policies</i>, which, in part, invites the EU Member States to promote drug treatment policies that focus on the access to drug treatment, specifically in the context of voluntariness, gender sensitivity and non-discrimination.<sup>859</sup></b></p>	

<sup>856</sup>WHO/UNODC. International standards for the treatment of drug use disorders [https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO\\_International\\_Standards\\_Treatment\\_Drug\\_Use\\_Disorders\\_April\\_2020.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf)

<sup>857</sup> Survey for Member State authorities – Action 32 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Addressing poly-drug use: 24 respondents (13 to a great extent, 11 to some extent); Ensuring services are as effective as possible: 24 respondents (12 to a great extent, 12 to some extent); Well-coordinated services: 25 respondents (10 to a great extent, 15 to some extent); Applying the case management principle: 24 respondents (10 to a great extent, 14 to some extent); Addressing patients with coexistent drug dependencies: 24 respondents (9 to a great extent, 15 to some extent); Addressing ageing people who use drugs: 22 respondents (8 to a great extent, 14 to some extent); Addressing the needs of families of people who use drugs: 24 respondents (8 to a great extent, 16 to some extent); Focusing on life stages, particularly for vulnerable groups: 21 respondents (7 to a great extent, 14 to some extent).

<sup>858</sup> The FENIQS-EU project had found that 12 out of 28 countries had implemented the WHO/UNODC Standards for Treatment, while 16 had not or provided no data. Overview of DDR areas including country-by-country comparison of QS implementation. [D2.2-EU-overview-table-on-QS-implementation.pdf \(feniqs-eu.net\)](https://feniqs-eu.net)

<sup>859</sup> “The Council invites EU Member States to further promote drug policies that adhere to human rights, address discrimination, and reduce the stigma on people who use drugs, in order to ensure voluntary access to services, including prevention, evidence-based life-skills programmes, risk and harm reduction, early detection and intervention, counselling,

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 33: Develop and implement training for staff working in treatment and care services and those dealing with drug issues in generic health or social support services, on the basis of evidence-based measures, identifying</b>	6.1	 <p>- <b>AMBER</b>: In progress or some progress, but behind plan</p> <p>It appears that while the advancement of this type of training in this field is positive,</p>	<p>A majority of Member States have reported <b>developing and implementing training</b> and <b>based on evidence-based measures</b>, covering both core and advanced competencies and encouraging the sharing of best practices for staff working in: treatment<sup>864</sup>, generic social support services<sup>865</sup>, generic health services<sup>866</sup> and care services<sup>867</sup>. These Member States only state having achieved this “to some extent”, which suggests that more progress is to be made on this front. The fact that most Member States do not measure the impact of these measures when implemented means that it is also difficult to evaluate their effectiveness in contributing to the achievement of the action.<sup>868</sup></p>	

treatment, rehabilitation, social reintegration and recovery of people who use drugs, as well as treatment of drug-related comorbidities.” [Council of the European Union conclusions on human rights-based approach in drug policies - International Drug Policy Consortium \(IDPC\)](#)

<sup>864</sup> Survey for Member State authorities – Action 33 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (8 out of 24 - DE, DK, EL, FR, HR, MT, NL, SK); Some extent (16 out of 24 - AT, BE, BG, CY, CZ, EE, ES, FI, LT, LU, LV, PL, PT, RO, SE, SI)

<sup>865</sup> Survey for Member State authorities – Action 33 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Generic social support services: Great extent (4 out of 24 - DK, FR, IT, MT); Some extent (16 out of 24 - AT, BE, BG, CY, CZ, DE, ES, FI, HR, LU, LV, NL, PL, RO, SE, SI); Not at all/rarely (4 out of 24 - EE, EL, LT, PT).

<sup>866</sup> Survey for Member State authorities – Action 33 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Generic health services: Great extent (4 out of 24 - DK, FR, MT, SK); Some extent (16 out of 24 - AT, BE, BG, CY, CZ, DE, ES, FI, HR, LU, LV, NL, PL, RO, SE, SI); Not at all/rarely (4 out of 24 - EE, EL, LT, PT)

<sup>867</sup> Survey for Member State authorities – Action 33 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): In care services: Great extent (7 out of 24 - DE, DK, EL, FR, HR, MT, NL); Some extent (15 out of 24 - AT, BE, BG, CY, CZ, EE, ES, FI, LU, LV, PL, RO, SE, SI, SK); Not at all/rarely (2 out of 24 - LT, PT)

<sup>868</sup> Survey for Member State authorities – Action 33 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Impact measured: (EL, HR, LT, SK).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>curricula that cover both core and advanced competencies and encouraging the sharing of best practices and partnerships between training providers.</b>		the picture of the drug-related training offer for treatment and care workers remains heterogenous across Member States, with large variations. The picture in the case of social workers is even less clear.	<p>A study conducted by the European Federation for Addiction Societies (EUFAS) in 2024 concludes that 17 of 24 countries reported implementing specialised addiction medicine training, while seven reported implementing specialised addiction psychology training.<sup>869</sup> 18 countries reported having professorships in addiction medicine and 12 in addiction psychology.</p> <p>This study reveals that training in addiction medicine and addiction psychology across Europe remains largely heterogenous. Several countries lack formal training, and where formal training is present, there is a large variation in the length of training available. EUFAS recommends harmonization of training, as is currently the case for other medical and psychology specializations, to ensure optimal treatment for this underserved patient group.<sup>870</sup></p>	
<b>Action 34: Support innovation in treatment delivery and improve and promote the use</b>	6.1	 <b>RED:</b> Very little progress or	<p>As for the EMCDDA's/EUDA's contribution in this area, specific work mapping the existing training offer and needs assessment of the workforce is ongoing and planned for presentation at LxAddiction in October 2024.</p>	Upwards trend in use of platforms usable in m-health and e-health treatment delivery

<sup>869</sup> Education and Training in Addiction Medicine and Psychology across Europe: A EUFAS Survey (karger.com)

<sup>870</sup> Education and Training in Addiction Medicine and Psychology across Europe: A EUFAS Survey (karger.com)

<sup>871</sup> Spotlight on... e-health interventions | www.euda.europa.eu

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>of electronic and mobile health delivery options and new pharmacotherapies in order to ensure access to drug treatment for all target groups. Assess the effectiveness of such approaches with the possibility of scaling up those interventions that have proven to be most effective.</b></p>		<p>considerably behind plan</p> <p>While the potential of e-health and m-health solutions for health delivery has been established in recent years, notably through interest by the EMCDDA, many Member States have not yet at all implemented any of these solutions. Furthermore, many local level interventions of this kind have not been scaled up.</p>	<p>electronic health delivery options, including apps disseminating drug-related information and advice; apps providing interventions and support for people who use drugs (including prevention of opioid overdose deaths); and apps for capacity building among health professionals. Several e-health initiatives are documented to have taken place in Germany, France and the Netherlands.<sup>872</sup> Deployed in 2013 in Ireland, the EU-funded Overdose Risk Information Tool (ORION) may provide a platform for future initiatives, but it is unclear whether similar initiatives have been put in place since this one was closed.<sup>873</sup></p> <p>The EMCDDA has assessed from current evidence on mobile health delivery<sup>874</sup> (“m-health”) that it is “likely to be beneficial”.<sup>875</sup> The study on which this assessment is based has reported high acceptability and positive effects on substance use disorders when implementing m-health solutions, although this data has mostly been collected by authorities in the United States.<sup>876</sup></p> <p>The EMCDDA had also produced a report (2018) within which it was concluded that “the individual, societal and economic potential of m-health in general, and in the drug use field in particular, is vast”.<sup>877</sup> The level of</p>	<p>Demographic discrepancies, particularly regarding age, in relation to the use of relevant platforms</p>

<sup>872</sup> [Spotlight on... e-health interventions | www.euda.europa.eu](http://Spotlight on... e-health interventions | www.euda.europa.eu)

<sup>873</sup> [The overdose risk information \(ORION\) project. - Drugs and Alcohol](http://The overdose risk information (ORION) project. - Drugs and Alcohol)

<sup>874</sup> Mobile health (mHealth), is defined as the use of mobile and wireless devices to deliver healthcare. [Current reporting of usability and impact of mHealth interventions for substance use disorder: A systematic review - ScienceDirect](http://Current reporting of usability and impact of mHealth interventions for substance use disorder: A systematic review - ScienceDirect)

<sup>875</sup> [mHealth \(mobile/wearable device\) to reduce craving and use in substance use disorders | www.euda.europa.eu](http://mHealth (mobile/wearable device) to reduce craving and use in substance use disorders | www.euda.europa.eu)

<sup>876</sup> [Current reporting of usability and impact of mHealth interventions for substance use disorder: A systematic review - ScienceDirect](http://Current reporting of usability and impact of mHealth interventions for substance use disorder: A systematic review - ScienceDirect)

<sup>877</sup> European Monitoring Centre for Drugs and Drug Addiction (2018), m-Health applications for responding to drug use and associated harms, EMCDDA Papers, Publications Office of the European Union, Luxembourg. [m-Health applications for responding to drug use and associated harms | www.euda.europa.eu](http://m-Health applications for responding to drug use and associated harms | www.euda.europa.eu)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>implementation of m-health solutions in the Member States is to some extent described in the study survey (below) but certain priorities have been identified, namely that “there is a need to further advance the development, quality and usability of m-health apps to increase access to drug treatment and harm reduction for those in need and reduce general treatment costs”, and that “[an] investment priority is the development of m-health apps targeting hard-to-reach user groups currently underrepresented in the m-health field, such as high-risk drug users or MSM”.<sup>878</sup> The EUDA however warns of the potential harm that drug-specific, rather than alcohol-specific m-health solutions, can have on the population, citing specific data protection concerns, and stating the potential necessity of EU-wide m-health quality standards.<sup>879</sup></p> <p>Based on survey results, it appears that Member States have not heavily supported innovation treatment delivery in the area of mobile<sup>880</sup> and electronic<sup>881</sup> health delivery options or new pharmacotherapies<sup>882</sup>: while most</p>	

<sup>878</sup> European Monitoring Centre for Drugs and Drug Addiction (2018), m-Health applications for responding to drug use and associated harms, EMCDDA Papers, Publications Office of the European Union, Luxembourg. [m-Health applications for responding to drug use and associated harms | www.euda.europa.eu](http://www.euda.europa.eu)

<sup>879</sup> The development of drug-related m-health applications may be an attractive endeavour for governmental and private agencies, but may have the potential to cause harm to users. The negative impact of the apps currently downloadable to European users and reported here is unknown. With an increasing number of such apps developed and available, investments in funding research assessing the scientific evidence, rather than only the development, of mobile-based interventions in the drugs field, should be a priority at EU and national levels. In this respect, the development and implementation of EU-wide minimum quality standards of m-health interventions in the drugs field should also be considered. These quality standards, alongside the newly adopted EU data protection directives, will ensure safer, more transparent, development of digital drug intervention tools provided via mobile platforms.

<sup>880</sup> Survey for Member State authorities – Action 34 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (4 out of 25 - BE, DE, FI, FR); Some extent (15 out of 25 - AT, BG, CZ, ES, HR, IT, LU, LV, MT, NL, PL, PT, SE, SI, SK); Not at all/rarely (6 out of 25 - CY, DK, EE, EL, LT, RO).

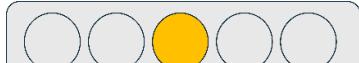
<sup>881</sup> Survey for Member State authorities – Action 34 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (4 out of 25 - DE, FI, FR, SI); Some extent (11 out of 25 - AT, BE, CZ, ES, HR, IT, LU, LV, MT, NL, SE); Not at all/rarely (10 out of 25 - BG, CY, DK, EE, EL, LT, PL, PT, RO, SK).

<sup>882</sup> Survey for Member State authorities – Action 34 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (2 out of 24 - HR, SI); Some extent (10 out of 24 - AT, CZ, DE, ES, FI, IT, LT, MT, NL, SE); Not at all/rarely (12 out of 24 - BG, CY, DK, EE, EL, FR, LU, LV, PL, PT, RO, SK).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		 <p><b>RED:</b> Very little progress or considerably behind plan</p> <p>While the Member States have stated that they have made efforts</p>	<p>have selected the statement, “to some extent”, in general, the second most have responded “not at all/rarely”. A majority have also not scaled up the interventions that have proven to be effective.<sup>883</sup></p> <p>The fact that most Member States do not measure the impact of these measures when implemented means that it is also difficult to evaluate their effectiveness in contributing to the achievement of the action.</p> <p>The EMCDDA has developed evidence-based and patient-centered international consensus guidance for monitoring opioid agonist maintenance treatment outcomes (the OPTIMUS study). The guidance aims to enable following and comparing patients over time and between countries and subgroups in a standardised way, while encouraging non-stigmatising patient–physician relationships that focus on survival, health, non-abstinence-based recovery, and quality of life.</p>	
<b>Action 35: Recognise and promote peer-led outreach and peer group work. Support the opportunities for peer workers to be added to the multidisciplinary treatment workforce. Invite expert peers to working groups and</b>		 <p><b>RED:</b> Very little progress or considerably behind plan</p> <p>While the Member States have stated that they have made efforts</p>	<p>The data landscape with which to determine the achievement of this action is highly limited, with analysis relying mostly on survey responses from Member States. It should be noted that fewer Member States (9) stated that promotion of peer work, incl. peer-led outreach and peer group work is "definitely relevant" as an action to take given their national context in the realm of drug-related policies.<sup>884</sup></p> <p>Member States responding to the survey carried out as part of this evaluation stated they have only to some extent been active in activities outlined under</p>	

<sup>883</sup> Survey for Member State authorities – Action 34 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (2 out of 25 - BE, SI); Some extent (10 out of 25 - AT, DE, ES, FI, FR, IT, LV, MT, NL, SE); Not at all/rarely (13 out of 25 - BG, CY, CZ, DK, EE, EL, HR, LT, LU, PL, PT, RO, SK).

<sup>884</sup> Survey for Member State authorities – Action 35 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Definitely relevant (9 out of 26 - EL, ES, FI, FR, IT, NL, PT, SE, SI); rather relevant (12 out of 26 - AT, BE, BG, CZ, DE, DK, HR, LV, MT, PL, RO, SK); neither (5 out of 26 - CY, EE, HU, LT, LU).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
hearings.		to promote and recognise peer work since 2021, there is very little evidence to support a clear assessment of this action's completion or effectiveness.	<p>Action 35 aiming to support peer work, while the remainder have mainly not been active in these activities.<sup>885</sup> The fact that most Member States do not measure the impact of these activities when implemented means that it is also difficult to evaluate their effectiveness in contributing to the achievement of the action.</p> <p>Peers have been invited to the yearly editions of the EMCDDA webinars and the European Winter and Summer School.</p> <p>The importance of peer involvement is highlighted in all relevant miniguides of the ERG.</p>	
<b>Action 36: Identify, address and reduce barriers to accessing drug treatment, risk and harm reduction, social rehabilitation and recovery, especially with regard to demographic and personal barriers and ensure that healthcare and social</b>		 <b>- AMBER:</b> In progress or some progress, but behind plan  Most Member States have implemented measures allowing them to identify, address and reduce barriers to drug treatment.	<p>A majority of Member States (16) stated that coverage of treatment and care services based on individual needs and barriers to access them is "definitely relevant" as an action to take given their national context in the realm of drug-related policies.</p> <p>In the case of Opioid Agonist Treatment (OAT), Correlation European Harm Reduction Network (C-EHRN) has identified several key barriers that range beyond social characteristics (as described under Action 32), but arise from issues with resourcing or policies surrounding OAT in the cities surveyed. While stigmatisation of the people who use drugs is still identified as the most common barrier<sup>886</sup>, the next most important barriers could be addressed with</p>	Rise of right-wing populism in EU MS and in national governments is linked to reduced focus and funding for demand and harm reduction, and to greater stigmatisation of drug users. <sup>893</sup>  Insufficient funding for demand reduction at large,

<sup>885</sup> Survey for Member State authorities – Action 35 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Recognised and promoted peer-led outreach and peer group work: Great extent (4 out of 25 - FI, FR, IT, PT); Some extent (14 out of 25 - AT, BE, BG, CZ, DE, EE, EL, ES, HR, MT, NL, PL, SE, SI); Not at all/rarely (7 out of 25 - CY, DK, LT, LU, LV, RO, SK) Supported opportunities for peer workers to be added to the multidisciplinary treatment workforce: Great extent (4 out of 25 - EL, FI, FR, IT); Some extent (13 out of 25 - AT, BE, CZ, DE, EE, ES, HR, MT, NL, PL, PT, SE, SI); Not at all/rarely (8 out of 25 - BG, CY, DK, LT, LU, LV, RO, SK) Involved expert peers in working groups and hearings: Great extent (4 out of 25 - FI, FR, IT, SE); Some extent (13 out of 25 - BE, BG, CZ, DE, EE, EL, ES, HR, MT, NL, PL, PT, SI); Not at all (8 out of 25 - AT, CY, DK, LT, LU, LV, RO, SK)

<sup>886</sup> 70% of respondents state that this factor is moderately problematic, problematic or very problematic in terms of sufficient OAT coverage. [MONITORING-OF-HARM-REDUCTION-IN-EUROPE-2021\\_web.pdf \(correlation-net.org\)](https://correlation-net.org/monitoring-of-harm-reduction-in-europe-2021_web.pdf)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>services are funded and appropriate to the needs and the key characteristics of their client groups, and take into account new realities i.e. the COVID-19 pandemic.</b>		However these barriers are persistent and require long-term action, and their variety is significant.	<p>changes in local policy. These include: limited opening hours urine testing requirements, documentation requirements, lack of prescribers, abstinence requirements, waiting lists and insurance requirements.<sup>887</sup></p> <p>The Correlation European Harm Reduction Network has, as of 2021, produced a mapping exercise of where CSOs are involved in working with Member States to, amongst other issues, help identify barriers to access. According to these findings, most respondents look at the current civil society involvement mechanisms as a one-way information flow from the government to civil society, rather than an interactive and constructive exchange of ideas and views which informs future drug policy and practice.<sup>888</sup> This is an area for further improvement as CSOs can play a stronger role in helping with the identification and addressing of barriers to access to these services, also as they are often service providers.</p> <p>A majority of Member States reported to have to some extent identified, addressed and reduced existing barriers (specifically, demographic and personal, related to funding, mismatch with needs and characteristics of</p>	according to experts. <sup>894</sup> Demographic changes in drug consumption, such as changes in age demographics for people entering treatment <sup>895</sup>

<sup>893</sup> Interview Co-relation

<sup>887</sup> For all of these factors, 40-50% of respondents state that they are moderately problematic, problematic or very problematic in terms of sufficient OAT coverage. [MONITORING-OF-HARM-REDUCTION-IN-EUROPE-2021\\_web.pdf \(correlation-net.org\)](#)

<sup>888</sup> This information was gathered through a survey of participating focal points from the C-ERHN: Over 60% (21 FPs) agree or strongly agree that the exchange between governments and CSOs aims at collecting their input to learn more about new developments, trends and problems at the grassroots level. About 40% (13 FPs) agree or strongly agree that the aim is to share information about such developments and about 38% (13 FPs) think that the goal is to develop new strategies and approaches. More than half (18 FPs) believe that these exchanges aim at informing CSOs on new policy developments, while about 30% discuss policies and to improve services as the aim of these exchanges (11 and 12 FPs, respectively) [MONITORING-OF-HARM-REDUCTION-IN-EUROPE-2021\\_web.pdf \(correlation-net.org\)](#)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>service users or new realities such as COVID-19 pandemic) to drug treatment<sup>889</sup>, to risk and harm reduction<sup>890</sup> and to social rehabilitation<sup>891</sup> since 2021. Most have in place legal acts, treatment protocols, care standards or other official documents (or amendments of such) stipulating how treatment and service providers should address such access barriers.<sup>892</sup></p> <p>The fact that most Member States do not measure the impact of these measures when implemented means that it is also difficult to evaluate their effectiveness in contributing to the achievement of the action.</p> <p>As concerns the activities of the EMCDDA in this area, reducing barriers to treatment is a current quality standard and is included in all its training for professionals and in scientific communications, including in the European Responses Miniguide.</p>	

<sup>894</sup> Interview with Co-Relation Network/C-EHRN.

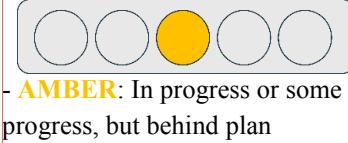
<sup>895</sup> Heroin and other opioids – the current situation in Europe (European Drug Report 2024) [31876\\_en.pdf \(europa.eu\)](https://ec.europa.eu/eurostat/documents/31876_en.pdf)

<sup>889</sup> Survey for Member State authorities – Action 36 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (8 out of 25 - DE, EL, FI, IT, LU, MT, RO, SK); Some extent (14 out of 25 - AT, BE, BG, EE, ES, FR, HR, LT, LV, NL, PL, PT, SE, SI); Not at all/rarely (3 out of 25 - CY, CZ, DK)

<sup>890</sup> Survey for Member State authorities – Action 36 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (5 out of 25 - EL, FI, IT, LU, MT); Some extent (16 out of 25 - AT, BE, DE, DK, EE, ES, FR, HR, LT, LV, NL, PL, PT, SE, SI, SK); Not at all/rarely (4 out of 25 - BG, CY, CZ, RO)

<sup>891</sup> Survey for Member State authorities – Action 36 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (2 out of 25 - IT, MT); Some extent (16 out of 25 - AT, BE, BG, DE, EE, EL, ES, FI, FR, HR, LV, NL, PL, PT, SE, SI); Not at all/rarely (7 out of 25 - CY, CZ, DK, LT, LU, RO, SK)

<sup>892</sup> Survey for Member State authorities – Action 36 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): (AT, CZ, FI, HR, IT, LT, MT, PT, RO, SE, SK)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 37: Extend the evidence base on cannabis-related problems, including those related to synthetic cannabinoids, and improve understanding of both treatment needs and what constitutes effective interventions when responding to these substances.</b>		 <p>The data related to this area is limited. While Member States have mostly stated they implemented measures in the field of cannabis and synthetic cannabinoid-related problems, it is difficult to gauge the impact of these measures on this field.</p>	<p>Most Member States have reportedly, to some extent, been effective in implementing activities in developing research, treatment and interventions related to cannabis and synthetic cannabinoids.<sup>896</sup></p> <p>The fact that most Member States do not measure the impact of these measures when implemented means that it is difficult to evaluate their effectiveness in contributing to the achievement of the action.</p> <p>The EMCDDA/EUDA hosts the “Cannabis Hub”<sup>897</sup>, which has the aim of grouping the current knowledge base on cannabis-related problems in the EU.</p> <p>In 2021 the EMCDDA launched a series of contracts on Cannabis related issues, one of which was dedicated to cannabis treatment and contracted to an outstanding group of experts. The report was presented at LxAddictions 2022. It also organised a series of webinars on this topic to assist professionals in remaining updated on cannabis regulation and treatment demand.</p>	Increase in the availability of synthetic cannabinoids and potential threats caused by supply chain changes
<b>Action 38: Continue and further develop the implementation of the EU minimum</b>			<p>Overall, evidence suggests that the progress of implementation of the EU Minimum Quality Standards (MQS) could be improved across Member States. The Belgian Presidency of the Council in 2024 set as one of its priorities the revision of the MQS, with the aim to review implementation and</p>	

<sup>896</sup>Survey for Member State authorities – Action 37 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): broadening the evidence base on cannabis-related problems, including those related to synthetic cannabinoids: Great extent (6 out of 25 - DK, FR, IT, LU, MT, NL); Some extent (14 out of 25 - AT, BE, CY, CZ, DE, ES, FI, HR, LT, PL, PT, SE, SI, SK); Not at all/rarely (5 out of 25 - BG, EE, EL, LV, RO); improving understanding of treatment needs when responding to cannabis and synthetic cannabinoids: Great extent (4 out of 24 - DK, IT, LU, MT); Some extent (13 out of 24 - AT, CY, DE, ES, FI, HR, LT, NL, PL, PT, SI, SK); Not at all/rarely (7 out of 24 - BG, CZ, EE, EL, LV, RO, SE); and improved understanding of what constitutes effective interventions when responding to cannabis and synthetic cannabinoids substances: Great extent (4 out of 25 - DE, DK, IT, MT); Some extent (13 out of 25 - AT, CY, ES, FI, FR, HR, LT, LU, NL, PL, PT, SI, SK); Not at all/rarely (8 out of 25 - BE, BG, CZ, EE, EL, LV, RO, SE).

<sup>897</sup>[Cannabis hub — publications, news, data and more | www.euda.europa.eu](http://www.euda.europa.eu)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>quality standards adopted by the Council in 2015 and evidence-based guidelines in national guidelines and programmes.</b>		<p>- <b>AMBER:</b> In progress or some progress, but behind plan</p> <p>The implementation of the EU MQS continues to be fragmented, with full implementation not yet achieved and discussions ongoing on improving the current MQS to ensure they better respond to new trends.</p>	<p>oversee good and bad practices, to consider needs for revisions and further developments.</p> <p>Research conducted in 2021 determined that 12 (participating) Member States had implemented the MQS at national level in the treatment and social reintegration area, while 11 had not, with 5 reporting no data.<sup>898</sup> The survey conducted under the current study suggests that a total of 21 Member States have, at least to some extent (14), or to a great extent (7), implemented the MQS at national level.<sup>899</sup> This points at least to some level of implementation of the MQS in the EU.</p> <p>Most Member States have provided the study team with national guidelines, treatment protocols, care standards or other official documents which draw from the MQS, and 15 Member States also state having further developed the MQS in their national guidelines and programmes.<sup>900</sup></p> <p>Specific guidance on how to implement the MQS has been published by the EMCDDA.<sup>901</sup> It also works on the question of quality standards in liaison with UNODC and WHO, ensuring the EU minimum quality standards are integrated into all initiatives.</p>	

<sup>898</sup> FENIQS-EU Overview of DDR areas including country-by-country comparison of QS implementation

<sup>899</sup> Survey for Member State authorities – Action 38 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (7 out of 24 - CZ, EL, FI, HR, MT, PL, PT); Some extent (14 out of 24 - AT, BG, CY, DE, ES, FR, IT, LT, LU, LV, NL, RO, SI, SK); Not at all/rarely (3 out of 24 - DK, EE, SE).

<sup>900</sup> Survey for Member State authorities – Action 38 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (5 out of 24 - CZ, HR, IT, MT, PL); Some extent (10 out of 24 - AT, BG, DE, ES, FI, FR, NL, PT, RO, SK); Not at all/rarely (9 out of 24 - CY, DK, EE, EL, LT, LU, LV, SE, SI)

<sup>901</sup> [https://www.emcdda.europa.eu/publications/manuals/implementing-quality-standards-drug-services-and-systems-six-step-guide-support-quality-assurance\\_en](https://www.emcdda.europa.eu/publications/manuals/implementing-quality-standards-drug-services-and-systems-six-step-guide-support-quality-assurance_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p><b>These gaps are being addressed in different ways, including via the FENIQS project, which has tried to develop an implementation toolkit.<sup>902</sup></b> From this project, some examples of best practice are also being identified at national level.</p> <p>A potential gap is lack of information on the extent to which (if any) MQS are applied/ considered when designing/ implementing measures in prison settings.</p>	
<b>Action 39: Develop and provide training for decision makers, employers and professionals about stigma linked to drug use and drug-use disorders, and mental health, and consider the impact that this stigma may have had on</b>		 <p>- <b>AMBER:</b> In progress or some progress, but behind plan</p> <p><b>The Member States and the EMCDDA appear to have contributed to an increase in</b></p>	<p>Research demonstrates that stigma constitutes a powerful hindering factor detrimental to the effectiveness of the measures included within SP6 of the EU Drugs Action Plan 2021-2025. The concept of stigma entails ‘labelling, stereotyping and discrimination’ such as ‘disparaging or judgmental terms to refer to addiction, people with substance use disorder, or treatments for the disease.<sup>903</sup> A majority of Member States (15) report that to some extent, societal barriers and stigmatisation impact the implementation of their national drug strategies. C-EHRN finds that stigma and discrimination (in particular in the context of Hepatitis C treatment) is most commonly reported in prison settings and general practitioner’s offices, as well as gastroenterology clinics, infectious disease clinics and drug treatment clinics, and least in harm reduction services.<sup>904</sup> Importantly, it is reported that in</p>	<p>Rise of right-wing populism in EU MS and in national governments is linked to reduced focus and funding for demand and harm reduction, and to greater stigmatisation of drug users.<sup>911</sup></p> <p>Insufficient funding for</p>

<sup>902</sup> See FENIQS-EU (2022), “Toolkit & resources”. Available at: [https://feniqs-eu.net/resources/#implementation\\_toolkit](https://feniqs-eu.net/resources/#implementation_toolkit)

<sup>903</sup> John Hopkins Medicine, “Reducing the Stigma of Addiction”. Available online at: <https://www.hopkinsmedicine.org/stigma-of-addiction>.

<sup>904</sup> In prison settings and at general practitioners (GPs) reported in 20/35 focal points each, respectively; 57.1%), at gastroenterology clinics (18/35, 51.4%), at infectious disease clinics (15/35, 42.9%), at drug treatment clinics (11/35, 31.4%); in harm reduction services (3/35, 8.6%). Correlation European Harm Reduction Network: Eliminating Hepatitis C in

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
patients when delivering care. This should be done with the involvement of people who have experienced drug-related stigma.		<b>the training offer about stigma linked to drug use.</b> However, it is unclear whether the proportion of professionals trained in this field is sufficient.	<p>nearly 70% of focal point cities, there is no monitoring of stigma and discrimination at points of care towards people who inject drugs (PWID).<sup>905</sup></p> <p>More than 25 EU Member States and neighbouring countries now have national EUPC trainers.<sup>906</sup> Since 2021, about half of surveyed Member States have, to some extent, developed and provided training about stigma linked to drug use, drug dependency and mental health with a focus on the impact that this stigma may have had on patients receiving care, to professionals, decision makers and employers.<sup>907</sup></p> <p>One example lies in Lithuania, where the national centre for addictive disorders has organised training for journalists, professionals and the wider public to use appropriate terminology which avoids stigmatising language when referring to people suffering from addictive disorders.<sup>908</sup> While the majority has done so, a large proportion of Member States report that the development and provision of their training about stigma linked to drug use,</p>	demand reduction at large, according to experts. <sup>912</sup>

Europe Report on Policy Implementation for People Who Inject Drugs. Civil Society Monitoring of Harm Reduction in Europe 2023. [2023\\_C-EHRN-BOOST\\_Monitoring\\_HCV-Vol-1.pdf \(correlation-net.org\)](#)

<sup>911</sup> Interview Co-relation

<sup>905</sup> Correlation European Harm Reduction Network: Eliminating Hepatitis C in Europe Report on Policy Implementation for People Who Inject Drugs. Civil Society Monitoring of Harm Reduction in Europe 2023. [2023\\_C-EHRN-BOOST\\_Monitoring\\_HCV-Vol-1.pdf \(correlation-net.org\)](#)

<sup>906</sup> [#WorldDrugDay: Growing support in Europe for evidence-based prevention programmes, but more training needed | www.euda.europa.eu](#)

<sup>907</sup> Survey for Member State authorities – Action 39 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Decision-makers (14 out of 24: BE, BG, CY, DE, EL, ES, FI, FR, IT, MT, NL, PT, SE, SI); Employers (14 out of 16: BE, BG, CY, DE, ES, FR, IT, LT, LU, MT, PT, RO, SE, SI); Professionals (13 out of 25 - BE, BG, CY, ES, FR, IT, LT, MT, NL, PT, RO, SE, SI).

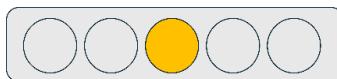
<sup>908</sup> A training memo was also published for free access to all Lithuanians. [RPLC | Republican Center for Addiction Diseases](#)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>drug dependency and mental health has not been done with the involvement of people who have experienced drug-related stigma.<sup>909</sup></p> <p>The EMCDDA director has stated in 2023 that “the challenge is to train more professionals, as, on average, only 10-15 % of professionals working in the area of prevention in Europe have received evidence-based training or education”.<sup>910</sup></p> <p>The EMCDDA/EUDA is undergoing the preparation of a series of initiatives related to stigma, including an open debate on the use of appropriate language, with outstanding speakers at the online European Drugs Schools alumni reunion in February 2024.</p>	

<sup>912</sup> Interview with Co-Relation Network/C-EHRN.

<sup>909</sup> Survey for Member State authorities – Action 39 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (4 out of 23 - DK, EL, FI, HR); Some extent (9 out of 23 - CY, DE, ES, FR, LT, MT, NL, SE, SI); Not at all/rarely (10 out of 23 - AT, BG, CZ, EE, IT, LU, LV, PT, RO, SK)

<sup>910</sup> <https://www.euda.europa.eu/#WorldDrugDay: Growing support in Europe for evidence-based prevention programmes, but more training needed | www.euda.europa.eu>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 40: Identify and reduce barriers to treatment and other services utilisation for women who use drugs, and ensure that drug-related services respond to the</b>		 <p>- <b>AMBER</b>: In progress or some progress, but behind plan</p>	<p>It is clear that women face specific barriers to accessing drug-related services.<sup>913</sup> A majority of Member States reported to have, to some extent, implemented policies such as ensuring raised awareness of available women-centred treatment<sup>914</sup>; implementing outreach efforts to reach women who use drugs<sup>915</sup>; identifying and reducing barriers to treatment and other services utilisation for women who use drugs<sup>916</sup>; tackling gender-based violence towards women who use drugs and ensuring access to drug prevention, support and drug treatment for women who are victims of violence and use drugs<sup>917</sup>. In most cases, the remainder of Member States have not at all or</p>	<p>Rise of right-wing populism in EU MS and in national governments is linked to reduced focus and funding for demand and harm reduction, and to greater stigmatisation of drug users.<sup>918</sup></p>

<sup>913</sup> Stigma, whether experienced or anticipated, reduces women's willingness to access harm reduction services. While all people who use drugs face stigma based on drug use, cultural norms around womanhood mean that women who use drugs are doubly stigmatised. Gender-based violence can stifle women and gender non-conforming people's autonomy and encourages those at risk of violence to de prioritise harm reduction practices. The criminalisation of women and gender non-conforming people who use drugs drives them away from formal services and towards less safe patterns of use. Few harm reduction services are designed specifically with women and gender non-conforming people in mind. As a result, they commonly are poorly integrated with services to address the needs of these populations, notably sexual and reproductive health services, services for people who have experienced gender-based violence, and childcare.

[Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain | Harm Reduction Journal | Full Text \(biomedcentral.com\)](#)

<sup>914</sup> Great extent (1 out of 25 - HR); Some extent (18 out of 25 - AT, BE, BG, CY, DE, DK, EL, ES, FI, FR, IT, LU, MT, PL, PT, RO, SE, SI); Not at all (6 out of 25 - CZ, EE, LT, LV, NL, SK)

<sup>915</sup> Survey for Member State authorities – Action 40 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (2 out of 25 - HR, LU); Some extent (19 out of 25 - AT, BE, BG, CY, DE, DK, EL, ES, FI, FR, IT, MT, NL, PL, PT, RO, SE, SI, SK); Not at all/rarely (4 out of 25 - CZ, EE, LT, LV)

<sup>916</sup> Survey for Member State authorities – Action 40 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (3 out of 25 - HR, LU, MT); Some extent (17 out of 25 AT, BE, BG, DE, DK, EL, ES, FI, FR, HU, PL, PT, RO, SE, SI, SK) Not at all/rarely (5 out of 25 - CZ, EE, LT, LV, NL)

<sup>917</sup> Survey for Member State authorities – Action 40 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (1 out of 24 - HR); Some extent (15 out of 24 - AT, CY, DE, DK, ES, FI, FR, IT, LU, MT, PT, RO, SE, SI, SK); Not at all/rarely (8 out of 24 - BG, CZ, EE, EL, LT, LV, NL, PL)

<sup>918</sup> Interview Co-relation

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>needs of women, e.g. including childcare support. Launch outreach efforts to reach women who use drugs and raise awareness of available women- centred treatment and also tackle gender-based violence towards women who use drugs. Ensure that women who are victims of violence and use drugs have access both to drug prevention and to support and treatment in order to break the cycle of drug use and the vulnerability to violence.</b>		The degree of identification of barriers to drug treatment among women is positive, thanks to measures from Member States and the EUDA. Member States also have made some progress in measures to address these barriers, although assessing the impact of these measures is difficult, meaning these barriers are likely to persist.	<p>rarely put in place such initiatives. Existing barriers to treatment for women who use drugs are described under Action 32.</p> <p>Considering action by the EMCDDA in this area, in 2020-2021 an external contract was carried out to set the framework on gender and drugs: EMCDDA data and information were analysed from that perspective.</p> <p>One ERG Miniguide is dedicated to health and social responses to drug-related problems among women.</p> <p>The European Group on Gender and Drugs, of which the EMCDDA/EUDA is part, organises regular activities and has established a large network of experts working in the field. Six online mini-conferences zooming-in on particular topics related to this have been organised. Presentations are available.</p> <p>The EMCDDA organises the Symposium on gender and drugs as a side-event to Lisbon Addictions (2022 and 2024)</p> <p>Support on this topic was also provided to the Council of the EU under the Swedish presidency in 2023.</p>	Insufficient funding for demand reduction at large, according to experts. <sup>919</sup> Demographic changes in drug consumption, such as changes in age demographics for people entering treatment <sup>920</sup>
<b>Action 41: Provide services that can address the diversity existing among groups with special care needs in relation to problem drug use, including</b>		 - <b>AMBER</b> : In progress or some progress, but behind plan	According to the WHO, the UNODC and the EMCDDA, the association between drug use/drug use disorders and other mental health disorders should be assumed as standard rather than deemed an exception. The EMCDDA treats the presence of psychiatric disorders associated with substance use disorders as an important issue in drug policy and treatment provision, bearing in mind the high prevalence of comorbidity, the complexity of treating it, and its association with poor treatment outcomes for those affected. <sup>921</sup> There is further research that suggests that people with	

<sup>919</sup> Interview with Co-Relation Network/C-EHRN.

<sup>920</sup> Heroin and other opioids – the current situation in Europe (European Drug Report 2024) [31876\\_en.pdf \(europa.eu\)](https://www.europa.eu/eurostat/statistics-explained/index_en.htm)

<sup>921</sup> [Comorbidity of substance use and mental health disorders in Europe \(Perspectives on drugs\) | www.euda.europa.eu](https://www.euda.europa.eu/en/perspectives-on-drugs/comorbidity-of-substance-use-and-mental-health-disorders-in-europe)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>comorbidity, also engaging with models of care that recognise the need for cross-service partnerships between healthcare, youth and social care providers, and patients/carers groups.</b>		<p>Member States have taken some steps in adapting the treatment offer to the particularities of persons requiring drug treatment. The importance of this action has also been emphasized by the EMCDDA and Council. However, data is limited to show clear progress in the implementation of this action and the impact of existing reported measures.</p>	<p>disabilities are more likely to suffer from substance abuse disorders, but they are also less likely to receive treatment for them.<sup>922</sup> In 2015, there was relatively high prevalence of comorbidity in substance users, with about 50 % having both a substance use and mental health disorder.<sup>923</sup> It is unclear what are the figures in this area in the EU in 2024.</p> <p>A majority of Member States have, to some extent, ensured the provision of services that can address the diversity existing among groups with special care needs in relation to problem drug use, including comorbidity. But a significant portion have not done so at all or have done so rarely.<sup>924</sup> About half of responding Member States provide legal acts, treatment protocols or care standards surrounding groups with special care needs. In Latvia, documents prepared as a result of an ESF-funded project have been published, including in relation to opioid treatment and treatment of opioid use in special needs populations.<sup>925</sup> Little data is available to suggest exactly how effective Member State interventions have been over the course of the evaluation period.</p> <p>The Council approved conclusions on people having drug use disorders that co-occur with other mental health disorders. It has invited Member States to consider drug use disorders co-occurring with other mental health disorders as an important challenge for drug and mental health services and policies, a</p>	

<sup>922</sup> [Disabilities and Addiction: Understanding the Link \(addictioncenter.com\)](http://addictioncenter.com)

<sup>923</sup> [Comorbidity of substance use and mental health disorders in Europe \(Perspectives on drugs\) | www.euda.europa.eu](http://www.euda.europa.eu)

<sup>924</sup> Survey for Member State authorities – Action 41 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Great extent (1 out of 24 - HR); Some extent (15 out of 24 - AT, CY, DE, DK, ES, FI, FR, IT, LU, MT, PT, RO, SE, SI, SK); Not at all/rarely (8 out of 24 - BG, CZ, EE, EL, LT, LV, NL, PL)

<sup>925</sup> [Clinical algorithms, patient pathways, indicators \(ESF project\) | Centre for Disease Prevention and Control \(spkc.gov.lv\)](http://spkc.gov.lv)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			challenge that requires a multidisciplinary and comprehensive response to the needs of people with these disorders. <sup>926</sup>	
<b>Action 42: Promote and implement capacity-building and awareness-raising activities regarding access to and availability of controlled substances for medical and scientific purposes, bearing in mind the risk of misuse and diversion and in this regard, provide an overview of the up-to-date evidence on the use of controlled substances for medical and scientific purposes.</b>		 <p>- <b>AMBER</b>: In progress or some progress, but behind plan</p> <p>The impact of the initiatives related to access to and availability of controlled substances for medical and scientific purposes is difficult to assess despite some measures taken by Member States and the EMCDDA.</p>	<p>Most Member States report having activities regarding access to and availability of controlled substances for medical and scientific purposes in the area of capacity building and awareness raising. But a small portion do not do so at all or rarely.<sup>927</sup> A majority included topics such as the risk of misuse and diversion of controlled substances and an overview of the up-to-date evidence on the use of controlled substances for medical and scientific purposes.<sup>928</sup> While the International Narcotics Control Board (INCB) has announced the launch of a fifth e-module dedicated to Ensuring the Adequate Availability of Controlled Substances for Medical and Scientific Purposes, the state of training on this matter at EU level is not clear.</p> <p>The EEAS (Delegation of the European Union to the International Organisations in Vienna) has also made a statement in 2023 reiterating the importance of the controlled substances for medical and scientific purposes including for the relief of pain and palliative care.<sup>929</sup></p>	

<sup>926</sup> [Council addresses situation of people suffering from both drug use and other mental health disorders - Consilium \(europa.eu\)](#)

<sup>927</sup> Survey for Member State authorities – Action 42 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Capacity building: Great extent (3 out of 25 - DK, HR, NL); Some extent (15 out of 25 - AT, BE, BG, CZ, DE, ES, FI, FR, IT, LT, MT, PT, SE, SI, SK); Not at all (7 out of 25 - CY, EE, EL, LU, LV, PL, RO); Awareness raising: Great extent (3 out of 25 - DK, HR, NL); Some extent (16 out of 25 - AT, BE, BG, CZ, DE, ES, FI, FR, IT, LT, MT, PL, PT, SE, SI, SK); Not at all/rarely (6 out of 25 - CY, EE, EL, LU, LV, RO)

<sup>928</sup> Survey for Member State authorities – Action 42 (Section A1.7 – Effectiveness - A1.7.1 – Prevention): Risk of misuse: (5 out of 25 - DK, FR, IT, NL, SK); Some extent (15 out of 25 - AT, BE, BG, CZ, DE, EL, ES, FI, HR, LT, MT, PL, PT, SE, SI); Not at all (5 out of 25 - CY, EE, LU, LV, RO); Overview of the up-to date evidence: Great extent (4 out of 25 - DK, FR, IT, NL); Some extent (12 out of 25 - AT, CZ, DE, ES, FI, HR, LT, MT, PL, PT, SE, SI); Not at all/rarely (9 out of 25 - BE, BG, CY, EE, EL, LU, LV, RO, SK)

<sup>929</sup> [EU Statement - CND intersessional - The availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world - 4-6 December | EEAS \(europa.eu\)](#)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			The ERG includes a miniguide on health and social responses to the non-medical use of medicines.	

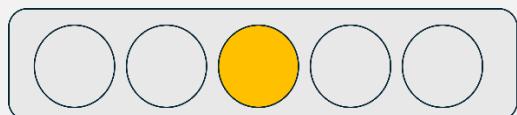
### Traffic light assessment Strategic priority 6

The majority of actions under this Strategic Priority have shown a limited degree of progress in implementation. The Member States, in most cases, have declared implementing measures that relate to the actions under SP 6 at least to some extent. Yet = the impact of these measures is difficult to ascertain in the current timeframe. Member States overall recognise the relevance of ensuring non-discriminatory and gender-sensitive access to effective evidence-based drug treatment, identifying barriers to treatment and comorbidity and disability in relation to drug treatment. While the actions implemented in these areas suggest some progress, the inequalities related to access to care continue to persist. Particular areas of progress include the implementation of the MQS and EDPQS, while peer-related outreach and peer-group work, as well as the development of (although promising) e-health and m-health treatment solutions, are found to have been relatively lacking over the course of the evaluation period.

The overarching concern when considering the achievement of the actions under Strategic Priority 6 is the general lack of data on which to produce accurate assessments of implementation and impact. In the case of the work of EMCDDA, while research has been conducted on the various themes contained under the topic of access to drug treatment, there is a lack of consistent data collection beyond the Treatment Demand Indicator (TDI), which itself suffers from issues in the consistency of reporting, and also does not cover all necessary areas to verifying the achievement of the actions, i.e. progress in training, innovations in treatment solutions and group-specific statistical coverage on access to treatment including barriers to treatment. This is compounded by a fairly consistent lack of evaluation and data collection amongst Member States, even amongst those who state that progress has been made with regard to the Actions listed under this strategic priority, meaning that the effectiveness of specific actions taken is often unclear.

**The overall assessment of Strategic Priority 6, on the basis of the cumulative assessment of the actions, is AMBER: In progress or some progress, but behind plan.**

9 actions have yielded an AMBER assessment, while 2 more have yielded a RED assessment.



Action	Priority area	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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#### SWOT ANALYSIS Strategic priority 6

Strengths	Weaknesses	Opportunities	Threats
<p>Elaboration of strengths</p> <p><b>Well established understanding of the importance/ relevance of the actions defined under this strategic priority</b></p>	<p>Elaboration of weaknesses</p> <p><b>Data collection practices are lacking, both in terms of statistical data collection and evaluation of implemented actions, both at EU and national level</b></p>	<p>Elaboration of opportunities</p> <p><b>Technological advances and their widespread accessibility and availability (such as e-health and m-health) create an opportunity for advancements in access to treatment</b></p>	<p>Elaboration of threats</p> <p><b>Decreases in funding for demand reduction,</b></p> <p><b>Potential lack of political interest in view of changing political dynamics in some EU MS</b></p> <p><b>Appearance of new psychoactive and other substances, for which the EU and MS are not sufficiently prepared</b></p>

#### A1.7 Strategic priority 7: Risk- and harm-reduction interventions and other measures to protect and support people who use drugs

Action	Priority area	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results									
<b>Action 43:</b>  <b>Maintain and where needed enhance access to effective risk and harm reduction measures, also guided by the EU minimum quality standards in drug demand reduction, such as needle and syringe programmes, opioid agonist treatment, peer-based interventions and outreach programmes, in accordance with national legislation. These measures need also to improve the social situation of people who use drugs, housing, their financial situation, employment and</b>	7.1	  <b>AMBER:</b> In progress or some progress, but behind plan  <p>Despite enhanced emphasis on harm reduction as a key pillar of the EU Drugs Strategy, the coverage and access to harm reduction services has remained <b>unequal across EU Member States and provision of available services needs to be strengthened. This includes access to opioid antagonist treatment or provision of sterile equipment.</b></p> <p>The implementation of harm reduction services varies widely across EU Member States, with some countries like Ireland and</p>	<p>In terms of provision of access to risk and harm reduction measures, EMCDDA shows that there are areas of harm reduction responses that are more developed in the EU, especially as regards working with opioid users and those who inject drugs. As a result, opioid antagonist treatment and needle/syringe programmes are more widely available across EU Member States over the last three decades. At the same time, harm reduction measures have continued to expand to include new types of interventions, such as drug consumption rooms and take-home naloxone programmes (intended to reduce fatal-overdoses). Available data shows a more limited availability of such interventions across the EU, with some slight increases overtime in comparison to 2018. The table below provides an overview of harm reduction measures across Member States according to EMCDDA reports from 2024, and comparing them to data available as of 2018).<sup>930</sup></p> <table border="1" data-bbox="875 690 1785 1135"> <thead> <tr> <th>Measure</th> <th>MS where implemented in 2024</th> <th>MS where implemented in 2018</th> </tr> </thead> <tbody> <tr> <td>Supervised drug consumption rooms available (and overall number)</td> <td>9: BE (2), DE (25), DK (5), EL (1), ES (16), FR (2), LU (2), NL (25), PT (3)</td> <td>7 (DE, DK, EL, ES, FR, NL, LU) and Norway  A total of 78 official drug consumption facilities</td> </tr> <tr> <td>Take home naloxone</td> <td>15: AT, CY, CZ, DE, DK,</td> <td>10 (AT, DE, DK,</td> </tr> </tbody> </table>	Measure	MS where implemented in 2024	MS where implemented in 2018	Supervised drug consumption rooms available (and overall number)	9: BE (2), DE (25), DK (5), EL (1), ES (16), FR (2), LU (2), NL (25), PT (3)	7 (DE, DK, EL, ES, FR, NL, LU) and Norway  A total of 78 official drug consumption facilities	Take home naloxone	15: AT, CY, CZ, DE, DK,	10 (AT, DE, DK,	<p>In some countries introduction of measures like drug consumption rooms or take-home naloxone programme have still been hampered by a <b>lack of a necessary legal framework</b>.</p> <p>On-going discussions on <b>better defining what constitutes minimum quality standards</b> in harm reduction services.</p> <p>The <b>changes in the diversity of available drugs create difficulties in ensuring that available services</b></p>
Measure	MS where implemented in 2024	MS where implemented in 2018											
Supervised drug consumption rooms available (and overall number)	9: BE (2), DE (25), DK (5), EL (1), ES (16), FR (2), LU (2), NL (25), PT (3)	7 (DE, DK, EL, ES, FR, NL, LU) and Norway  A total of 78 official drug consumption facilities											
Take home naloxone	15: AT, CY, CZ, DE, DK,	10 (AT, DE, DK,											

<sup>930</sup> EMCDDA (2024), EU Drug Report 2024, Harm Reduction - The Current Situation in Europe. Accessible at: [https://www.emcdda.europa.eu/publications/european-drug-report/2023/harm-reduction\\_en#source-data-tables-wrapper](https://www.emcdda.europa.eu/publications/european-drug-report/2023/harm-reduction_en#source-data-tables-wrapper). Last accessed 7 August 2024. EMCDDA (2018) "Preventing overdose deaths in Europe", Accessible at: [https://www.emcdda.europa.eu/publications/pods/preventing-overdose-deaths\\_en](https://www.emcdda.europa.eu/publications/pods/preventing-overdose-deaths_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment			Contextual factors influencing the results
<b>education, including programmes utilising peer support and self-help initiatives. Further extend the exchange of best practices in this area among Member States, and with partners such as third countries, regions and international organisations, and implement and promote</b>		<p>Luxembourg establishing comprehensive programs, while others, such as Lithuania and Romania, struggle with gaps in service provision and the legal or logistical barriers to implementing these measures. This inconsistency reflects broader challenges in achieving a balanced approach between harm reduction and supply reduction, as well as in integrating harm reduction practices into national health systems. The EU's strategy provides a framework for harmonising these efforts, but national differences in policy and practice, coupled with varying levels of commitment to harm reduction, continue to pose significant challenges to the effectiveness and consistency of harm reduction services across Europe. The situation in terms of provision of specific harm reduction services has only marginally improved in comparison to 2018.</p>	<b>available</b> <b>Drug checking</b> <b>Needle and syringe programmes in place</b> <b>Countries reaching WHO service provision targets in 2021 for need and syringe programmes</b>	EE, ES, FR, IE, IT, LT, PT, SE, SI 7: AT, BE, DE, ES, FR, NL, PT 27: AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LU, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK 5: BE, ES, FR, HR, PT	EE, ES(Catalonia), FR, IE, IT, LT, SE) and Norway and the United Kingdom / 27 /	<b>adapt to the more complex consumption patterns.<sup>952</sup></b>  Furthermore, according to a study by C-EHRN, the key barriers identified were lack of funding, lack of political will, lack of meaningful involvement of this community, lack of specific knowledge/guidelines in the programmes, legal issues (punitive/restrictive laws & policies) and service accessibility (location, opening hours, language, etc – mostly relevant to migrant populations). <sup>953</sup>

<sup>931</sup> Interviews with Member State national authorities (FI).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The majority of surveyed Member States reported that they maintained <u>existing</u> risk and harm reduction measures since 2021.<sup>932</sup> Examples include:</p> <p>In Portugal, there are 38 socio-sanitary structures (e.g. outreach, office of support, drop-in centres) and 17 socio-sanitary programmes (e.g. low threshold methadone programmes, drug consumption room). In all these structures and programmes, are available aseptic kits, (IV and smoke kits), condoms and intra-nasal naloxone for professional use.<sup>933</sup> In Portugal, harm reduction started with a drug consumption rooms pilot in 2019 despite having been possible in national policy as soon as 2001). EMCDDA and evidence encouraged and facilitated this (4 drug consumption rooms currently, including two mobile ones).</p> <p>In Estonia, the provision of stationary services and outreach work has been relatively stable over the last years with few minor regional changes. As of 2022, there were 35 different locations providing harm reduction services In Estonia: 18 were stationary centres (inc. 3 pharmacies) and 17 outreach units. Extra for outreach work, two mobile harm reduction buses continued to operate in every- day basis in 2022 (24 different locations covered, mostly Harjumaa and East-Virumaa). From the buses it is possible to have various harm reduction services including different counselling services and take-home naloxone distribution. First pharmacy-based harm reduction/needle exchange</p>	

<sup>952</sup> EMCDDA (2024), EU Drug Report 2024.

<sup>953</sup> Correlation-EHRN (2023), “Essential Harm Reduction Services. Report on policy implementation for people who use drugs.”, p.14. Accessible at: [https://www.correlation-net.org/wp-content/uploads/2024/03/2023\\_CEHRN\\_Monitoring\\_Harm-Reduction-Essentials.pdf](https://www.correlation-net.org/wp-content/uploads/2024/03/2023_CEHRN_Monitoring_Harm-Reduction-Essentials.pdf)

<sup>932</sup> Survey with MS authorities (demand reduction), 17/25 MS (CZ, DE, DK, EE, EL, ES, FI, FR, HR, LT, LU, MT, NL, PT, RO, SE, SI) indicating to **great extent** and 8/25 MS (AT, BE, BG, CY, IT, LV, PL, SK) indicating to **some extent**.

<sup>933</sup> Survey with MS authorities (demand reduction)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>service was opened in 2019, two other similar services have been established in following two years.<sup>934</sup></p> <p>In Greece, there has been an increase in provision of harm reduction services – Greece has one drug consumption room which was established in 2022. Number of syringes provided has increased a lot (and have reached WHO targets of providing more than 200 drug-injecting users).</p> <p>In the Czech Republic, there are approximately 250-300 programmes implemented by various types of addictology services. Of these, there are 55-60 low-threshold contact centres and 50 outreach programmes. In 2022, 39.8 thousand people who use drugs were in contact with low-threshold programmes.<sup>935</sup></p> <p>Luxembourg opened its first drug consumption room in 2005 and the second one opened in 2019. Luxembourg offers a range of specialised drug treatment services, including both inpatient and outpatient options supported by the government and delivered through state-accredited NGOs, hospital units, and harm reduction agencies. These services are decentralized and integrated into a cohesive therapeutic network, with outpatient treatment provided free of charge and inpatient care covered by national health insurance. The country's harm reduction initiatives include supervised drug consumption rooms and the Pipapo project, which offers drug testing and counselling. Despite the challenges posed by COVID-19, treatment capacities increased in 2021, although they remained below pre-pandemic levels. Additionally, Luxembourg has implemented various supportive housing and post-therapy services to aid in the social and professional reintegration of former drug users, addressing the growing needs of aging drug-dependent populations.<sup>936</sup></p> <p>Lithuania implements needle and syringe programs associated with low-threshold</p>	

<sup>934</sup> Ibid.

<sup>935</sup> Ibid.

<sup>936</sup> National Drug Report (2022), Accessible at: <https://gouvernement.lu/dam-assets/fr/publications/rapport-activite/minist-sante/2022-rapport-relis/ra-relis2022-anglais-light.pdf>, Last accessed 4 August 2024.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>services, opioid agonist treatment (methadone and buprenorphine / naloxone), and there are accessible voluntary HIV and HCV testing and treatment interventions to prevent blood-borne infectious diseases among people who inject drugs. However, there is a lack of quality case management services, no drug consumption room services, certain programs in prisons, such as needle exchange programs, state-sponsored hepatitis B vaccinations. According to interviews, operational conditions for the provision of harm reduction services (in low-threshold facilities, prisons, other institutions with more frequent contact with problem drug users) should be improved to be in line with WHO, UNODC, UNAIDS recommendations for effective coverage, range and quality of services.</p> <p>In Ireland, supervised injecting facility are opening in Ireland soon and there is support for harm reduction as a concept.<sup>937</sup></p> <p>It should be noted that even in areas where all Member States reported having implemented some measures (e.g., needle and syringe programmes), coverage and access of such services remain a challenge. So far only 5 of the 17 EU countries with available data have reached the WHO service provision targets in the area of needle and syringe programmes.<sup>938</sup> This shows that improvements are still needed to ensure sufficient access to effective harm reduction measures.</p> <p>The changes in the diversity of available drugs create additional difficulties in ensuring that available services adapt to the more complex consumption patterns. As EMCDDA stipulates, there is a “need to consider what constitutes effective harm reduction approaches to the use of substances, whether they are synthetic opioids, synthetic</p>	

<sup>937</sup> Member State interviews

<sup>938</sup> EMCDDA (2024), EU Drug Report 2024, Harm Reduction - The Current Situation in Europe. Accessible at: [https://www.euda.europa.eu/publications/european-drug-report/2024/harm-reduction\\_en#edr24-hr-figure-13.6](https://www.euda.europa.eu/publications/european-drug-report/2024/harm-reduction_en#edr24-hr-figure-13.6); Last accessed 19 July 2024.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>stimulants, new types and forms of cannabis products, as well as dissociative drugs such as ketamine”<sup>939</sup> In particular, EMCDDA<sup>940</sup> and also some Member States interviewees<sup>941</sup> highlighted the need for additional research into what constitutes effective harm reduction interventions for people who use (synthetic) stimulants, synthetic opioids, new types and forms of cannabis products as well as dissociative drugs like ketamine.<sup>942</sup></p> <p>To ensure effectiveness of available measures and support Member States in the application of minimum quality standards in the area of harm reduction, EMCDDA has issued European Response Guides<sup>943</sup>, which include existing harm reduction measures and what is known of their effectiveness, to address particular drug-related problems. This includes a recently published joint publication by EMCDDA/C-EHRN on Drug Consumption Rooms.<sup>944</sup> Another miniguide dedicated to the supply of harm-reduction equipment has been developed and is soon to be published (as of February 2024)<sup>945</sup>. Lastly, there are ongoing collaborations between the EMCDDA and the European</p>	

<sup>939</sup> EMCDDA (2023), EU Drug Report 2023.

<sup>940</sup> EMCDDA (2023), “Stimulants: health and social responses.” Available at: [https://www.emcdda.europa.eu/publications/mini-guides/stimulants-health-and-social-responses\\_en](https://www.emcdda.europa.eu/publications/mini-guides/stimulants-health-and-social-responses_en)

<sup>941</sup> Interviews with Member State authorities (EL, ES, FI)

<sup>942</sup> EMCDDA (2024), EU Drug Report 2024.

<sup>943</sup> EMCDDA, Health and social responses to drug problems: a European Guide. Accessible at: [https://www.emcdda.europa.eu/publications/health-and-social-responses-a-european-guide\\_en](https://www.emcdda.europa.eu/publications/health-and-social-responses-a-european-guide_en)

<sup>944</sup> EMCDDA (2024): Health and social responses: drug consumption rooms. Accessible at: [https://www.emcdda.europa.eu/publications/mini-guides/health-and-social-responses-drug-consumption-rooms\\_en](https://www.emcdda.europa.eu/publications/mini-guides/health-and-social-responses-drug-consumption-rooms_en)

<sup>945</sup> EMCDDA individual contribution to the evaluation (2024), “EU Action Plan on Drugs, Role of EMCDDA as Responsible Party”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>network of Drug Consumption Rooms to facilitate knowledge exchange among these services and collaborations to support routine monitoring and evaluations. It remains to be seen what the outcomes of these initiatives will be.</p> <p>As part of this action, it is also acknowledged that harm reduction should include policies and practices that aim at addressing the wider social situation of people who use drugs and also aim at providing support with their housing, financial situation, employment, education and legal support. According to survey results, the majority of Member States<sup>946</sup> report having at least to some extent harm reduction measures aimed at improving the social situation of people who use drugs. Yet as the EMCDDA concludes, examples of well-developed, integrated models of care vary significantly across the EU and there is a need for further investment in this area.<sup>947</sup> Studies point to challenges, among others, in developing effective cooperation between all the relevant health/social stakeholders, particular as comes to cooperation with public labour and employment offices or in prisons and other enclosed settings.<sup>948</sup></p> <p>A majority of Member States also report on facilitating exchange of best practices (to some extent mostly)<sup>949</sup> and providing professional training (also mainly to some</p>	

<sup>946</sup> Survey with MS authorities (demand reduction), 11/25 MS (AT, BE, CY, ES, FI, IT, LT, LV, NL, PL, SI) indicating to **some extent** and 11/25 MS (CZ, DE, DK, EL, FR, HR, LU, MT, PT, RO, SE) indicating to a **great extent**. 3/25 (BG, EE, LT) responding **not at all/rarely**.

<sup>947</sup> EMCDDA (2023), EU Drug Report 2023.

<sup>948</sup> Correlation-EHRN (2023), “Essential Harm Reduction Services. Report on policy implementation for people who use drugs.”, Accessible at: [https://www.correlation-net.org/wp-content/uploads/2024/03/2023\\_CEHRN\\_Monitoring\\_Harm-Reduction-Essentials.pdf](https://www.correlation-net.org/wp-content/uploads/2024/03/2023_CEHRN_Monitoring_Harm-Reduction-Essentials.pdf)

<sup>949</sup> Survey with MS authorities (demand reduction), 14/25 MS (AT, CY, CZ, DE, FR, IT, LT, LV, MT, PL, PT, RO, SI, SK) indicating to **some extent** and 7/25 MS (DK, EL, ES, FI, HR, LU, NL) indicating to a **great extent**. 4/25 (BE, BG, EE, SE) responding **not at all/rarely**.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			extent). <sup>950</sup> Less than half of the Member States report on measuring impact of implemented activities. <sup>951</sup>	
<b>Action 44:</b>  <b>Maintain and, where needed, scale up measures to reduce the prevalence of drug-related infectious diseases, in particular the early diagnosis of Hepatitis C and HIV/AIDS, promoting rapid testing and self-testing for HIV and outreach</b>		 <b>AMBER:</b> In progress or some progress, but behind plan <p>Actions aimed at reducing the prevalence of drug-related diseases, including <b>early diagnosis in the EU and for EU Member States, have not</b></p>	<p>As regards the <b>prevalence of viral hepatitis B and C (HVB and HCV)</b> among people who inject drugs, according to EMCCDA's hepatitis elimination barometer data, in 2021 the EU failed to reach the WHO elimination targets, with prevalence of HCV and HBV for people who inject drugs continued to be high. Only four countries (Czech Republic, Greece, Luxembourg and Norway) were reported to have had data to document they reached harm reduction coverage targets in 2021 and 2022 (regarding coverage and access to free needle and syringe programmes). In other countries coverage remains insufficient and/or there is insufficient data to measure implementation.</p> <p>HCV transmission among people who inject drugs was reported to have remained high between 2015-2021, with no country showing evidence of an 80% decrease. The situation was further complicated by the COVID-19 pandemic, creating pressures on accessibility of health services, with staff shortages across the EU in 2020 and 2021.<sup>954</sup></p> <p>As regards <b>HIV infections associated with drug injecting</b>, while there were lower numbers of reported new infections in 2021 (compared to 2020), EMCDDA<sup>955</sup> and ECDC</p>	EMCDDA reports on <b>issues with obtaining secure funding</b> for harm reduction services that are aimed at people who inject drugs in a number of countries (e.g., Romania and Bulgaria, where NGOs report funding and procurement difficulties). <sup>965</sup>

<sup>950</sup> Survey with MS authorities (demand reduction), 16/25 MS (AT, BG, CY, CZ, EE, EL, FI, IT, LT, LV, MT, PL, PT, SE, SI, SK) indicating to **some extent** and 9/25 MS (BE, DE, DK, ES, FR, HR, LU, NL, RO) indicating to a **great extent**.

<sup>951</sup> Survey with MS authorities (demand reduction), 9/21 MS reported measuring impact (BG, CZ, EL, ES, HR, LT, MT, NL, SI) and 12/21 MS reported NOT measuring impact (AT, CY, DK, EE, FI, IT, LU, LV, PL, PT, SE, SK).

<sup>954</sup> EMCDDA (2023), “Viral hepatitis elimination barometer among people who inject drugs in Europe”. Accessible at: [https://www.emcdda.europa.eu/publications/data-factsheet/viral-hepatitis-elimination-barometer-among-people-who-inject-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/data-factsheet/viral-hepatitis-elimination-barometer-among-people-who-inject-drugs-in-europe_en)

<sup>955</sup> EMCDDA (2023), “HIV among people who inject drugs: Data factsheets”. Accessible at: [https://www.emcdda.europa.eu/sites/default/files/pdf/31660\\_en.pdf?395630](https://www.emcdda.europa.eu/sites/default/files/pdf/31660_en.pdf?395630)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>programmes to reach the most vulnerable people. Where needed, enhance access to treatment after diagnosis to eradicate hepatitis C and achieve the UNAIDS 90-90-90 target for 2030. Promote the diagnosis of tuberculosis among people who use drugs and homeless people</b></p>		<p><b>been fully effective.</b> Though long-term approaches have contributed to relatively low rate of new HIV infections associated with injecting drug use in Europe, still the decline falls short of WHO targets. Meanwhile HCV transmissions remained high.</p> <p>There is evidence pointing to inequalities in continuum of care and continued high prevalence of drug-related diseases. Overall, only 4 EU</p>	<p>data<sup>956</sup> showed a subsequent increase in 2022 in new HIV infections linked to injecting drug use in the EU and Norway. This can in part be explained by the delayed HIV testing in 2021 as a result of the disruptions caused by COVID-19, and is also partly attributed by the ECDC to population movements and influx of refugees, including refugees arriving from Ukraine. In this context, one of the ECDC recommendations from 2022 is to improve HIV prevention in migrant populations.<sup>957</sup> Overall, there is a long-term decline in HIV notifications, with available approaches found to have contributed to relatively low rate of new HIV infections associated with injecting drug use in Europe. Nevertheless, EMCDDA notes in its 2024 report, the decline still falls short of WHO target of 75% reduction, suggesting the need for increased efforts in this area. Moreover, an additional concern has been the late diagnoses of HIV infections linked to injecting drug use in 2022 in the EU (over 40% of diagnosis were late), increasing risk of HIV-related morbidity.<sup>958</sup> By 2022, no EU country has reached the 95-95-95 WHO targets<sup>959</sup> for the continuum of care among people who inject drugs living with HIV.<sup>960</sup></p>	<p>HIV statistics impacted by <b>delayed HIV testing in 2021</b> as a result of the <b>disruptions caused by COVID-19</b>, population movements and <b>influx of refugees</b>, including refugees arriving from Ukraine since 2022.<sup>966</sup></p>

<sup>965</sup> EMCDDA (2024), “Drug-related infectious diseases – the current situation in Europe (European Drug Report 2024)”. Accessible at: [https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases\\_en](https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases_en)

<sup>956</sup> According to the ECDC, 26 countries in the EU/EEA region reported an increase in HIV compared to 2021, with some countries were reporting record-high numbers in a single year. See: ECDC/WHO (2023), “HIV/AIDS surveillance in Europe: 2022 data”. Accessible at: [https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS\\_surveillance\\_in\\_Europe\\_2023\\_%28\\_2022\\_data\\_%29\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS_surveillance_in_Europe_2023_%28_2022_data_%29_0.pdf)

<sup>957</sup> ECDC/WHO (2023), “HIV/AIDS surveillance in Europe: 2022 data”. Accessible at: [https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS\\_surveillance\\_in\\_Europe\\_2023\\_%28\\_2022\\_data\\_%29\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS_surveillance_in_Europe_2023_%28_2022_data_%29_0.pdf)

<sup>958</sup> EMCDDA (2024), “Drug-related infectious diseases – the current situation in Europe (European Drug Report 2024)”. Accessible at: [https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases\\_en](https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases_en)

<sup>959</sup> These targets aim to have 95% of people living with HIV tested; 95% of these people on antiretroviral therapy and 95% of those achieving viral suppression by 2030.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		Member States meet harm reduction coverage targets as regards availability of needle and syringe programmes. No EU country has reached the 95-95 WHO targets.	<p>EMCDDA in 2023 concluded that more efforts are needed to reduce harms linked to local HIV outbreaks associated with stimulant injecting, while Member States continue to lag behind the WHO targets for provision of needles and syringes.<sup>961</sup> Overall, however, existing testing is found to be insufficient, also contributing to late diagnosis. EU-funded projects are in place to address this, such the BOOST project.<sup>962</sup></p> <p>EMCDDA did note that a majority of EU Member States had or were in the process of adopting <b>inclusive hepatitis plans or policies</b>, showing political commitment (<b>as of 2023, 20 EU Member States had a viral hepatitis policy that includes people who inject drugs</b>).<sup>963</sup> Nevertheless, current action in this area is not deemed sufficient, as it requires increased investment in harm reduction services, testing, and treatment linkage, as current provisions are insufficient, necessitating greater efforts to prevent outbreaks and reduce disease transmission among people who inject drugs.<sup>964</sup></p>	

<sup>960</sup> EMCDDA (2024), “Drug-related infectious diseases – the current situation in Europe (European Drug Report 2024)”. Accessible at: [https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases\\_en](https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases_en)

<sup>966</sup> ECDC/WHO (2023), “HIV/AIDS surveillance in Europe: 2022 data”. Accessible at: [https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS\\_surveillance\\_in\\_Europe\\_2023\\_%28\\_2022\\_data\\_%29\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS_surveillance_in_Europe_2023_%28_2022_data_%29_0.pdf)

<sup>961</sup> EMCDDA (2024), EU Drug Report 2024.

<sup>962</sup> See: <https://community-boost.eu/#background>

<sup>963</sup> EMCDDA (2024), “Drug-related infectious diseases – the current situation in Europe (European Drug Report 2024)”. Accessible at: [https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases\\_en](https://www.euda.europa.eu/publications/european-drug-report/2024/drug-related-infectious-diseases_en)

<sup>964</sup> Ibid.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 45:</b>  <b>Improve and increase the ability to identify, assess and respond, at national and EU levels and via the EU Early Warning System on NPS, to new trends and developments in drug</b>		 <b>LIGHT GREEN:</b> In progress or ongoing but on target <p>Following legislative steps in 2017/2018 aimed at improving the EU EWS system, additional steps have been taken to further strengthen monitoring and preparedness at EU-level through</p>	<p>The EU Early Warning System (EU EWS)<sup>967</sup> on new psychoactive substances (NPS) is part of the EU's response and has been developed to allow for the identification, assessment and response to new trends, including changes due to epidemic outbreaks. Steps were already taken to strengthen the EU-level response to NPS via legislative amendments in 2017.<sup>968</sup> EMCDDA also published new operating guidelines, together with common reporting tools, in 2019 and 2021, to support the use of the system.<sup>969</sup> This monitoring continues to be seen as crucial in supporting effective public health responses. Member States generally reported having the ability (at least to some extent) to identify<sup>970</sup> and assess<sup>971</sup> new trends and developments in drug use, including changes due to epidemic outbreaks. Two responding Member States did not consider themselves able to</p>	<b>As the new mandate of the EU Drug Agency only came into effect in the summer of 2024</b> (at the time of the evaluation) it is <b>not yet possible to assess its impact.</b>

<sup>967</sup> Operated by EMCDDA, in cooperation with Europol and also comprises 29 national early warning systems across Europe, the European Medicines Agency and the Commission. For more information, see: [https://www.emcdda.europa.eu/publications/topic-overviews/eu-early-warning-system\\_en](https://www.emcdda.europa.eu/publications/topic-overviews/eu-early-warning-system_en)

<sup>968</sup> Regulation (EU) 2017/2101 and Directive (EU) 2017/2103.

<sup>969</sup> EMCDDA (2019), “EMCDDA operating guidelines for the European Union Early Warning System on new psychoactive substances”. Accessible at: [https://www.emcdda.europa.eu/publications/guidelines/operating-guidelines-for-the-european-union-early-warning-system-on-new-psychoactive-substances\\_en](https://www.emcdda.europa.eu/publications/guidelines/operating-guidelines-for-the-european-union-early-warning-system-on-new-psychoactive-substances_en) and EMCDDA (2020), “EMCDDA operating guidelines for the risk assessment of new psychoactive substances”. Accessible at: [https://www.emcdda.europa.eu/publications/manuals-and-guidelines/emcdda-risk-assessment-guidelines\\_en](https://www.emcdda.europa.eu/publications/manuals-and-guidelines/emcdda-risk-assessment-guidelines_en)

<sup>970</sup> Survey with MS authorities (demand reduction), 17/25 (BG, CZ, DE, DK, EL, ES, FI, FR, IT, LT, MT, NL, PL, PT, RO, SI, SK) responded to a great extent. 8/25 (AT, BE, CY, EE, HR, LU, LV, SE) responded to some extent.

<sup>971</sup> Survey with MS authorities (demand reduction), 14/25 (BG, CZ, DE, DK, ES, FI, FR, HR, IT, LT, MT, RO, SI, SK) responded to a great extent. 11/25 (AT, BE, CY, EE, EL, LU, LV, NL, PL, PT, SE) responded to some extent.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
use, including changes due to epidemic outbreaks.		<p>the recently established EU Drugs Agency (replacing the EMCDDA in July 2024). The EU EWS on NPS plays a crucial role in the EU scheduling process, enabling the inclusion of new psychoactive substances under the definition of drugs as introduced by Directive (EU) 2017/2103 amending the Council Framework Decision 2004/757/JHA, although no new substances have been scheduled since 2022. This points toward an on-going evolution and adaptation at EU-level to new and emerging challenges in the area of NPS.</p>	<p>effectively respond to such trends and developments however, while half felt they were able to respond at least to some extent and the remaining ten to a great extent.<sup>972</sup></p> <p>EMCDDA reports that there has been a downward trend of NPS notified since 2016, to around 50 new substances appearing for the first time each year, while previous years saw up to 100 new substances (in 2014 and 2015). This drop is explained in part as resulting from the on-going efforts to control and restrict the sales of NPS in Europe, as well as measures to restrict production and trade in source countries.<sup>973</sup></p> <p>In July 2024, the EMCDDA transformed into the EU Drugs Agency, with an enhanced mandate in this area.<sup>974</sup> Among others, to complement the EU EWS, the new Drug Agency will be able to issue alerts via a new European drug alert system when high-risk substances appear on the market. The Agency will also develop threat assessment capabilities on illicit drugs that negatively impact public health, safety and security. This is aimed at further strengthening the effectiveness of EU-level responses and to increase preparedness to react to new threats.</p>	
Action 46:			<p>With overdose deaths used as a key indicator for measuring progress in the implementation of the Strategy, EMCDDA points to continued data limitations making</p>	<b>Lack of reliable data at Member</b>

<sup>972</sup> Survey with MS authorities (demand reduction), 2/16 MS (AT, LT). Others indicated their readiness to respond to a great extent (DE, DK, ES, FI, FR, HR, IT, MT, SI, SK) or some extent (BE, BG, CY, CZ, EE, EL, LU, LV, NL, PL, PT, RO, SE).

<sup>973</sup> EMCDDA (2022), “New psychoactive substances: 25 years of early warning and response in Europe – an update from the EU Early Warning System.” Accessible at: [https://www.emcdda.europa.eu/publications/rapid-communication/update-eu-early-warning-system-2022\\_en](https://www.emcdda.europa.eu/publications/rapid-communication/update-eu-early-warning-system-2022_en)

<sup>974</sup> Regulation (EU) 2023/1322.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Continue to reduce drug-related deaths and non-fatal overdoses (including the role played by poly substance use), by introducing, maintaining and where needed enhancing measures to reduce fatal and non-fatal overdoses, and other risk and harm reduction and policy measures, where appropriate and in accordance with national legislation, including: (i) opioid agonist treatment, including take-home</b>		<b>RED:</b> Very little progress or considerably behind plan	<p>it harder to interpret short-term trends. This includes lack of data for some countries, with varying reporting capacities across Member States and likely underestimation of the total numbers as a result. Trends in drug-related deaths in Europe show a slight increase in overdose deaths, with opioids, often in combination with other substances, remaining the most commonly implicated drugs. There is also a notable rise in deaths involving synthetic opioids like nitazenes, especially in certain regions, and an increase in drug-induced deaths among older age groups, indicating an ageing cohort of opioid users in Europe.<sup>975</sup></p> <p>EMCDDA has concludes that “<i>overall, trends in deaths where opioids are implicated appear stable, but the proportion of deaths in older age groups is increasing. It is estimated that heroin was involved in more than 1 800 deaths in the European Union, and heroin remains the drug commonly identified as involved in opioid-related deaths in some western European countries.</i>”<sup>976</sup> This fact reflects concerns that population ageing in Europe will mean the group of older drug users will increase in size and be more vulnerable to drug-related illnesses, comorbidities and deaths involving illicit drugs. Implication of polydrug use in overdose deaths is a rising concern according to EMCDDA reports.</p> <p>Moreover, the use of opioid agonist treatment (which is considered a protective factor against opioid overdose) and the use of drug consumption rooms continue to be uneven across Member States, meaning these harm reduction measures are not evenly accessible (further summarised under Action 43 above)</p>	<p>States making estimates difficult. For example, while there is a growing concern for the role that potent synthetic opioids play in drug-related deaths, these drugs do not currently figure in routine data available at EU level (with the exception of some Baltic states).<sup>987</sup></p> <p><b>New trends in the population of people who inject opioids and the types of substances they use create new challenges for designing</b></p>

<sup>975</sup> EMCDDA (2024), EU Drug Report 2024.

<sup>976</sup> EMCDDA (2024), EU Drug Report 2024

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>naloxone programmes; (ii) supervised drug consumption facilities; (iii) innovative approaches including digital health for people who use stimulant drugs and for young people in nightlife settings, such as peer-led outreach work, online street</b>		July 2024).	<p>The majority of Member States reported on the availability and access of opioid agonist treatment (at least to some extent)<sup>977</sup>. The trend in opioid agonist treatment in Europe shows a stable number of clients receiving opioid agonist treatment, with over 60% of these clients now aged 40 or older, highlighting the need for multidisciplinary supports to address the complex healthcare needs of an ageing opioid-using population.<sup>978</sup> However, the availability of take-home naloxone<sup>979</sup> and supervised drug consumption rooms<sup>980</sup> remain more limited (and do not exist in a large proportion of Member States at all).</p> <p>Additional measures such as, digital health for people who use stimulant drugs<sup>981</sup>; innovative approaches for young people in nightlife settings<sup>982</sup>; drug checking in</p>	<b>interventions</b> aimed at reducing overdose deaths (by creating targeted programmes). <sup>988</sup>

<sup>987</sup> EMCDDA (2024), “Drug-induced deaths – the current situation in Europe (European Drug Report 2024)”, available at: [https://www.euda.europa.eu/publications/european-drug-report/2024/drug-induced-deaths\\_en](https://www.euda.europa.eu/publications/european-drug-report/2024/drug-induced-deaths_en)

<sup>977</sup> Survey with MS authorities (demand reduction), 14/25 (AT, DE, DK, EL, FI, FR, HR, IT, LU, MT, NL, PT, SI, SK) responded to a great extent. 10/25 (BE, BG, CY, CZ, EE, ES, LT, LV, PL, SE) responded to some extent. 1/25 (RO) not at all/rarely.

<sup>978</sup> EMCDDA (2024), EU Drug Report 2024

<sup>979</sup> Survey with MS authorities (demand reduction), 4/25 (CZ, DK, FR, MT) responded to a great extent. 10/25 (AT, CY, DE, EE, ES, LT, LU, PT, SE, SI) responded to some extent. 11/25 (BE, BG, EL, FI, HR, IT, LV, NL, PL, RO, SK) not at all/rarely.

<sup>980</sup> Survey with MS authorities (demand reduction), 4/25 (DK, LU, NL, PT) responded to a great extent. 5/25 (DE, EL, ES, FR, SI) responded to some extent. 16/25 (AT, BE, BG, CY, CZ, EE, FI, HR, IT, LT, LV, MT, PL, RO, SE, SK) not at all/rarely.

<sup>981</sup> Survey with MS authorities (demand reduction), 3/25 (DE, LU, NL) responded to a great extent. 7/25 (AT, BE, ES, FI, FR, IT, SI) responded to some extent. 15/25 (BG, CY, CZ, DK, EE, EL, HR, LT, LV, MT, PL, PT, RO, SE, SK) not at all/rarely.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>work in user fora or drug checking. Support training, the evaluation of effective approaches and the exchange of best practices in this area and further improve the monitoring and real-time reporting of non-fatal intoxications and overdose deaths across the EU, with a</b>			<p>nightlife settings<sup>983</sup> are even less present across Member States. At the same time, the vast majority of Member States did report on facilitating trainings<sup>984</sup> and exchange of best practice<sup>985</sup> (at least to some extent).</p> <p>With the new mandate of the EU Drugs Agency, it is expected for the Agency to strengthen (among others) the analytical capacity to monitor how different drugs and drug combinations impact on trends in mortality. Overall, Member States reported on having some capacities to adequately monitor and report on non-fatal intoxication and overdose deaths (with some however reporting not having such capacities).<sup>986</sup> Improved data collection will be key to support developing an overall EU-level target for the reduction of drug-related deaths in the EU.</p>	

<sup>982</sup> Survey with MS authorities (demand reduction), 7/25 (BE, DE, DK, FR, LU, NL, SI) responded to a great extent. 10/25 (AT, EE, ES, FI, HR, IT, LT, MT, PL, PT) responded to some extent. 8/25 (BG, CY, CZ, EL, LV, RO, SE, SK) not at all/rarely.

<sup>988</sup> EMCDDA (2024), “Drug-induced deaths – the current situation in Europe (European Drug Report 2024)”, available at: [https://www.euda.europa.eu/publications/european-drug-report/2024/drug-induced-deaths\\_en](https://www.euda.europa.eu/publications/european-drug-report/2024/drug-induced-deaths_en)

<sup>983</sup> Survey with MS authorities (demand reduction), 2/25 (LU, SI) responded to a great extent. 5/25 (AT, DE, ES, FR, PT) responded to some extent. 18/25 (BE, BG, CY, CZ, DK, EE, EL, FI, HR, IT, LT, LV, MT, NL, PL, RO, SE, SK) not at all/rarely.

<sup>984</sup> Survey with MS authorities (demand reduction), 1/25 (DK) responded to a great extent. 22/25 (AT, BE, BG, CY, DE, EE, EL, ES, FI, FR, HR, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI) responded to some extent. 2/25 (CZ, SK) not at all/rarely.

<sup>985</sup> Survey with MS authorities (demand reduction), 4/25 (DK, FI, HR, PT) responded to a great extent. 21/25 (AT, BE, BG, CY, CZ, DE, EE, EL, ES, FR, IT, LT, LU, LV, MT, NL, PL, RO, SE, SI, SK) responded to some extent.

<sup>986</sup> Survey with MS authorities (demand reduction), 3/25 (DK, MT, NL) responded to a great extent. 16/25 (BG, CY, CZ, DE, EL, ES, FI, FR, HR, IT, LT, LV, PL, PT, SI, SK) responded to some extent. 6/25 (AT, BE, EE, LU, RO, SE) not at all/rarely.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results				
<b>view to developing an overall target for the reduction of drug-related deaths in the EU.</b>								
<b>Action 47:</b>  <b>Strengthen efforts to share forensic and toxicological data: (i) enhance analytical methods, test and promote new techniques; (ii) exchange best practices and develop joint training; (iii) increase cooperation with the Commission's Joint Research Centre and the EMCDDA, and through existing</b>		 <b>LIGHT GREEN:</b> In progress or ongoing but on target  With the creation of the EU Drugs Agency, additional work is expected to be undertaken in this area. In the meantime, EMCDDA has been progressing in improving existing capacities, including via the Euro-DEN Plus network.	<p>EMCDDA has been making progress in improving existing monitoring capacities, most importantly through the Euro-DEN Plus network<sup>989</sup>, with expansion to new centres taking place in 2023. In the context of its new mandate as the EU Drugs Agency as of July 2024,<sup>990</sup> the Agency is also expected to set-up a network of forensic and toxicological laboratories to foster information exchange on new trends and developments, to facilitate further action in this area and improve the effectiveness of EU-level response.</p> <p>As regards Member States responses, the majority of Member States have reported to have strengthened efforts to share forensic and toxicological data, primarily by enhancing analytical methods and testing and by increasing cooperation with existing networks. Additional actions include, among others, exchanges of best practice. All responses are summarised in the table below<sup>991</sup>:</p> <table border="1" data-bbox="878 943 1776 1017"> <tr> <td></td> <td><b>To a great extent</b></td> <td><b>To some extent</b></td> <td><b>Not at all/ rarely</b></td> </tr> </table>		<b>To a great extent</b>	<b>To some extent</b>	<b>Not at all/ rarely</b>	Additional results expected with the new mandate of the EU Drugs Agency, but not possible to yet assess implementation at the time of writing.
	<b>To a great extent</b>	<b>To some extent</b>	<b>Not at all/ rarely</b>					

<sup>989</sup> EMCDDA (2023), European Drug Emergencies Network (EURO-DEN Plus): data and analysis. Accessible at: [https://www.emcdda.europa.eu/publications/data-factsheet/european-drug-emergencies-network-euro-den-plus-data-and-analysis\\_en](https://www.emcdda.europa.eu/publications/data-factsheet/european-drug-emergencies-network-euro-den-plus-data-and-analysis_en)

<sup>990</sup> Regulation (EU) 2023/1322.

<sup>991</sup> Survey with MS authorities (demand reduction).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment				Contextual factors influencing the results
networks, such as the REITOX network of Focal Points, the Drugs Working Group of the European Network of Forensic Science Institutes and the Customs Laboratories European Network. Develop and recommend for implementation a set of European forensic toxicology guidelines for drug related death investigations.			<p>...enhancing analytical methods, testing and promoting new techniques</p> <p>...exchanging best practices and developing joint trainings</p> <p>By increasing cooperation with existing networks, etc.</p> <p>...by developing and recommending for implementation a set of European forensic toxicology guidelines for drug-related death investigations</p>	<p><b>9/25:</b> BE, CY, DK, FI, IT, LU, LV, SE, SI</p> <p><b>5/25:</b> BE, CY, FI, IT, PT</p> <p><b>8/25:</b> BE, CZ, DK, EL, FI, IT, MT, SE</p> <p><b>3/25:</b> EL, FI, IT</p>	<p><b>15/25:</b> AT, BG, CZ, DE, EE, EL, ES, FR, HR, LT, NL, PL, PT, RO, SK</p> <p><b>15/25:</b> AT, BG, CZ, DK, EE, ES, FR, HR, LT, LV, NL, PL, RO, SI, SK</p> <p><b>14/25:</b> AT, CY, EE, ES, FR, HR, LT, LU, NL, PL, PT, RO, SI, SK</p> <p><b>12/25:</b> AT, BG, CY, DK, EE, ES, LT, LU, NL, PL, PT, SI</p>	<p><b>1/25:</b> MT</p> <p><b>5/25:</b> DE, EL, LU, MT, SE</p> <p><b>2/25:</b> DE, LV</p> <p><b>10/25:</b> BE, CZ, DE, FR, HR, LV, MT, RO, SE, SK</p>	
Action 48:		 <p><b>AMBER:</b> In progress or some progress, but behind plan</p>	<p>The EU engages with the Civil Society Forum on Drugs (CSFD) through regular, structured interactions that include yearly meetings and exchanges. These meetings facilitate dialogue between the CSFD and the Horizontal Working Party on Drugs (HDG), ensuring that civil society perspectives are integrated into EU drug policy discussions. Additionally, the EU invites CSFD representatives to participate in international forums, such as the Commission on Narcotic Drugs (CND), allowing civil society to contribute to and influence global drug policy debates. This engagement highlights the EU's commitment to incorporating diverse viewpoints in its Drug Strategy.</p>				

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>governmental organisations, young people, people who use drugs, clients of drug-related services, the scientific community and other experts in the development, implementation and evaluation of drug policies and provide an appropriate level of resources for all drug services and for the involvement of civil society.</b>		<p>The EU regularly engages with civil society. The CSFD serves as the primary platform through which civil society organizations engage with EU institutions on drug policy. However, civil society representatives emphasised the need for a more consistent and meaningful involvement in policy-making, with calls for increased transparency and support for advocacy work, highlighting that current cooperation mechanisms often lack the depth required for effective collaboration.</p> <p>While some Member States report measures to promote NGO participation, the involvement of vulnerable groups and the scientific community remains limited, with cooperation often being one-sided and less structured at municipal levels, indicating that civil society involvement in</p>	<p>Participants at the online Civil Society Workshop<sup>992</sup> emphasised the need for a stronger and more consistent political commitment to harm reduction, even in times when there is no immediate crisis. They noted that harm reduction often receives attention and resources primarily during crises, and when the situation stabilizes, political and financial support tends to wane. This inconsistent commitment can lead to gaps in services and support, ultimately undermining the long-term effectiveness of harm reduction strategies. The workshop attendees called for the EU Drugs Strategy to play a more active role in maintaining and promoting harm reduction efforts across Member States, ensuring that these critical services remain a priority regardless of the immediate political climate.</p> <p>Furthermore, while civil society participation is structured and ongoing, several challenges remain. Participants in the workshops have emphasised the need for more meaningful and consistent involvement in policy-making processes, beyond just consultation. There is also a call for increased transparency in how civil society input is used in decision-making and for more substantial support for advocacy work, not just service delivery. CSOs have highlighted the importance of creating a framework for transnational cooperation, given the different legal frameworks on drug policy across EU Member States. Additionally, there is a need for the EU Drugs Strategy to address the specific needs of vulnerable populations and to ensure that civil society is seen as a partner in the policy-making process, rather than merely a service provider.</p> <p>As highlighted in a 2021 report by Correlation – European Harm Reduction Network based on several years of monitoring, “meaningful involvement of civil society in</p>	

<sup>992</sup> On July 23rd, ICF and CSD hosted an online Civil Society Workshop as part of the evaluation of the EU Drugs Strategy and Action Plan, aiming to gather insights from civil society organizations (CSOs) on the implementation of these initiatives and to identify areas for improvement.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		drug policy is still suboptimal.	<p>policymaking is often missing in many European countries. Moreover, cooperation mechanisms differ widely across countries.<sup>993</sup> In some instances cooperation is framed as information exchange. On the other side of the spectrum is the creation of social partnerships. The study identifies four levels of cooperation: information; consultation; dialogue and partnership. While the majority of the focal points surveyed for the study reported on existence of some forms of cooperation of civil society in their countries with policy makers in the area of drug policy, only 6.9% described their cooperation mechanisms as partnerships. Most commonly cited types of cooperation were consultation and dialogue. Only FPs from Belgium, Italy, Poland, Spain and Sweden reported on having no formalised cooperation mechanisms in place in 2021. Based on survey results for the report, most civil society stakeholders see the existing mechanisms for cooperation as being one-sided and not allowing for an interactive exchange of ideas and views on the future drug policy at national level. At municipal levels cooperation was reported to be less structured, explained by a tendency to create cooperation mechanisms at national levels only. The report concludes that the involvement of civil society in the development and implementation of drug policies remains suboptimal.</p> <p>In the survey conducted for this evaluation, Member States reported on having in place, at least to some extent, measures to promote the meaningful participation of NGOs (with only one Member State reporting not doing so at all/rarely).<sup>994</sup> Meanwhile cooperation with young people<sup>995</sup> or people who use drugs, clients of drug related services<sup>996</sup> is less</p>	

<sup>993</sup> C-EHRN (2021), “Civil Society Monitoring of Harm Reduction in Europe 2021.” Accessible at: [https://www.correlation-net.org/wp-content/uploads/2022/05/MONITORING-OF-HARM-REDUCTION-IN-EUROPE-2021\\_web.pdf](https://www.correlation-net.org/wp-content/uploads/2022/05/MONITORING-OF-HARM-REDUCTION-IN-EUROPE-2021_web.pdf)

<sup>994</sup> Survey with MS authorities (demand reduction), 11/26 to a great extent (CZ, DK, ES, FR, HR, IT, LU, MT, PT, SI, SK), 14/26 to some extent (AT, BE, BG, CY, DE, EE, EL, FI, HU, LT, NL, PL, RO, SE), 1/26 not at all/rarely (LV).

<sup>995</sup> Survey with MS authorities (demand reduction), 5/26 to a great extent (DK, ES, FR, MT, SI), 13/26 to some extent (AT, BG, CY, DE, HR, IT, LU, NL, PL, PT, RO, SE, SK), 6/24 not at all/rarely (CZ, EE, EL, FI, LT, LV).

<sup>996</sup> Survey with MS authorities (demand reduction), 5/25 to a great extent (DK, ES, HR, MT, SI), 15/25 to some extent (AT, BE, BG, CY, CZ, DE, FI, FR, LT, LU, NL, PL, PT, SE, SK), 5/25 not at all/rarely (EE, EL, IT, LV, RO)

Action	Priority area	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			common/ or exists largely to some extent and in some cases not at all. The same is true for engagement of the scientific community. <sup>997</sup>	
<b>Action 49:</b>  <b>Scale up the availability, effective implementation, monitoring and evaluation of measures provided as alternatives to coercive sanctions ... /</b>			<p>The EMCDDA contributes to work in this area, including by collecting data and information on penalties for drug law offences.<sup>998</sup> The EMCDDA also developed a Guide for optimising the implementation of alternatives to coercive sanctions in the EU, expected to be published in 2024.</p> <p>Data from 2016 showed that all Member States have at least one available alternative sanction for drug-using offenders.<sup>999</sup> The evaluation of the previous EU Drugs Strategy in 2020, drawing on an assessment from the Civil Society Forum from 2018, pointed to the varying degrees of access and quality of these alternatives across Member States, with Portugal, Austria, the Netherlands and Spain rated overall well, while Cyprus and Bulgaria appeared to lag behind.<sup>1000</sup></p>	Lack of political will/ interest.
<b>Follow-up to the Study</b>			Preliminary findings point to limited progress in the	

<sup>997</sup> Survey with MS authorities (demand reduction), 10/25 to a great extent (CZ, DK, ES, FR, HR, MT, NL, PT, SI, SK), 12/25 to some extent (AT, BE, CY, DE, EL, FI, IT, LT, LU, PL, RO, SE), 3/25 not at all/rarely (BG, EE, LV).

<sup>998</sup> EMCDDA (2024), “Penalties for drug law offences in Europe at a glance”. Accessible at: [https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance\\_en](https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en)

<sup>999</sup> European Commission (2016), Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.

<sup>1000</sup> Civil Society Forum (2018), Report on the Implementation of the EU Drugs Strategy and the Action Plan, Accessible at: [http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2020/07/2018\\_CSF-report\\_final.pdf](http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2020/07/2018_CSF-report_final.pdf)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>on alternatives to coercive sanctions as response to drug law offences and drug related crimes concluded in 2016, e.g. through a possible Commission Recommendation on the topic.</b></p> <p><b>Produce more comprehensive and in-depth data, including on implementation barriers, and share and exchange best</b></p>		<p>implementation of alternatives to coercive sanctions, including scaling up availability, effective implementation, monitoring and evaluation measures. The Commission is working on possibly issuing Recommendations on the topic, with further work in this regard expected in 2025.</p>	<p>Majority of responding Member States report that since 2021 they have ensured the availability<sup>1001</sup> of alternatives to coercive sanctions or ensured their effective implementation<sup>1002</sup>. However, less than half produce data on implementation barriers (at least to some extent), while half don't do so at all.<sup>1003</sup> Half of the responding Member States have reported that since 2021 they have been exploring at least to some extent the possibilities of drug laws reforms towards decriminalisation of people who use drugs in line with UN and WHO entities, while the others have not at all.<sup>1004</sup> It is worth noting that in countries like the Netherlands, as drug use is not punishable, there is no need for alternatives to coercive sanctions.</p> <p>The 2016 study on alternatives to coercive sanctions committed the Commission to follow-up on the findings, potentially by issuing Recommendations on the topic, while respecting different national approaches. A call for evidence on the topic has been launched by the Commission in 2022, with the process yet to be finalised.<sup>1005</sup> The</p>	

<sup>1001</sup> Survey with MS authorities (demand reduction), 10/24 (AT, ES, FI, HR, HU, MT, NL, PL, PT, RO) responding to “great extent”, 11/24 (CY, DE, EE, EL, FR, IT, LT, LU, LV, SE, SI) to “some extent”. 3/16 (BG, CZ, SK) responded “not at all/rarely”.

<sup>1002</sup> Survey with MS authorities (demand reduction), 8/14 (AT, ES, FI, HU, MT, NL, PT, RO) responding to “great extent”, 11/24 (CY, DE, EE, FR, HR, IT, LU, LV, PL, SE, SI) to “some extent”. 5/24 (BG, CZ, EL, LT, SK) responded “not at all/rarely”.

<sup>1003</sup> Survey with MS authorities (demand reduction), 12/22 MS (AT, BG, CY, CZ, DE, EE, EL, HR, LU, MT, PL, SK) indicating not at all. 10/22 indicating to some extent (ES, FI, IT, LT, LV, NL, PT, RO, SE, SI). Others not responding.

<sup>1004</sup> Survey with MS authorities (demand reduction), 5/22 MS (CY, DE, LT, LV, PL) indicating to some extent and 7/22 (CZ, ES, IT, LU, MT, PT, SI) indicating to a great extent. Other 10/22 said not at all/rarely (AT, BG, EE, FI, FR, HR, NL, RO, SE, SK)

<sup>1005</sup> European Commission (2022), “Call for evidence: Drug-using offenders – alternatives to punishment.” Accessible at: [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12854-Drug-using-offenders-alternatives-to-punishment\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12854-Drug-using-offenders-alternatives-to-punishment_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
practices.			Commission expects further work to be undertaken in 2025, including additional consultations with key stakeholders. <sup>1006</sup>	

### Traffic light assessment Strategic priority 7

The assessment shows that there are delays in the implementation of the actions outlined under Strategic Priority 7, with limited progress across key areas.

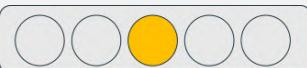
The EU and its Member States have made some progress in enhancing access to risk and harm reduction measures for people who use drugs, but the implementation of the Actions 43 to 49 of the Action Plan is inconsistent across Member States. This uneven progress has led to disparities in the availability and effectiveness of services like needle and syringe programs, opioid agonist treatment, and drug consumption rooms, which are essential for reducing harm and improving the social conditions of people who use drugs.

Despite the EU's framework for promoting harm reduction and the exchange of best practices, many Member States struggle to meet the WHO service provision targets, and there is a need for better integration of harm reduction into national health systems. The EU Drugs Strategy has prompted some advancements, such as the expansion of take-home naloxone programs and the establishment of new drug consumption rooms, but these services remain underutilised and contested in several Member States. Moreover, the coverage and access to these services vary significantly, with only five EU countries meeting the WHO's needle and syringe program targets.

In summary, while the EU has set out ambitious goals for risk and harm reduction, the practical implementation remains uneven and incomplete. The need for further investment in harm reduction measures and better coordination between health and social services is evident, as well as the necessity to adapt these services to address new drug trends and complex consumption patterns more effectively.

Assessment of strategic priorities on the basis of the cumulative assessment of the priority areas

<sup>1006</sup> Interviews with EU institutions and agencies (HOME)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
				

**AMBER:** In progress or some progress, but behind plan

**SWOT ANALYSIS Strategic priority 7**

Strengths	Weaknesses	Opportunities	Threats
Elaboration of strengths  Added value of harm reduction being defined as a separate policy area  Agreement on the relevance of the attached actions	Elaboration of weaknesses  Implementation across Member States uneven, leading to uneven access to key harm reduction measures  Need to adapt, enhance understanding of what minimum quality standards for effective harm reduction mean in view of new trends	Elaboration of opportunities  Efforts via EU-funded project to map best practices in implementation of MQS (e.g., FENIQS-EU)  EU-level framework shown to facilitate discussion at national level and inform national practice  Belgium Presidency leading discussions on revising MQS	Elaboration of threats  Changing drug consumption patterns require strengthening the evidence base to inform what effective harm reduction means in view of this (e.g., stimulant use, etc)

## A1.8 Strategic priority 8: Address the health and social needs of people who use drugs in prison settings and after release

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 50:</b> <b>Ensure evidence-based drug services, including opioid agonist treatment, rehabilitation and recovery, developing a continuum of care model in prison settings and the probationary service for drug using offenders, together with provisions to reduce stigma. It is essential to provide continued access to evidence-based drug services, equivalent to that provided in the community.</b>	8.1 Assure equivalence and continuity of healthcare provision in prison and by probationary services	 <b>AMBER:</b> In progress or some progress, but behind plan	<p>Health conditions, particularly mental health and substance use disorders, are more prevalent in prisons than in the general community. A study based on data collected in five Belgian prisons highlighted that drug use and associated mental health issues are significantly higher in prisons compared to the community, suggesting that the prison environment exacerbates the interconnection of biopsychosocial health aspects, which underscores the need for a more holistic approach to prison health policies and treatment initiatives.<sup>1007</sup></p> <p>Another study, based on a sample of 1326 adults (123 women) incarcerated across 15 prisons in Belgium, found that drug use is common among people who enter prison, with over half of those who used drugs before incarceration continuing to do so while imprisoned, and factors such as young age, treatment history, polydrug use, and poor mental health were associated with this continuation.<sup>1008</sup></p> <p>Drug use in prisons, including the reuse of contaminated injecting equipment, increases the risk of transmitting infections like hepatitis and HIV.<sup>1009,1010</sup></p>	According to WHO, it is not easy to provide healthcare in prisons, considering their design – with strict security protocols. <sup>1024</sup> <p>The overall design of prison systems is not well known or understood, with not always clear involvement of health authorities in assessing healthcare provision in prisons.</p> <p>Overall monitoring of prison health in Europe is insufficient, not allowing for</p>

<sup>1007</sup> Plettinckx E, Harth N, Damian E, Degreef M, Dirkx N, De Smet S, Gremeaux L. A mixed methods study about health problems and drug use in Belgian prisons during 2021-2022. Eur J Public Health. 2023 Oct 24;33(Suppl 2):ckad160.1122. doi: 10.1093/eurpub/ckad160.1122. PMID: PMC10597003.

<sup>1008</sup> Louis Favril, Drug use before and during imprisonment: Drivers of continuation, International Journal of Drug Policy, Volume 115, 2023, 104027, ISSN 0955-3959,

<https://doi.org/10.1016/j.drugpo.2023.104027>.

<sup>1009</sup> WHO/Europe (2024), “Health in prisons and places of detention international conference: mental health and well-being in focus.”

<sup>1010</sup> EMCDDA (2021), “Prison and drugs in Europe: current and future challenges”. Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>treatment, aiming to provide care equivalent to that available in the community. However, many other Member States face challenges such as insufficient data collection, inconsistent service provision, and varying levels of political commitment to these programs, which hinder the full development of a continuum of care model in prison settings. Additionally, efforts to reduce stigma and provide comprehensive rehabilitation services for drug-using offenders are still in progress, with significant gaps remaining in ensuring these services are accessible and</p>	<p>There is a consensus amongst interviewed Member States on the need for increased emphasis and better coordination of health aspects within prison settings, as current efforts are seen as insufficient. Countries like Ireland and Lithuania highlight the struggle with the lack of data and the challenges of ensuring consistent drug-related health services in prisons, which are often influenced by the shifting priorities of different EU Member States. While some progress has been made, such as the introduction of harm reduction services in prisons in Luxembourg and initiatives like the PRS 2020 project, there remains a significant gap in comprehensive data collection and consistent implementation of drug-related health policies across EU prison systems.<sup>1011</sup></p> <p>When reporting on healthcare provision in prison settings, Member States reported on ensuring equivalence in healthcare at least to some extent<sup>1012</sup>, with fewer reporting on developing continuum of care (with six reporting not at all/rarely).<sup>1013</sup> Even fewer</p>	<p>sufficient data on health in prisons (e.g., very few countries are able to report on prevalence of injection drug use among people in prisons).<sup>1025</sup></p>

<sup>1024</sup> WHO/Europe (2023), “Status report on prison health in the WHO European Region.” Accessible at: <https://www.who.int/publications/i/item/9789289054584>

<sup>1011</sup> Interviews with Member States (incl. DE, EL, IE, LU, LT, NL)

<sup>1012</sup> Survey with MS authorities (demand reduction), 10/24 MS (DE, ES, FI, HR, IT, LT, LU, MT, PT, SI) indicating to great extent and 11/24 MS (AT, BG, CY, CZ, EE, EL, FR, NL, PL, RO, SE) indicating to some extent. 3/24 (BE, LV, SK) responding not at all//rarely.

<sup>1013</sup> Survey with MS authorities (demand reduction), 8/24 MS (BE, DE, ES, FI, FR, HR, LT, MT) indicating to great extent and 10/24 MS (AT, BG, CY, LU, LV, PT, RO, SE, SI, SK) indicating to some extent. 6/24 (CZ, EE, EL, IT, NL, PL) responding not at all/rarely.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		equivalent to community-based care across the EU.	<p>Member States reported on reducing stigma, though still a majority reported on doing so at least to some extent (while eight reported not at all/rarely).<sup>1014</sup></p> <p>The WHO/Europe runs a Health in Prisons Programme (HIPP)<sup>1015</sup> to facilitate sharing of information and good practice in the area of prison health. However, it has been established via their monitoring that despite on-going efforts, it has not yet been possible to reach equivalence of healthcare provision when compared to the community, with people in prisons continuing to be extremely vulnerable and suffering from poor health.<sup>1016</sup> Achieving equivalence is also key in reaching the UN SDGs and achieving universal health coverage and better health for all.</p> <p>There also appears to be great diversity of ways in which health-system elements operate in prison settings, making it harder to draw clear conclusions according to the WHO. Data limitations particularly exist around substance use and mental health in prisons.<sup>1017</sup> Some</p>	

<sup>1025</sup> WHO/Europe (2023), “Status report on prison health in the WHO European Region.” Accessible at: <https://www.who.int/publications/i/item/9789289054584>

<sup>1014</sup> Survey with MS authorities (demand reduction), 7/24 MS (DE, ES, FI, HR, IT, MT, RO) indicating to great extent and 9/24 MS (AT, BE, CY, FR, LT, LU, SE, SI, SK) indicating to some extent. 8/24 (BG, CZ, EE, EL, LV, NL, PL, PT) responding not at all/rarely.

<sup>1015</sup> See: <https://www.who.int/europe/health-topics/prisons-and-health>

<sup>1016</sup> WHO/Europe (2023), “Status report on prison health in the WHO European Region.” Accessible at: <https://www.who.int/publications/i/item/9789289054584>

<sup>1017</sup> WHO/Europe (2023), “Status report on prison health in the WHO European Region.” p. 5, Accessible at: <https://www.who.int/publications/i/item/9789289054584>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>differences are informed by the fact that delivery of healthcare in prisons sits with <b>different authorities across Member States</b> and little is known about these systems.<sup>1018</sup> Greece, for example, highlighted that there is an issue of coordination because prisons are not the primary competence of health authorities and thus, there is a need more coordination for health aspects to be better covered.<sup>1019</sup> Where there is shared competence between both Ministry of Justice and Health for the provision of healthcare in prisons, there is insufficient information to determine how exactly this cooperation works in practice and what the exact division of responsibilities is.<sup>1020</sup> Overall it appears that the connection between public health administrations and prison health services varies, with little or no cooperation in some countries. WHO points out that within the wider Europe region fewer than 50% of countries reported the Ministry of Health or other health authorities as being responsible for the assessment of healthcare systems in prisons.<sup>1021</sup> Germany also reported that, given the federal structure and the associated legislative authority of the 16 federal states for the penal system, it is not possible to provide a uniform feedback on points linked to healthcare in prison settings in the context of this evaluation.<sup>1022</sup></p>	

<sup>1018</sup> For Italy, Luxembourg, France and Finland this is solely with the Ministry of Health. Meanwhile in Germany, Austria, Belgium, the Netherlands the responsibility sits with the Ministry of Justice solely. In all other Member States this is a shared competence between both Ministries.

<sup>1019</sup> Interviews with Member States.

<sup>1020</sup> WHO/Europe, Health in Prisons European Database (HIPED), Accessible at: [https://www.who.int/data/region/europe/health-in-prisons-european-database-\(hiped\)](https://www.who.int/data/region/europe/health-in-prisons-european-database-(hiped))

<sup>1021</sup> WHO/Europe (2023), “Status report on prison health in the WHO European Region.” P. 13, Accessible at: <https://www.who.int/publications/i/item/9789289054584>

<sup>1022</sup> Survey with MS authorities (demand reduction), (DE).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The fact that penitentiary authorities do not always have clear links to other actors working in the area of healthcare and drug demand and harm reduction also means there is less clarity on the implementation of minimum quality standards in harm reduction in the prison setting. As part of the case study carried out for this evaluation, all interviewed stakeholders stated that it is not clear to what extent prison administrations refer or work with established national and international guidelines in this area. Often CSOs have providing these services have limited access to prison settings to provide access to equal treatment.<sup>1023</sup></p>	
<b>Action 51:</b> <b>Facilitate the development of comprehensive policy response to drug issues in prisons and provide guidelines for Member</b>	8.1	 <b>AMBER:</b> In progress or some progress, but behind plan	<p>Only five of the surveyed Member States reported on having developed a comprehensive policy response to drug issues in prisons. With others reporting to have done so to “some extent” or not at all (two Member States).<sup>1026</sup></p> <p>As highlighted above, there is also an overall lack of monitoring and data collection on drug use and health in prisons, to allow for the development of a comprehensive policy.<sup>1027</sup></p>	Lack of political priority hinders the development of comprehensive policy responses to drug issues in prisons. This may lead to inadequate health services,

<sup>1023</sup> Case study on minimum quality standards in harm reduction, carried out as part of this evaluation.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>States for this purpose.</b>		Only five Member States report having developed a comprehensive policy response to drug issues in prisons.	WHO data also shows only some Member States have in place national guidelines on: 1) post-release substance-use-related deaths <sup>1028</sup> ; 2) treatment in prison for severe mental illness. <sup>1029</sup>	treatment and rehabilitation.
<b>Action 52:</b>  <b>Scale up access to testing and treatment for blood-borne infections alongside other evidence-based preventive measures that reduce the health risks associated with drug use in prison settings in the same way as is done in the</b>	8.2 Implementation evidence-based measure s in prison settings to prevent	 <b>RED:</b> Very little progress or considerably behind plan  Limited progress reported in combatting infectious diseases	Challenges persist in <b>combatting infectious diseases in prisons</b> , where environmental factors contribute to spread. <sup>1030</sup> Overall people in prisons are found to have higher rates of infection of HIV, hepatitis B and C and tuberculosis, with higher mortality than in the general population (with one of the risk factors being drug use and injecting drug use). <sup>1031</sup> This underscores the importance of further developing and making access to harm reduction measures in prisons more readily available.  Studies on harm reduction measures in prisons point to limited availability of information and difficulties in conducting comparisons among countries due to diverging data collection methods. Recent findings suggest that testing for infectious	The lack of availability of well-trained staff in prisons was also confirmed via the survey, with only few countries stating that they have been able to ensure the provision of harm reduction in prison settings by well-trained staff or

<sup>1030</sup> WHO (2023), “Creating supportive conditions to reduce infectious diseases in prison populations.” Accessible at: <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-8182-47950-70944>

<sup>1031</sup> EMCDDA (2021), “Prison and drugs in Europe: current and future challenges”. Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>community, implemented by well-trained staff or peers.</b>	and reduce drug use and its health consequences	<p>in prisons. While measures such as testing and treatment for blood-borne infections are largely available across Member States at least to some extent, their provision still remains limited (and few countries provide vaccinations upon entry or</p> <p>the availability of routine testing for infectious diseases on request). Furthermore, key harm reduction measures such as syringe programmes and naloxone in prison settings continue to be very limited/largely absent. Lastly, implementation of minim quality standards as regards harm reduction in prison</p>	<p>diseases is mainly provided at entry. Moreover, while coverage for HIV and tuberculosis treatment appears high, this is less the case for hepatitis B and C.<sup>1032</sup></p> <p>In Estonia, for example, HIV and HCV testing and treatment in prisons are well-covered, with 2,500 HIV tests and 1,028 HCV tests conducted in 2022, and 90% of HIV-positive inmates receiving antiretroviral therapy, although the seropositive rate remains high among the prison population. However, no prisons in Estonia offer needle exchange programmes.</p> <p>Surveys from Member States suggest that the most commonly available measure in prisons is some availability of testing and treatment for blood-borne infections in prisons<sup>1033</sup>. Meanwhile the availability of other harm reduction measures from syringe programmes<sup>1034</sup> and naloxone in prison settings<sup>1035</sup> continues to be very limited/largely absent (and where available, is available in a limited number of prisons).</p> <p>Specifically, in a 2021 EMCDDA study, it was concluded that syringe programmes were available only in three European countries: Germany, Spain and Luxembourg. Of</p>	peers. <sup>1048</sup>

<sup>1032</sup> Stöver H, Tarján A, Horváth G, Montanari L. (2021), “The state of harm reduction in prisons in 30 European countries with a focus on people who inject drugs and infectious diseases.” Harm Reduct J. 2021 Jun 29;18(1):67. Accessible at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8240363/#:~:text=Their%20incarceration%20further%20increases%20the,have%20contact%20with%20during%20imprisonment>.

<sup>1033</sup> Survey with MS authorities (demand reduction), 15/25 to a great extent (BE, CZ, DE, DK, ES, FI, FR, HR, IT, LT, LU, MT, PT, SE, SI), 10/25 to some extent (AT, BG, CY, EE, EL, LV, NL, PL, RO, SK).

<sup>1034</sup> Survey with MS authorities (demand reduction), 3/24 to a great extent (ES, LU, MT), 3/24 to some extent (CY, PL, RO). 18/24 not at all/rarely (AT, BE, BG, CZ, DE, EE, EL, FI, FR, HR, IT, LT, LV, NL, PT, SE, SI, SK)

<sup>1035</sup> Survey with MS authorities (demand reduction), 7/24 to a great extent (DE, ES, LT, MT, NL, SE, SI), 5/24 to some extent (BE, CY, EE, EL, LU). 12/24 not at all/rarely (AT, BG, CZ, FI, FR, HR, IT, LV, PL, PT, RO, SK).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		settings is difficult to measure/assess.	<p>those three, in Germany, the programme existed only in one women's prison in Berlin.<sup>1036</sup> As such, Germany had also responded in the survey conducted for this evaluation that needle/syringe programmes exist rarely/are not available. Additionally to these countries, only Malta reported on having syringe programmes available in prisons to a great extent. In the 2021 EMCDDA report, countries like France reported at the time on the lack of regulatory measures to allow for the implementation of syringe and needle programmes in prisons (despite the availability of legal provisions authorising such programmes). Meanwhile in the Netherlands it was reported that there was no indication of injecting drug use in prisons that would warrant such measures.<sup>1037</sup></p> <p>EMCDDA also reported in 2023 that four countries did not have HBV vaccinations accessible in prisons for people who inject drugs.<sup>1038</sup> WHO data<sup>1039</sup> shows that few countries offer Hepatitis B vaccine to all eligible people who are incarcerated<sup>1040</sup>, while some offer it to at-risk groups<sup>1041</sup> and few offer it at request.<sup>1042</sup></p>	

<sup>1048</sup> Survey with MS authorities (demand reduction), 6/24 to a great extent (DE, ES, LT, LU, MT, SE), 9/24 to some extent (AT, CY, FI, FR, HR, LV, PT, RO, SI). 9/24 not at all/rarely (BE, BG, CZ, EE, EL, IT, NL, PL, SK).

<sup>1036</sup> EMCDDA (2021), "Prison and drugs in Europe: current and future challenges". p.73; Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

<sup>1037</sup> EMCDDA (2021), "Prison and drugs in Europe: current and future challenges". p.73; Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

<sup>1038</sup> EMCDDA (2023), EU Drug Report 2023.

<sup>1039</sup> WHO/Europe (2023), "Status report on prison health in the WHO European Region." Annex 5. Accessible at: <https://www.who.int/publications/i/item/9789289054584>

<sup>1040</sup> ES, FI, FR, IE, IT, LT, PT, SE.

<sup>1041</sup> CZ, EE.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>As regards testing for infectious diseases, according to WHO<sup>1043</sup> only few Member States offer HIV testing on admission to prison (which is not mandatory)<sup>1044</sup> and similarly few offer testing on admission (not mandatory) for Hepatitis B<sup>1045</sup> and C<sup>1046</sup>. Even fewer countries offer routine testing on an opt-out basis for the three infectious diseases.</p> <p>The case study on minimum quality standards in harm reduction (with a focus on Czech Republic, Cyprus and Slovenia) also highlighted the difficulties in ensuring equivalence in standards of care for harm reduction measures in prisons due to their different administrative set-ups. Some interviewed stakeholders also pointed to the lack of understanding/ scepticism of staff in prisons toward harm reduction measures.<sup>1047</sup></p>	
<b>Action 53:</b> <b>Reduce overdoses and</b>	8.3 Provide overdose		Mortality rates among the prison population in Europe are significantly higher than in the general population, with the risk of suicide being particularly elevated, about seven times higher than in the general population. Drug-related issues, including overdose and	Reducing risks of overdose includes, among others:

<sup>1042</sup> CZ, DK, HR, SK, SI.

<sup>1043</sup> WHO/Europe (2023), “Status report on prison health in the WHO European Region.” Accessible at: <https://www.who.int/publications/i/item/9789289054584>

<sup>1044</sup> BE, BG, CZ, DK, HR, IE, IT, NL, PL.

<sup>1045</sup> BE, DK, EE, HR, IE, IT, LV, NL, PL, SE. In BG it is offered by an NGO.

<sup>1046</sup> BE, DK, EE, HR, IE, IT, MT, NL, PL. In BG it is offered by an NGO.

<sup>1047</sup> See case study on “Minimum Quality Standards in Harm Reduction” conducted as part of this study.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>drug-related mortality in prison and upon release, by providing overdose awareness training and where possible take-home naloxone. Upon release, provide drug-using offenders with access to healthcare and social services, employment, housing and support for reintegration into society.</b>	prevention and referral services to ensure continuity of care on release	<b>RED:</b> Very little progress or considerably behind plan  While many demand reduction interventions have been implemented in prisons in Europe, this has often been delayed and often done with insufficient coverage, including assessment of drug use, drug information provision and drug prevention, pharmacological treatment (including opioid substitution treatment), psychological interventions and interventions targeting drug-related infectious diseases. Naloxone is more available than syringe programmes, but is still limited to a few countries.	<p>the use of new psychoactive substances, are major contributing factors to these deaths, particularly during the early stages of incarceration.<sup>1049</sup> Germany and the Netherlands noted that the number of overdoses and drug-related mortality in prisons and upon release has remained low and it was already very low before the year 2021. The Slovak Republic has not recorded any deaths due to drug overdose in recent years. This is because some incarcerated persons are ordered by the court to receive protective treatment, which is carried out even under the conditions of imprisonment. In addition, before the end of the sentence, imprisoned persons are placed in exit sections, where a team of experts (pedagogue, psychologist, social worker) attends to them and prepares them for life in a civilian environment after release.<sup>1050</sup></p> <p>As reported by EMCDDA, while many demand reduction interventions have been implemented in prisons in Europe, this has often been delayed and often done with insufficient coverage, including assessment of drug use, drug information provision and drug prevention, pharmacological treatment (including opioid substitution treatment), psychological interventions and interventions targeting drug-related infectious diseases.<sup>1051</sup> Similarly, interviewed Member States shared that they face challenges in coordinating efforts to address drug use in prisons, partly because prison-related health issues often fall outside the primary competencies of health authorities, leading to inconsistent emphasis and implementation across different countries. For example, Ireland struggles with limited data on drug use in prisons, which complicates the development of effective policies, and Lithuania has identified gaps in addiction treatment and harm reduction services within its prison system.</p>	Retention in opioid substitution treatment Overdose risk assessment Overdose awareness

<sup>1049</sup> EMCDDA (2021), “Prison and drugs in Europe: current and future challenges”. p.8; Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

<sup>1050</sup> Survey with MS authorities (demand reduction)

<sup>1051</sup> EMCDDA (2021), “Prison and drugs in Europe: current and future challenges”. p.8; Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Naloxone is more available than syringe programmes, but is still limited to a few countries. In the 2021 EMCDDA report, take-home naloxone programmes for people in prisons were recorded for Estonia, France, Norway and the UK (with a pilot project in Germany/Bavaria at the time).<sup>1052</sup> In the survey conducted for this study in 2024, Spain, Lithuania, Malta, the Netherlands, Sweden and Slovenia reported on having take home naloxone available in prisons “to a great extent” and Belgium, Cyprus, Estonia, Greece and Luxembourg to “some extent”, showing a potential increase in the availability of naloxone. Still, other countries reported on such programmes being available rarely/ not at all.</p> <p>Overall, only three Member states reported on having actions in place to reduce overdose and drug-related mortality in prisons and upon release “to great extent”.<sup>1053</sup> Similarly only three provide overdose awareness training and where possible take-home naloxone upon release “to a great extent”.<sup>1054</sup> While only eight Member States ensure access to healthcare and social services, employment, housing and support for reintegration “to a great extent” upon release.<sup>1055</sup></p>	

<sup>1052</sup> EMCDDA (2021), “Prison and drugs in Europe: current and future challenges”. p.74; Accessible at: [https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe\\_en](https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en)

<sup>1053</sup> Survey with MS authorities (demand reduction), 3/24 to a great extent (DE, MT, SK), 14//24 to some extent (AT, BE, BG, CY, ES, FI, FR, HR, LT, LU, PL, RO, SE, SI). 7/24 not at all/rarely (CZ, EE, EL, IT, LV, NL, PT).

<sup>1054</sup> Survey with MS authorities (demand reduction), 3/24 to a great extent (DE, LT, MT), 9//24 to some extent (BE, CY, EE, ES, FR, LU, PL, RO, SI). 12/24 not at all/rarely (AT, BG, CZ, EL, FI, HR, IT, LV, NL, PT, SE, SK).

<sup>1055</sup> Survey with MS authorities (demand reduction), 8/24 to a great extent (DE, FI, HR, IT, LT, MT, RO, SE), 14//24 to some extent (AT, BE, CY, CZ, EL, ES, FR, LU, LV, NL, PL, PT, SI, SK). 2/24 not at all/rarely (BG, EE).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 54:</b>  <b>Implement training for prison staff to better detect drugs entering prisons, increase awareness of the issue and implement evidence-based health related drug responses within the prison environment. Increase cooperation with law enforcement and other relevant agencies.</b>	8.4 Restrict availability of drugs in prisons	  <b>AMBER:</b> In progress or some progress, but behind plan <p>Whilst quantitative evidence on the number and type of training for prison staff on drug issues is lacking, the EU and its Member States have made varied progress in implementing training for prison staff on drug detection and health responses, with some countries enhancing cooperation between prison authorities, law enforcement, and health agencies, but overall implementation remains inconsistent due to resource and institutional differences.</p>	<p>The EU and its Member States have undertaken varying efforts to implement training for prison staff to better detect drugs, increase awareness of drug-related issues, and apply evidence-based health responses in prisons. EMCDDA provides resources aimed at standardising practices across Member States. Training could reduce the danger of overdosing, including pre-release counselling, training in first aid and overdose management, optimising referral to ensure continuity of drug treatment between prison and community, and distributing naloxone. However, the extent of training implementation differs widely, with some countries integrating comprehensive programmes that address both drug detection and health-related responses, while others focus more on security measures.<sup>1056</sup> None of the consulted Member States were able to provide any data on number or type of trainings carried out. Anecdotal evidence from Romania shows that in 2024 information activities for 162 prison staff members were carried out.<sup>1057</sup></p> <p>Cooperation between prison authorities, law enforcement, and other relevant agencies has been a key aspect of the Drugs strategy to combat drug use in prisons. Despite these efforts, there are significant challenges and variations in the implementation of training and cooperation across the EU. Resource and capacity constraints, cultural and institutional differences, and varying levels of political commitment lead to disparities in the quality and comprehensiveness of training programs among Member States. While the EU provides a framework and guidance, the actual implementation of these initiatives depends largely on national priorities and the specific context within each country.</p>	<b>Prison Environment and Culture:</b> Integrating health-focused training in prisons requires overcoming a security-dominated culture and addressing staff attitudes, perceptions, and resource limitations.  <b>Policy and Legal Framework:</b> Supportive national and institutional policies, along with adherence to legal requirements, are crucial for guiding effective training on drug detection and health responses in prisons.  <b>Training Content and</b>

<sup>1056</sup> EMCDDA (2023) Prisons and drugs: health and social responses [https://www.euda.europa.eu/publications/mini-guides/prisons-and-drugs-health-and-social-responses\\_en](https://www.euda.europa.eu/publications/mini-guides/prisons-and-drugs-health-and-social-responses_en)

<sup>1057</sup> Survey with MS authorities (demand reduction)

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The majority of Member States reported on the availability of training for prison staff to some extent.<sup>1058</sup></p> <p>This is true when it comes to trainings for staff to better detect drugs entering prisons<sup>1059</sup>, increased awareness of the issue of drugs in prisons<sup>1060</sup>.</p> <p>Member States also reported on having implemented evidence-based health-related drug responses within the prison environment to a great extent<sup>1061</sup> or having increased (to a great extent) cooperation with law enforcement and other relevant agencies<sup>1062</sup>.</p>	<p><b>Methodology:</b> Training programs should be evidence-based, practically relevant, and include ongoing professional development to keep staff updated on drug-related issues and interventions.</p> <p><b>Interagency Collaboration:</b> Effective training benefits from collaboration between prison management, health authorities, and external organizations</p>

<sup>1058</sup> Survey with MS authorities (demand reduction), 4/16 MS (ES, LT, LU, MT) indicating to a great extent and 7/16 MS (AT, FI, FR, HR, LV, PT, SI) indicating to some extent, 5/16 (BE, BG, CZ, EE, SK) indicating not at all/rarely.

<sup>1059</sup> Survey with MS authorities (demand reduction), 5/23 to a great extent (DE, EL, HR, MT, RO), 16/23 to some extent (AT, BE, BG, CY, EE, ES, FI, FR, LT, LU, NL, PL, PT, SE, SI, SK). 2/23 not at all/rarely (CZ, LV).

<sup>1060</sup> Survey with MS authorities (demand reduction), 7/23 to a great extent (DE, EL, HR, LT, MT, RO, SK), 15/23 to some extent (AT, BE, BG, CY, CZ, ES, FI, FR, LU, LV, NL, PL, PT, SE, SI). 1/23 not at all/rarely (EE).

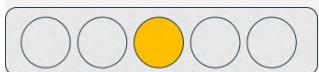
<sup>1061</sup> Survey with MS authorities (demand reduction), 5/23 to a great extent (DE, HR, LT, MT, RO), 15/23 to some extent (AT, BE, BG, CY, CZ, EL, ES, FI, LU, NL, PL, PT, SE, SI, SK). 3/23 not at all/rarely (EE, FR, LV).

<sup>1062</sup> Survey with MS authorities (demand reduction), 6/23 to a great extent (DE, EL, HR, LT, MT, RO), 15/23 to some extent (AT, BE, BG, CY, ES, FI, FR, LU, LV, NL, PL, PT, SE, SI, SK). 2/23 not at all/rarely (CZ, EE).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
				to combine security and healthcare perspectives.

### Traffic light assessment Strategic priority 8

Narrative summary of assessment



#### AMBER:

The EU has made uneven progress in addressing the health and social needs of people who use drugs in prison settings and after release. While some countries have implemented harm reduction services in prisons, including needle exchange programs and opioid agonist treatment, many others face challenges such as insufficient data collection, inconsistent service provision, and varying political commitment. These challenges hinder the development of a consistent continuum of care model in prison settings, which is crucial for ensuring that drug-using offenders receive care equivalent to what is provided in the community.

Additionally, there are significant gaps in reducing stigma and providing comprehensive rehabilitation services for drug-using offenders. The situation is complicated by the diverse governance structures across Member States, where healthcare in prisons is often managed by different ministries, leading to inconsistencies in policy implementation and quality of care. There is a consensus among Member States on the need for better coordination of health aspects within prison settings, as current efforts are often seen as insufficient, with some countries highlighting the lack of data and challenges in ensuring consistent drug-related health services in prisons.

The WHO's Health in Prisons Programme (HIPP) has noted that achieving equivalence in healthcare provision in prisons remains a significant challenge, and the implementation of drug-related health policies varies widely across the EU. This highlights the need for improved coordination and a more standardised approach to prison health services to ensure that the needs of incarcerated individuals are effectively met, and that they receive adequate support during and after their release.

### SWOT ANALYSIS Strategic priority 8

Action	Priority area	Assessment of progress/ implementation	Presentation of evidence and assessment		Contextual factors influencing the results
Strengths	Weaknesses	Opportunities	Threats		
<p>Elaboration of strengths</p> <p>Having a dedicated strategic priority linked to prison settings is highly relevant and brings the issue to national and international attention.</p> <p>Set out priorities and actions in line with work carried out by WHO in this sphere</p>	<p>Elaboration of weaknesses</p> <p>Not a key priority on political agendas: An area that requires national-level implementation and therefore little progress will be achieved without national buy-in</p> <p>Lack of understanding of different national systems and clear cooperation between health and judicial authorities makes it harder to draw comparisons</p> <p>Insufficient training/ lack of awareness among prison staff</p>	<p>Elaboration of opportunities</p> <p>Health interventions in prisons (including harm reduction measures) can provide opportunities for delivering treatments to a population that may have largely before had limited access to health care and healthy living</p> <p>Supporting improved healthcare in prisons supports the achievement of UN SDGs linked to health and well-being overall</p> <p>Work of UN and WHO in this sphere provide opportunities for joint action and exchange of best practice</p>	<p>Elaboration of threats</p> <p>Not adequately addressing drug use in prisons could lead to reintegration challenges, recidivism and reoffending.</p> <p>Lack of progress on testing and treatment is likely to bring increased health risks and further spread of infectious diseases</p>		

## A1.9 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

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 55: Contribute to shaping the international agenda on drugs policy in line with the approach and objectives of the EU Drugs Strategy	9.1	 <p>- <b>LIGHT GREEN:</b> In progress or ongoing but on target</p> <p>Evidence available suggests that the responsible parties for the implementation of this Action are progressing towards the completion of the Action. However, information is limited in certain instances, due to the fact that several Member States do not collect specific data on the implementation of this Action.</p>	<p>The EU's contributions to shaping the international agenda on drug policy are rooted in its advocacy for a balanced approach, as outlined in its Drugs Strategy and Action Plan. This balanced approach, which integrates both supply and demand reduction strategies, is consistently promoted by the EU in international forums like the Commission on Narcotic Drugs (CND). Through these platforms, the EU underscores the importance of comprehensive drug policies that address various facets of the issue, ensuring that its strategies are reflected in global discussions.</p> <p>In addition to promoting a balanced approach, the EU places a strong emphasis on evidence-based policymaking. By funding research and data collection at both EU and international levels, the EU advocates for drug policies that are grounded in scientific evidence. This commitment to evidence-based approaches is also evident in the EU's participation in international meetings, where it champions policies informed by research and data. Furthermore, the EU is a vocal proponent of integrating human rights into drug policy, as seen in its active involvement in UN meetings and its organisation of events like the "Human Rights and Drugs" conference, which highlights the importance of protecting human rights within the framework of global drug policy.</p> <p>The EU also actively promotes alternative development programmes, particularly in drug-producing regions, through collaborations with countries in Latin America and Asia. These programs are part of a broader strategy to address the root causes of drug cultivation by providing sustainable economic alternatives. The EU's role in global drug policy is further strengthened by its partnerships with international</p>	<p>Several contextual factors influence the shaping of the international agenda on drugs policy in line with the EU Drugs Strategy:</p> <p><b>Global Trends and Challenges:</b> The evolving nature of drug markets, including the rise of new psychoactive substances, digital drug trade, and the impact of globalization, necessitates a coordinated international response that aligns with the EU's objectives.</p> <p><b>Human Rights Considerations:</b> The EU Drugs Strategy emphasizes a balanced approach, integrating public health and human rights. This focus influences the EU's stance in international forums, promoting policies that ensure the</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>organisations such as the UNODC and WHO, and through the collective actions of its Member States in international discussions. These efforts, combined with the EU's leadership in sponsoring resolutions and participating in global initiatives, demonstrate its commitment to aligning international drug policies with the objectives of its Drugs Strategy.</p> <p>The surveyed EU Delegations shared that with respect to the 11 EU Drugs Strategy priorities, the objective of improving cohesiveness of EU's participation in UN policy processes has been achieved to a great extent.<sup>1063</sup> Cohesion impacted positively on the ability of the EU to promote with unity, at the international level, the advancement of the international agenda on drugs policy. For instance, one stakeholder emphasised the cohesive approach that the EU had during the 66<sup>th</sup> Session of the CND which importantly contributed to the adoption of the final document.<sup>1064</sup></p> <p>Since 2021, the majority of the Member States have contributed to some extent to shaping the international agenda on drugs policy in line with the EU Drugs Strategy.<sup>1065</sup></p> <p>While the majority of the Member States do not collect information on the</p>	<p>protection of human rights in drug-related matters.</p> <p><b>Geopolitical Dynamics:</b> The EU's relationships with other major international players, such as the United States, Russia, and China, as well as its interactions with neighbouring regions affected by drug production and trafficking, shape its approach to international drug policy.</p> <p><b>International Cooperation and Partnerships:</b> The EU actively collaborates with international organizations, such as the United Nations Office on Drugs and</p>

<sup>1063</sup> EU Delegations survey, (Q 14.3): 6 out of 16 selected "to a great extent"; 3 out of 16 selected "to a moderate extent"; 1 out of 16 selected "to a small extent"; 1 out of 16 selected "not at all"; 6 out of 16 selected "don't know".

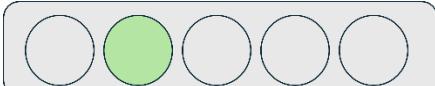
<sup>1064</sup> Interview with EU stakeholder

<sup>1065</sup> Survey for Member State authorities – Action 55 (Section cross-cutting themes and actions, strategic priority 9): 7 out of 25 respondents (CZ, DE, FR, HR, MT, NL, RO) selected "great extent", 16 out of 25 respondents (AT, BE, BG, CY, EL, ES, FI, IT, LT, LU, LV, PL, PT, SE, SI, SK) selected "some extent", 2 out of 25 (DK, EE) selected "not at all".

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>implementation of Action 55,<sup>1066</sup> some Member States reported relevant examples about the implementation of the action.</p> <p>Member States reported on their active participation in the Commission on Narcotic Drugs (CND) and other UN events, as well as collaborative projects with third countries. For example, the Czech Republic, Germany, Italy, France, Portugal, Romania, Spain, and Malta have all highlighted their involvement in international meetings and initiatives. In 2023, the Czech Republic.<sup>1067</sup> participated in several meetings at the international level, including at the UN and Council of Europe level, as well as by organising side events such as the conference “Human rights and drugs: What have we learned and where we are heading to?” that was organised as a side event as part of the 66th CND meeting. Germany as well reported on the organisation of side events in the context of CND meetings, that aim to strengthen development-oriented drug policy approaches. The country is indeed vocal on the promotion of alternative development, through the promotion of resolutions in the context of CND meetings as well as projects in cooperation with third countries, for instance within the COPOLAD III framework.</p>	<p>Crime (UNODC) and the World Health Organization (WHO), to align global drug policy with the principles of the EU Drugs Strategy, including demand and harm reduction.</p> <p><b>EU Member States' Priorities:</b> The diverse perspectives and priorities of EU Member States influence the collective stance the EU takes in international drug policy negotiations. Countries with different experiences and challenges related to drug use and trafficking contribute to a nuanced and comprehensive EU position.</p>

<sup>1066</sup> Survey for Member State authorities – Action 55 (Section cross-cutting themes and actions, strategic priority 9): 13 out of 25 selected “NO” (AT, BE, BG, DK, EE, FI, LT, LU, LV, PL, SE, SI, SK), 12 out of 25 selected “YES” (CY, CZ, DE, EL, ES, FR, HR, IT, MT, NL, PT, RO).

<sup>1067</sup> Available at: <https://vlada.gov.cz/cz/ppov/protidrogova-politika/vyrocní-zpravy/zprava-o-cinnosti-rady-vlady-pro-koordinaci-protidrogove-politiky-za-rok-2011-96884/>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 56: Strengthening partnerships with UN and international bodies	9.1	 <b>LIGHT GREEN:</b> In progress or ongoing but on target <p>Evidence available suggests that both the EU and Member States both alone and via the EU are contributing to strengthening partnerships with international organisations. This is confirmed also by stakeholders from international organisations, even if one stakeholder emphasised the need to improve partnership with International Narcotics Control Board (INCB).</p>	<p>The majority of the Member States shared that they contributed to strengthening partnerships and supporting UNODC to a great extent,<sup>1068</sup> WHO to some extent,<sup>1069</sup> INCB to some extent,<sup>1070</sup> and other UN bodies to some extent.<sup>1071</sup> The Member States develop relations with these international organisations through different means, for instance by regularly participating in meetings with them via their embassies, by keeping communications and promoting bilateral projects, as well as by advocating for their key role to advance the international agenda on drugs policy.</p> <p>For instance, Member States contribute to the work of the UNODC by regularly answering to the Annual Report Questionnaire used for the drafting of the World Drugs Report. They also share national data for the drafting of the INCB annual report. In addition, Member States finance a variety of projects – such as France which contributes to the financing of UNODC/WHO/UNAIDS projects.</p> <p>It should, however, be noticed that all Member States responding to the question in the survey shared that the impact of their contribution to the implementation of this action is not measured.<sup>1072</sup> This caveats the possibility of fully evaluating the implementation of the action.</p>	<b>Development-Oriented Approaches:</b> The EU Drugs Strategy advocates for alternative development approaches in drug-producing regions, promoting sustainable livelihoods to reduce dependence on illicit drug economies. This approach shapes the EU's international engagements and initiatives. <b>Public Health Crises:</b> The emergence of health crises, such as the opioid epidemic or the COVID-19 pandemic, impacts

<sup>1068</sup> Survey for Member State authorities – Action 56 (Section cross-cutting themes and actions, strategic priority 9): 13 out 25 selected “great extent” (CZ, DE, EL, ES, FR, HR, IT, MT, NL, PL, PT, SI, SK), 11 out of 25 selected “some extent” (AT, BE, BG, CY, DK, FI, LT, LU, LV, RO, SE), 1 out of 25 selected “not at all” (EE).

<sup>1069</sup> Survey for Member State authorities – Action 56 (Section cross-cutting themes and actions, strategic priority 9): 6 out of 25 selected “great extent” (CZ, EL, HR, MT, NL, SK), 14 out of 25 selected “some extent” (AT, BG, CY, ES, FI, FR, IT, LT, LU, LV, PL, PT, RO, SI), 5 out of 25 “not at all” (BE, DE, DK, EE, SE).

<sup>1070</sup> Survey for Member State authorities – Action 56 (Section cross-cutting themes and actions, strategic priority 9): 7 out of 25 selected “great extent” (EL, FR, HR, MT, NL, SI, SK), 13 out of 25 selected “some extent” (AT, CY, CZ, DE, ES, FI, IT, LT, LU, LV, PL, RO, SE), 5 out of 25 selected “not at all” (BE, BG, DK, EE, PT).

<sup>1071</sup> Survey for Member State authorities – Action 56 (Section cross-cutting themes and actions, strategic priority 9): 5 out of 22 selected “great extent” (FR, MT, NL, PT, SK), 10 out of 22 selected “some extent” (AT, CY, CZ, DE, ES, FI, IT, RO, SE, SI), 7 out of 22 selected “not at all” (BE, BG, DK, EE, HR, LV, PL).

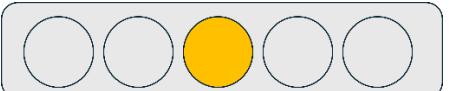
<sup>1072</sup> Survey for Member State authorities – Action 56 (Section cross-cutting themes and actions, strategic priority 9): 19 out of 19 selected “NO” (AT, BE, BG, CY, CZ, DK, EE, FI, HR, IT, LT, LU, LV, MT, PL, PT, SE, SI, SK).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>According to international stakeholders, the Action Plan has contributed to favour cooperation with international organisations, such as the UNODC.<sup>1073</sup> In particular, the EU has strengthened partnerships with these organisations by financing projects in several regions in the world – e.g., South America – as well as by informing with data policy developments at the international level.<sup>1074</sup></p> <p>Contrary to the above, one stakeholder emphasised that coordination and the partnership with INCB needs to be strengthened.<sup>1075</sup></p>	<p>drug use patterns and necessitates adaptive policy responses. The EU leverages its strategy to address these crises on an international level.</p> <p><b>Advances in Research and Evidence-Based Policy:</b> The EU Drugs Strategy is informed by the latest research and evidence on effective drug policy interventions. This evidence-based approach guides the EU's contributions to shaping the international drug policy agenda.</p> <p>These factors collectively shape how the EU influences and contributes to the international agenda on drugs, ensuring alignment with its strategic objectives of</p>

<sup>1073</sup> Interview with stakeholder from international organisation.

<sup>1074</sup> Interview with stakeholder from international organisation.

<sup>1075</sup> Interview with stakeholder from international organisation.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
				reducing drug demand, supply, and harm while promoting public health and safety.
Action 57 Continuing and reinforcing drugs dialogues or meetings with priority countries and regions	9.2	 <b>AMBER:</b> In progress or some progress, but behind plan  Evidence suggests that Member States and the EU have made progress towards the completion of this Action. However, cooperation needs to be reinforced by properly integrating the balanced approach and revising the priority countries and regions.	<p>The majority of the Member States have continued and reinforced dialogues with priority countries and regions to some extent.<sup>1076</sup> According to stakeholders, dialogues with third countries are maintained in different settings. For instance, Germany shared that policy dialogues on drugs are developed within the framework of the HGD but also at the margins of international settings, such as CND meetings. In addition, the country engages with third countries through several projects on the topic of drugs policy, that carried out in partnership. The Netherlands also reports on dialogues being reinforced not only in the context of international initiatives, such as the US Global coalition, Community of Latin American and Caribbean States (CELAC) and Western Balkans initiatives, but also bilateral contacts with numerous countries in the world, including Iran and Caribbean partners. Also, other Member States, such as Romania and Malta referred to similar forms of cooperation.</p> <p>However, Member States shared that the impact of these intervention was not measured in the majority of the cases,<sup>1077</sup> and this impacts on the assessment of the implementation of the action.</p> <p>While half of the respondents to the EU Delegation survey shared that the EU</p>	Willingness of third countries and regions to cooperate  Geopolitical factors impacting on cooperation (e.g., frozen cooperation with Russia)  Ability of the EU to address policies of interest to third country partners in the context of the dialogues

<sup>1076</sup> Survey for Member State authorities – Action 57 (Section cross-cutting themes and actions, strategic priority 9): 7 out of 24 selected “great extent” (DE, ES, FR, HR, NL, PL, SI), 11 out of 24 selected “some extent” (AT, BE, BG, CZ, EL, IT, LT, LV, MT, PT, RO), 6 out of 24 selected “not at all” (CY, EE, FI, LU, SE, SK).

<sup>1077</sup> Survey for Member State authorities – Action 57 (Section cross-cutting themes and actions, strategic priority 9): 19 out of 22 selected “NO” (AT, BE, BG, CY, CZ, EE, EL, FI, HR, IT, LT, LU, LV, MT, PL, PT, SE, SI, SK), 3 out of 22 selected “YES” (EL, HR, RO).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Drugs Strategy did not help to continue and / or reinforce dedicated dialogues or meetings on drugs with third countries and regions (or they were unable to determine its impact in this area), half of the respondents believed that it contributed at least to a minor extent.<sup>1078</sup> One stakeholder shared that the lack of knowledge of the Strategy has not prevented the Delegation to continue facilitating cooperation with the third country. On the contrary, another stakeholder shared that the Drugs Strategy contributed to the set-up of programmes with third countries that facilitate knowledge exchange, capacity building, and joint operations, strengthening regional cooperation in drugs policy.</p> <p>Moreover, half of the Delegations replying to the survey also shared that the Drugs Strategy and Action Plan addressed the need to achieve a better international cooperation with third countries, regions and international organisations operating in the field, at least to a moderate extent.<sup>1079</sup></p> <p>One EU stakeholder shared that the EU should do more to encourage concrete outcomes from these dialogues, because through the concretisation of these dialogues, the EU would be able to promote internationally its approach on drugs policy.<sup>1080</sup> This would also help third countries to promote countermeasures to react to the drugs phenomenon. The stakeholder also shared that the definition of the priority countries and regions should be re-discussed, in light of the lack of cooperation with countries such as Russia and Iran and in order to include African countries.</p> <p>Another EU stakeholder shared that countries from Latin America are satisfied with the high-level dialogues that have been created with the EU, however, there</p>	

<sup>1078</sup> EU Delegations survey, (Q 15): 3 out of 16 selected “to a great extent”, 3 out of 16 selected “to a moderate extent”, 2 out of 16 selected “to a minor extent”, 5 out of 16 selected “not at all”, 3 out of 16 selected “don’t know”.

<sup>1079</sup> EU Delegations survey, (Q 7): 1 out of 16 selected “to a full extent”, 3 out of 16 selected “to a great extent”, 4 out of 16 selected “to a moderate extent”, 3 out of 16 selected “to a minor extent”, 5 out of 16 selected “don’t know”.

<sup>1080</sup> Interview with EU stakeholder.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>are topics which are key and important to partners in third countries that are not properly covered from the EU action and policy (e.g. links with other crimes such as environmental crime), and this might impact on the cooperation with third countries.<sup>1081</sup></p> <p>EMCDDA has extensively contributed so far to the completion of this action by organising several expert dialogues with third partners, namely through the technical cooperation projects, by publishing, at the end of 2022, regional overviews on cross-border health and security drug threats in the Western Balkan, South and Eastern Partnership countries and by generating the data/information to support the expert dialogues through several funded projects (IPA7, IPA8, EU4MD, EU4MD II).</p> <p>In addition, Europol has strengthened its cooperation with 3rd countries in the field of drugs, in particular by concluding Working Arrangements with Chile, Ecuador, Armenia, India, Qatar, Korea and supported DG JUST in the negotiation of International Agreements between the EU and 5 Latin American countries. Furthermore, Europol actively and consistently contributed to the various national and regional dialogues organised by Commission over the reporting period (e.g. EU-US dialogue on Drugs; EUCELAC High-Levela and technical meetings; EU-China Dialogue etc.). Finally, as noted under action 15, significant steps were undertaken by Europol to enhance information exchange and investigative actions with third countries and regions constituting major source or transit hubs for drugs through the inclusion of third countries in High Value Targets related investigations and enhanced partnerships at both strategic and operational levels.</p>	

<sup>1081</sup> Interview with EU stakeholder.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 58 Use the Dublin Group to analyse and exchange views on the drugs situation in the world	9.2	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Despite limited information available, it is clear from the feedback provided by stakeholders that despite the usefulness of the Dublin Group still major progress can be done in order to make the Group's work more relevant and useful, as well as to invest on the Group. However, data to evaluate the implementation of this action is still limited.</p>	<p>The majority of the EU Delegations replying to the survey shared that they knew about the existence of the Dublin Group.<sup>1082</sup> When asked to what extent the Dublin Group has been helpful / useful in analysing and facilitating an exchange of views on the drugs situation in specific countries or regions, answers were scattered among stakeholders. However, 5 out 9 respondents said that it has been useful either to a great or to a moderate extent.<sup>1083</sup> Stakeholders have emphasised that the so-called "Mini-Dublin groups" meet twice year, which in some instances is believed not to be sufficient, in particular because often the topics and the level of depth are too general. A stakeholder indicated that the Dublin group reports can provide valid insights and information on third countries and regions, however, the fact that it does not systematically covers all countries/regions, and the heavy institutional functioning of the Dublin group at central level contribute to reducing its impact. One stakeholder suggested that it would be useful to extend the Dublin group to likeminded countries such as the UK.</p> <p>Another EU stakeholder shared that since at least 1 year not much is taking place at the level of the Dublin Group, and also that Member States are not willing to invest too much on the Group, as it is reflected from the difficulty to find Member States investing resources on the presidency of the Group. The stakeholder suggested to intervene on this action and adapting it to the current needs.<sup>1084</sup> It is indeed clear, from the EU Delegation survey, that for the majority of respondents there is the need to maintain the functioning of the Group.<sup>1085</sup></p>	Willingness of Member States to invest on the work of the Dublin Group

<sup>1082</sup> EU Delegation survey (Q 17): 9 out of 16 selected "YES", 7 out of 16 selected "NO".

<sup>1083</sup> EU Delegation survey (Q 17.1): 2 out of 9 selected "to a great extent", 3 out of 9 selected "to a moderate extent", 1 out of 9 selected "to a minor extent", 2 out of 9 selected "not at all", 1 out of 9 selected "don't know".

<sup>1084</sup> Interview with EU stakeholder.

<sup>1085</sup> EU Delegation survey (Q 17.2): 7 out of 9 selected "YES", 2 out of 9 selected "NO".

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			EMCDDA contributed as requested by the presidency of the Dublin Group and the Secretariat of the Council with technical presentations and interventions.	
<b>Action 59: HDG to hold discussions with a view to assessing the relevance of launching new dedicated drugs dialogues or meetings with other priority countries and/or regions</b>	9.2	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>It appears from desk research that the EU has been engaging with countries which originally were not part of the list of priority countries – See Action 57 – however there is no data available to properly assess the advancement towards the completion of this Action.</p>	<p>Available information on the completion of this action is limited. This does not allow to fully evaluate the implementation of the Action.</p> <p>However, from Action 14 of the EU roadmap to fight drug trafficking and organised crime it emerges that one the new priorities for the Commission consists of strengthening support to operational anti-drug trafficking operations in West Africa. Projects in the region would aim to supporting the development of Western African countries' capacity to fight drug trafficking, enhancing maritime security, as well as exploring a potential future regional intervention guided by a comprehensive 'trafficking corridors and hubs' approach.<sup>1086</sup></p>	n/a
<b>Action 60: Strengthen the role of EU</b>	9.3	 <p><b>LIGHT GREEN:</b> In progress or ongoing</p>	<p>The role of the former EMCDDA in international cooperation has been importantly strengthened with the adoption of the Regulation establishing the EU Drugs Agency (EUDA).<sup>1087</sup> The Regulation foresees that international cooperation and technical assistance shall be one of the specific tasks of the new Drugs Agency</p>	Funding International cooperation agreements

<sup>1086</sup> European Commission, (2023), EU roadmap to fight drug trafficking and organised crime, COM(2023) 641 final, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52023DC0641>.

<sup>1087</sup> Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA) and repealing Regulation (EC) No 1920/2006, available at: <https://eur-lex.europa.eu/eli/reg/2023/1322/oj>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Agencies in international cooperation on drugs</b>		<p>but on target</p> <p>Evidence available suggests that progress has been made towards the completion of the Action, in particular by increasing the competences of the Agencies in international cooperation and securing funds for international cooperation projects. Still, progress can be made to make international cooperation schemes easier to implement and being concluded, as well as to increase available funds.</p>	<p>(art.5), that shall be carry out under an international cooperation framework to be approved by the Management Board of the Agency and the Commission (art. 20). The Agency shall support the dissemination of data and analysis with international organisations, including UNODC, and third countries, support Member States with their reporting obligations and third countries, in particular candidate countries, in developing their drugs policy (art. 20). The Regulation also encourages the conclusion of working arrangements with other organisations and third countries (Articles 53, 54).</p> <p>In terms of funding, before the establishment of the EUDA, additional resources (1 million €) had been provided to EMCDDA for the cooperation with Western Balkan partners for the IPA7 project and 1.5 million € had been earmarked for the IPA8 project covering the period of 2023- 2026. The role of the Agency has been further strengthened through the founding of several projects, which include the second phase of EU4MD, namely EU4MD II, that aims to strengthen cooperation and share expertise with the countries in the European Neighbourhood Policy (ENP) area; a renewed involvement of the Agency in COPOLAD III activities, in particular in relation to its technical expertise; one technical cooperation project specific to Georgia (EMCDDA4GE) aiming to help enhance national responses to drug-related health and security threats in Georgia; and finally technical cooperation projects with the Western Balkans financed with IPA8 funds.<sup>1088</sup> Eurojust has contributed to the completion of this Action with several initiatives, recognising that the involvement of third countries in drug trafficking cases is essential, particularly because the cultivation, production and transit process often involves third countries. The Agency facilitates dialogues between Member States and third countries, conclusion of cooperation agreements, on the basis of which third countries may post Liaison Prosecutors to Eurojust, to work together with Member States' prosecutors. They provide support in cross-border investigations on</p>	Political will

<sup>1088</sup> Information available on EUDA website, Activities – Partners and cooperation: [https://www.euda.europa.eu/index\\_en](https://www.euda.europa.eu/index_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>drugs related crimes involving their country. Currently, twelve third countries have Liaison Prosecutors seconded to Eurojust.<sup>1089</sup> In addition to the Commission's mandate to <u>negotiate International Agreements on judicial cooperation in criminal matters between Eurojust and the competent authorities of other third countries (including Brazil, Argentina and Colombia)</u>, since 2022 Eurojust has also signed <u>Working Arrangements with AIAMP (Ibero-American Association of Public Prosecutors Offices)</u> partner countries, enabling Eurojust to establish new <u>Contact Points with the AIAMP networks</u>, and Panama, Bolivia, Chile, Costa Rica, Ecuador and Peru, facilitating formalised contacts and enabling strategic exchanges and sharing of best practice.</p> <p>The role of Eurojust in international cooperation is further enhanced through the IPA III funding, that contributes to financing projects such as "Enhancing cross-border cooperation in criminal justice in the Western Balkans". 6 million EUR have been allocated for the project, which aims to strengthen cooperation within the Western Balkans and between the region and the EU on fighting organised crime, including drugs related crime.<sup>1090</sup> In 2022, Eurojust also updated the guidelines for EU Member States on setting up a Joint Investigation Team (JIT) with a third country.<sup>1091</sup></p>	

<sup>1089</sup> Eurojust, (2024), International cooperation in drug trafficking cases with third countries - Practical experiences of Liaison Prosecutors at Eurojust, available at: <https://www.eurojust.europa.eu/sites/default/files/assets/international-cooperation-in-drug-trafficking-cases-with-third-countries.pdf>.

<sup>1090</sup> Eurojust, (2024), Enhancing cross-border cooperation in criminal justice in the Western Balkans – WBCJ, available at: <https://www.eurojust.europa.eu/sites/default/files/assets/2024-03-07-western-balkans-leaflet.pdf>.

<sup>1091</sup> Eurojust, (2022), Guidelines on Joint Investigation Teams Involving Third Countries, available at: <https://www.eurojust.europa.eu/publication/guidelines-joint-investigation-teams-involving-third-countries>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Drug trafficking is one of the EU priorities in the fight against organised crime for the EMPACT cycle 2022-2025<sup>1092</sup>. Given the importance that is given to tackling drugs-related crime, Europol has been working intensively over that past years to increase cooperations with third countries. Such work, depending on the cooperation tools in place, ranges from structured cooperation based on Working Arrangements (access to SIENA, deployment of a Liaison Officer but no exchange of personal data) to exchange of personal data, legally based on international Agreements negotiated by the Commission on behalf of the EU. In 2023, 23 non-EU countries participated in the Europol's 7th European Annual Drugs Conference.<sup>1093</sup> However, according to one stakeholder, the effectiveness of the Actions promoting international cooperation is hindered by being contingent on political priorities and legally binding agreements, leading to a time-consuming process. The pace of initiating and finalising these cooperation agreements is believed to be very slow.<sup>1094</sup></p> <p>Whereas the increased focus on international cooperation for the new EUDA was welcomed positively, one EU stakeholder emphasised that far more could be done to step up Europol and Eurojust's role in international cooperation. This would allow to know better the situation in the field in international settings, the consequences of geopolitical situations in the world (e.g., the impact of the war in Ukraine on drugs-related crimes), as well as the sharing of situational awareness and risk analysis. To do so, the stakeholder believes more funding and more political will is needed.<sup>1095</sup></p>	

<sup>1092</sup> EMPACT: European Multidisciplinary Platform Against Criminal Threats.

<sup>1093</sup> Europol, (2023), Europol's 7th European Annual Drugs Conference, available at: <https://www.europol.europa.eu/media-press/newsroom/news/europol%20%99s-7th-european-annual-drugs-conference>.

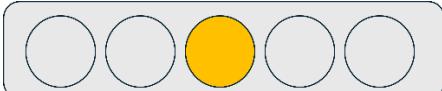
<sup>1094</sup> Interview with EU stakeholder.

<sup>1095</sup> Interview with EU stakeholder.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>According to another EU stakeholder, the Commission is increasingly strengthening the role of EU Agencies in international cooperation, for instance by using their competences, including their involvement in some projects in third countries. Examples are the projects ongoing in candidate countries in the Western Balkans.<sup>1096</sup></p>	
<b>Action 61: Strengthen existing cooperation initiatives and programmes based on regular evaluations and if applicable launch new ones to support third countries and other partners</b>	9.4	Information available on the implementation of this Action is not sufficient to reach conclusions.	<p>Data available on this action is very limited. Overall, to a certain extent, conclusions reached for Action 60 can support some assessment of the implementation of this Action, as well.</p> <p>However, the only information available specific to this Action concerns EU Delegations that replied to the survey, which shared that only two Delegations launched evaluations to support third countries and other partners' efforts to address drug-related challenges.<sup>1097</sup></p>	n/a

<sup>1096</sup> Interview with EU stakeholder.

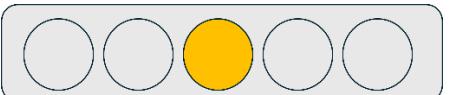
<sup>1097</sup> EU Delegation survey (Q 18): 2 out of 16 selected “YES”, 14 out of 16 selected “NO”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 62: Provide technical assistance to candidate and potential candidate countries	9.4	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Although much has been done both by EU agencies and the Commission, still there is the need to further act in order to implement this Action. In particular Member States should step up their efforts to accomplish this Action.</p>	<p>The Commission has progressively increased its support to candidate countries to align with Chapter 24 of the EU acquis, using the Drugs Strategy and Action Plan as a strategic document, of reference. Much of the implementation of this action also depends on the political will of the candidate country, where in certain instances the Commission is also able to go beyond the minimum objectives as set up in the Action plan.<sup>1098</sup></p> <p>Only two Member States replying to the survey shared that they provided assistance to candidate countries to facilitate their alignment with the EU acquis. The large majority of them shared that they did not provide it at all.<sup>1099</sup> Romanian authorities shared that cooperation on the topic has been set up with Moldovan authorities.</p> <p>The large majority of EU Delegations replying to the survey have not provided technical assistance to candidate countries, either.<sup>1100</sup> It should however be noticed that the large majority of responding Delegations are not established in candidate or potential candidate countries.</p> <p>EMCDDA has carried out extensive activities with candidate countries in the framework of several projects, including IPA7 and IPA8 technical cooperation projects focusing on the strengthening of the cooperation with the Western Balkan partners, namely through the setting up of a national drug observatory, a national early warning system on new psychoactive substances and an increased amount of</p>	<p>Third countries' political will</p> <p>Funding</p>

<sup>1098</sup> Interview with EU stakeholder.

<sup>1099</sup> Survey for Member State authorities – Action 62 (Section cross-cutting themes and actions, strategic priority 9): 2 out of 19 selected “great extent” (AT, HR), 17 out of 19 selected “not at all” (BE, CY, CZ, DE, DK, EE, ES, FI, IT, LT, LU, LV, MT, NL, PT, SE, SK).

<sup>1100</sup> EU Delegation survey (Q 18): 2 out of 16 selected “YES”, 14 out of 16 selected “NO”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>drug related national data, aligned with the EU standards. With EU4MD II, EMCDDA has prioritised technical assistance to Georgia, Moldova and Ukraine in line with the accession requirements. Finally, with the project EMCDDA4GE, the Agency focused on the capacity building and support of the Georgian National Drug Observatory and the national early warning system.</p>	
<b>Action 63: Foster synergies on drug-related cooperation programmes with third countries</b>	9.4	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Evidence available suggests that EU promotes cooperation with third countries via several programmes and projects, including through the technical expertise of its Agencies. However, the security dimension is still too central with respect to the other dimensions, in particular the health one. Stronger attention should be given to projects in this area.</p>	<p>The EU fosters synergies on drug-related cooperation with third countries through strategic partnerships, funding, and technical assistance, collaborating with bilateral and multilateral partners to address drug trafficking, production, and abuse. By providing financial support for alternative development projects and offering technical expertise, the EU helps third countries build effective drug policies and enforcement capabilities, while also promoting sustainable livelihoods to reduce reliance on illicit drug cultivation. This approach ensures that EU initiatives complement broader international goals and foster coordinated action on global drug policy challenges.</p> <p>Through the HDG, the EU coordinates and aligns drug policies across its Member States, ensuring that these policies are consistently implemented and reflected in external relations. The HDG plays a crucial role in developing the EU Drugs Strategy and Action Plans, facilitating dialogue among Member States and third countries, and engaging with international organizations like the UNODC and WHO. By overseeing the implementation of EU drug-related strategies and ensuring they are integrated into global discussions, the HDG enhances the effectiveness of the EU's cooperation programs, creating cohesive and comprehensive approaches to tackling global drug issues.</p> <p>In the Neighbourhood countries, the EU is progressively and more regularly</p>	<p>Funding of cooperation programmes</p> <p>Political will of both Member States and third countries</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>cooperating with EU Agencies in order to implement programmes and projects, based on third countries' requests and interests.<sup>1101</sup> With comparison to the Western Balkans, the work specifically on drugs related policy in the Neighbourhood is more limited, since it focuses on the broader organised crime policy, and it is based to a great extent on partners' demand.<sup>1102</sup> However, as said the EU in its external action to combat organised crime develops programmes tackling Organised Crime hence also covering the drugs-policy related field, in particular with EU Agencies such as CEPOL and Europol.. One of the strategic goals of the EMPACT cycle, indeed, is to facilitate the participation of third countries in the operational implementation of EMPACT.<sup>1103</sup> CEPOL currently is implementing two capacity-building projects in the neighbourhood contracted by DG NEAR, namely TOPCOP aimed at strengthening strategic and operational cooperation in the Eastern Partnership countries to fight against organised crime including drugs related crimes,<sup>1104</sup> and EUROMED aimed at enhancing institutional capacity in the EU South Neighbourhood countries to fight organised crime, including drugs trafficking.<sup>1105</sup></p> <p>With the same aim and to facilitate partner countries' participation in the EMPACT cycle Europol is implementing a project in the Eastern Partnership countries.</p> <p>Moreover, Eurojust is implementing the 6<sup>th</sup> phase of the project EUROMED Justice, financed by DG NEAR, whose objective is to strengthen the strategic and operational cooperation in judicial criminal matters in order to contribute to the</p>	

<sup>1101</sup> Interview with EU stakeholder.

<sup>1102</sup> Ibidem.

<sup>1103</sup> Council of the EU, (2023), Council conclusions on the permanent continuation of the EU Policy Cycle for organised and serious international crime: EMPACT 2022 +, available at: <https://data.consilium.europa.eu/doc/document/ST-7100-2023-INIT/en/pdf>.

<sup>1104</sup> CEPOL, TOPCOP, available at: <https://www.cepol.europa.eu/international-cooperation/topcop>.

<sup>1105</sup> CEPOL, EUROMED, available at: <https://www.cepol.europa.eu/international-cooperation/topcop>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>protection of the citizens of the European Union and of the South Partner Countries against criminal activities. Notably, Eurojust facilitates cooperation in cross-border cases providing ad-hoc technical assistance upon the request of South Partner Countries and Member States.<sup>1106</sup></p> <p>EMCDDA, currently EUDA, implements the previously described EU4MDII, financed by the European Commission, which is trying to integrate a stronger health dimension in this project.<sup>1107</sup></p> <p>Synergies with countries in the Western Balkans are strengthened in particular in the context of the pre-accession dialogues. The EU works with candidate and potential candidate countries using the expertise of its Agencies, including CEPOL, Europol, Eurojust and EUDA, by financing, in particular via DG NEAR, projects and programmes. For instance, candidate countries are encouraged to take a co-leading role on certain actions within EMPACT.<sup>1108</sup> CEPOL is implementing the project WB PaCT aimed at enhancing the capacity of the Western Balkans' authorities to fight organised crime and terrorism, including drug crimes, that is being financed by DG NEAR.<sup>1109</sup> Eurojust contributes to strengthening synergies with third countries via projects financed by the Commission, such as the project “WBCJ” – financed by IPA III – that aims to enhancing cross-border judicial cooperation in the Western Balkans to combat organised crime, including drug-related crime.<sup>1110</sup></p>	

<sup>1106</sup> Eurojust, EUROMED Justice, available at: <https://www.eurojust.europa.eu/euromed-justice>.

<sup>1107</sup> Interview with EU stakeholder.

<sup>1108</sup> Interview with EU stakeholder.

<sup>1109</sup> CEPOL, WB PaCT, available at: <https://www.cepol.europa.eu/international-cooperation/wb-pact>.

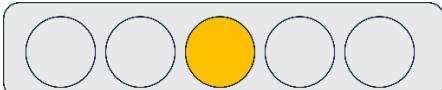
<sup>1110</sup> Eurojust, WBCJ, available at: <https://www.eurojust.europa.eu/publication/enhancing-cross-border-cooperation-criminal-justice-western-balkans-wbcj>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>The EU actively contributes to finance programmes with third countries also in other regions of the world, such as Latin America and the Caribbean, including COPOLAD. The programme is currently at its third phase, and it is a delegated cooperation programme funded by the European Union, specifically aimed at working with partner countries in Latin America on combating drugs crime. It covers also the health dimension. Another example of programme financed by the Commission is ELPACCTO, that is a technical assistance programme seeking to contribute to security and justice in Latin America and the Caribbean by supporting the fight against transnational organised crime, including drug related crime.<sup>1111</sup></p> <p>Foreign Policy Instrument (FPI) finances projects to combat organised crime, including drugs related crime in ENP countries, the Western Balkans and other areas, including for instance Latin America, which are contributing to the implementation of the Drugs Strategy and Action Plan, as well as to other security-related programmes, such as EMPACT. According to one stakeholder, cooperation with third countries via these projects works well, but these projects have a larger focus on supply and security-related dimensions, while the other dimensions of the Strategy should be more emphasised, as well.<sup>1112</sup></p>	
Action 64: Strengthen the EU's internationala l	9.5	 <b>AMBER:</b> In progress or some progress, but	<p>The majority of the EU Delegations replying to the survey shared that the EU has contributed to this action to a minor extent only.<sup>1113</sup> One respondent emphasised that having two separated strategies, one for drugs and one for organised crime, as well as separated local political dialogues on drugs and security, has not contributed to have a comprehensive approach. This was confirmed also by other</p>	n/a

<sup>1111</sup> El PAcCTO, available at: <https://elpaccto.eu/en/sobre-el-paccto/que-es-el-paccto/>.

<sup>1112</sup> Interview with EU stakeholder.

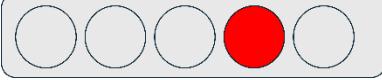
<sup>1113</sup> EU Delegation survey (Q 20): 4 out of 16 selected “to a great extent”, 2 out of 16 selected “to a moderate extent”, 6 out of 16 selected “to a minor extent”, 1 out of 16 selected “not at all”, 3 out of 16 selected “don’t know”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
coordination and cooperation in the fields of drug-related crime prevention, law enforcement and judicial cooperation, including links with other crimes		<p>behind plan</p> <p>The EU finances several projects that contribute to this Action, including through the technical expertise of its Agencies. However, evidence collected suggests that more could be done to ensure coordination with policy implemented to combat other crimes.</p>	<p>EU stakeholder interviewed, who shared that often the EU lacks the ability to work on a comprehensive manner on drug related crime and the links with other policy areas.<sup>1114</sup> However, one stakeholder responding to the EU Delegation survey has also shared that the Strategy has notably strengthened international coordination and cooperation in drug-related crime prevention, law enforcement, and judicial cooperation, including addressing the links with terrorism, organized crime, and other transnational crimes, promoting a comprehensive approach.</p> <p>Programmes described in the Actions above, including EMPACT, CEPOL and Eurojust programmes also aim to enhance the work on these links between drugs crime and other crimes, as well as law enforcement and judicial cooperation.</p>	
Action 65: Enhance international cooperation to address the health-related aspects of drug use	9.5	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Evidence available to assess the implementation of this action is limited. However, from the information available it emerges that the EU is investing on</p>	<p>A large majority of EU Delegations replying to the survey shared that they have not taken any measures to enhance EU-led international cooperation to address the health-related aspects of drug use.<sup>1115</sup></p> <p>On the contrary, one EU stakeholder shared that projects promoted with third countries, for instance in the context of COPOLAD III, have a strong health dimension, which happens to be sometimes even stronger than other dimensions of interest for partner countries.<sup>1116</sup></p> <p>EUDA integrates health dimension in its projects, however one EU stakeholder</p>	Funding of programmes

<sup>1114</sup> Interview with EU stakeholder.

<sup>1115</sup> EU Delegation survey, (Q 21): 3 out of 16 selected “YES”, 13 out of 16 selected “NO”.

<sup>1116</sup> Interview with EU stakeholder.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		promoting the health dimension of drugs policy at the international level, only to a certain extent.	recognises that there is limited funding to EU programmes on health at the international level, and this importantly impacts practitioners. According to them more funding should be allocated. <sup>1117</sup>	
<b>Action 66: Further promote an integrated approach to Alternative Development</b>	9.6	Information available on the implementation of this Action is not sufficient to reach conclusions.	<p>Data to assess the implementation of this Action is scarce.</p> <p>A large share of EU Delegations replying to the survey did not know the extent to which an integrated approach to Alternative Development is promoted. However, among the nine Delegations which replied, five shared that they promote it from a full to at least a moderate extent.<sup>1118</sup></p> <p>One stakeholder shared that the EU is promoting alternative developments actions with third countries, with good examples for instance in Bolivia.<sup>1119</sup> Bolivia as an example of a third country where fruitful projects in cooperation with international organisations are implemented, was also referred to by an international organisation stakeholder.<sup>1120</sup></p>	n/a
<b>Action 67: Strengthen</b>	9.6		The large majority of the Member States replying to the survey shared that they did not contribute at all to strengthening commitment to alternative development	n/a

<sup>1117</sup> Interview with EU stakeholder

<sup>1118</sup> EU Delegation survey, (Q 22): 2 out of 16 selected “To a full extent”, 2 out of 16 selected “to a great extent”, 1 out of 16 selected “to a moderate extent”, 1 out of 16 selected “to a minor extent”, 3 out of 16 selected “not at all”, 7 out of 16 selected “don’t know”.

<sup>1119</sup> Interview with EU stakeholder.

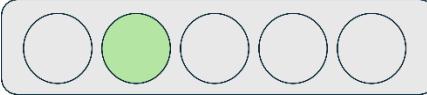
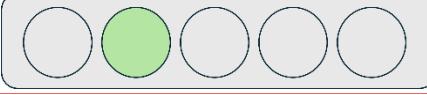
<sup>1120</sup> Interview with International organisation stakeholder.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
the commitment and provide an appropriate level of EU and Member State's funding and expertise to alternative development programmes and related development-centred drug policy interventions		<p><b>RED:</b> Very little progress or considerably behind plan</p> <p>Evidence available to assess the implementation of this action is limited, however from information shared by stakeholders, it emerges that very little progress has been done so far to complete this action.</p>	<p>programmes and related development-centred drug policy interventions, within the SDG and OECD frameworks.<sup>1121</sup> Similar shares emerged also in relation to providing an appropriate level of funding,<sup>1122</sup> and of expertise.<sup>1123</sup></p> <p>As shared in Action 66, a large majority of EU Delegations did not know the extent to which an integrated approach to Alternative Development is promoted. However, among the nine Delegations which replied, five shared that they promote it from a full to at least a moderate extent, whereas four selected either to a minor extent or not at all.</p>	

<sup>1121</sup> Survey for Member State authorities – Action 67 (Section cross-cutting themes and actions, strategic priority 9): 2 out of 25 selected “great extent” (DE, FR), 5 out of 25 selected “some extent” (ES, FI, LT, NL, RO), 18 out of 25 selected “not at all” (AT, BE, BG, CY, CZ, DK, EE, EL, HR, IT, LU, LV, MT, PL, PT, SE, SI, SK).

<sup>1122</sup> Survey for Member State authorities – Action 67 (Section cross-cutting themes and actions, strategic priority 9): 2 out of 25 selected “great extent” (DE, FR), 2 out of 25 selected “some extent” (ES, LT), 21 out of 25 selected “not at all” (AT, BE, BG, CY, CZ, DK, EE, EL, FI, HR, IT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK).

<sup>1123</sup> Survey for Member State authorities – Action 67 (Section cross-cutting themes and actions, strategic priority 9): 2 out of 25 selected “great extent” (DE, FR), 3 out of 25 selected “some extent” (ES, LT, RO), 20 out of 25 selected “not at all” (AT, BE, BG, CY, CZ, DK, EE, EL, FI, HR, IT, LU, LV, MT, NL, PL, PT, SE, SI, SK).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 68: Ensure that the monitoring, protection and promotion of human rights are fully integrated in EU's external relations</b>	9.7	 <p>- <b>LIGHT GREEN</b>: In progress or ongoing but on target</p> <p>While data to properly assess the implementation of this action is missing, information collected by stakeholders suggests that the EU is increasingly integrating more a human rights-based approach in its external action on drugs policy.</p>	<p>Among the EU Delegations replying to the survey, the majority confirmed that the monitoring, protection and promotion of human rights is integrated in EU's external relation on drugs policy to a large extent.<sup>1124</sup></p> <p>Stakeholders shared different examples on the integration of a human rights dimension in EU international action on drugs policy. For instance, one stakeholder emphasised that human rights are part of the drug-prevention programme "EL PACCTO 2.0", which relies on a human rights-based approach.<sup>1125</sup></p> <p>Another stakeholder from an EU Delegation shared that the human rights-based approach also prevails in bilateral cooperation with third countries and especially in the analysis of the impact of drugs illicit trafficking in environment and society. Similarly human rights are increasingly integrated in programmes in Central Asia, as well, such as CADAP and BOMCA. These programs emphasize people-centered policies, ensuring access to healthcare, fair treatment, and social reintegration for those affected by drug use.</p> <p>Stakeholder also recognise the need to continue integrated this dimension in the EU external action on drugs policy.</p>	n/a
<b>Action 69: Reaffirm the EU's</b>	9.7		<p>Half of the EU Delegations replying to the survey shared that they have actively taken action to reaffirm the EU's strong and unequivocal opposition to the death penalty.<sup>1126</sup></p>	n/a

<sup>1124</sup> EU Delegation survey, (Q 23): 1 out of 16 selected "to a full extent", 6 out of 16 selected "to a great extent", 2 out of 16 selected "to a minor extent", 2 out of 16 selected "not at all", 5 out of 16 selected "don't know".

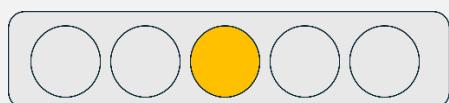
<sup>1125</sup> DG INTPA, (2023), EU and Latin American and Caribbean Partners team up in the fight against transnational organised crime with the launch of EL PACCTO 2.0, available at: [https://international-partnerships.ec.europa.eu/news-and-events/news/eu-and-latin-american-and-caribbean-partners-team-fight-against-transnational-organised-crime-launch-2023-11-21\\_en](https://international-partnerships.ec.europa.eu/news-and-events/news/eu-and-latin-american-and-caribbean-partners-team-fight-against-transnational-organised-crime-launch-2023-11-21_en).

<sup>1126</sup> EU Delegation survey, (Q 24): 8 out of 16 selected "YES", 8 out of 16 selected "NO".

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>strong and unequivocal opposition to the death penalty, including for drugs related offences</b>		<p>- <b>LIGHT GREEN:</b> In progress or ongoing but on target</p> <p>Information collected suggests that the EU advocates for a clear opposition to the death penalty, including for drugs related offences.</p>	<p>This takes place in particular in international arenas, such as CND and CCPCJ, where regular side events are co-organised by the EU Delegation and Member States, as well as in the context of statements made in these international settings. In addition, in negotiations at the UN, the EU and its Member States clearly argues against (solely) punitive approaches to the world drug situation, instead promoting a comprehensive approach including human rights and representing strong opposition to the death penalty – in all relevant international organisations.</p> <p>EU Delegations also promoted their opposition to death penalty in the context of bilateral meetings, in particular with local authorities.</p>	

#### Traffic light assessment Strategic priority 9

The implementation of Strategic Priority 9 – International cooperation, is overall still on progress, but behind plan. While data available to assess the implementation of multiple actions is limited, evidence collected suggests that responsible parties should still step up their efforts to better implement the international component of the EU drugs policy. This depends on multiple factors, some of them also not fully controllable by the responsible parties (e.g., political will of third countries), but also on the funding of programmes specific to the implementation of drugs related policy in third countries, as well as the need to develop proper programmes that distinguish drugs policy interventions from the overall action against organised crime. Example of best practice in this respect is for instance the programme COPOLAD, at its third phase, in Latin America and the Caribbean. A more balanced approach can still be ensured, particularly for those programmes where the health component is missing or is limited, but also attention to other phenomena (e.g., interlinkages with environmental crime) should be increased. The list of priority countries and regions should be adapted to the evolution of the relationship with these stakeholders, as well as to geopolitical considerations.



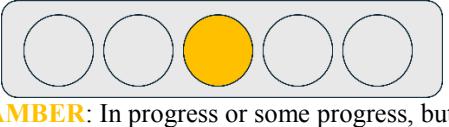
**AMBER:** In progress or some progress, but behind plan

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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#### SWOT ANALYSIS Strategic priority 9

Strengths	Weaknesses	Opportunities	Threats
<p>Elaboration of strengths</p> <p><b>EU cohesion at the international level ensures stronger positions in relation to EU drugs policy debate</b></p> <p>Several programmes implemented with the support of the technical expertise by EU agencies</p> <p>Progressively more structured and consolidated dialogue with partner countries and organisations</p>	<p>Elaboration of weaknesses</p> <p><b>Often, lack of a balanced approach in programmes and projects</b></p> <p>Overall lack of other dimensions different than the ones contained in the EU Drugs Strategy integrated in projects and programmes</p> <p><b>Often, lack of isolation of specific drug-related actions, programmes and projects from the overall fight against organised crime action and policy</b></p> <p><b>List of priority countries and regions not updated</b></p>	<p>Elaboration of opportunities</p> <p><b>New partners with whom to collaborate</b></p> <p>New areas of intervention in drugs policy, including interlinkages with crimes such as environmental crimes</p>	<p>Elaboration of threats</p> <p><b>Lack of political will from partners</b></p> <p><b>Lack of political will from Member States</b></p> <p><b>Limited funding</b></p>

A1.10 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

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
Action 70: Strengthen and broaden	10.1	 <b>AMBER:</b> In progress or some progress, but	At a European level, the EMCDDA contributed to an EU-funded project (Interleave) on gender-based violence and drugs in selected European countries. <sup>1127</sup>	Strengthening and broadening research, information, monitoring,

<sup>1127</sup> <https://www.fscopy.org/proyectos/interleave-intervenciones-con-mujeres-usuarias-de-droga-que-son-victimas-de-violencia-genero-justicia-programa/?lang=en>.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
research capacities and encourage the greater sharing and use of results		<p>behind plan</p> <p>Despite the paucity of available information on Action 70, it is clear that very little progress was made in its implementation, especially at Member States level. Almost complete lack of relevant data on effectiveness, significantly limits the possibility of assessing this action.</p>	<p>Since 2021, most Member States have implemented the interventions under Action 70 only to a limited extent, with this being observable across all the main different components of the action, as follows:</p> <p>Identification and prioritisation of knowledge gaps and testing capacities;<sup>1128</sup> Supporting coordination, networking and other activities necessary to create synergies across the European research community;<sup>1129</sup> Ensuring the efficient and accurate collation and presentation of European data needed for international reporting and assessment purposes;<sup>1130</sup> Ensuring that all data based on individuals is disaggregated by sex;<sup>1131</sup> and Ensuring that the collection and presentation of data considers the gender-sensitive aspects of drug policy.<sup>1132</sup></p>	<p>evaluation, and modeling capacities in the area of drug policy within the EU and its Member States involves several contextual factors:</p> <p><b>1. Evolving Drug Markets and Trends:</b> <b>Emergence of New Psychoactive Substances (NPS):</b> The rapid development</p>

<sup>1128</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 5 out of 21 respondents (DE, FI, FR, MT, NL) selected “to a great extent”, 15 out of 21 respondents (AT, BE, BG, CY, CZ, DK, EL, HR, LU, PL, PT, RO, SE, SI, SK) selected “to some extent”, and 1 out of 21 respondents (IT) selected “Rarely/Not at all”.

<sup>1129</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 5 out of 21 respondents (DE, FI, MT, NL, PT) selected “to a great extent”, 15 out of 21 respondents (AT, BE, BG, CY, CZ, DK, EL, FR, HR, IT, PL, RO, SE, SI, SK) selected “to some extent”, and 1 out of 21 respondents (LU) selected “Rarely/Not at all”.

<sup>1130</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 8 out of 21 respondents (BE, CY, CZ, FI, MT, NL, PT, SK) selected “to a great extent”, 12 out of 21 respondents (AT, BG, DE, DK, EL, FR, HR, LU, PL, RO, SE, SI) selected “to some extent”, and 1 out of 21 respondents (IT) selected “Rarely/Not at all”.

<sup>1131</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 7 out of 21 respondents (BE, BG, CY, DE, FR, MT, PT) selected “to a great extent”, 13 out of 21 respondents (AT, CZ, DK, EL, FI, HR, LU, NL, PL, RO, SE, SI, SK) selected “to some extent”, and 1 out of 21 respondents (IT) selected “Rarely/Not at all”.

<sup>1132</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 3 out of 20 respondents (DE, MT, PT) selected “to a great extent”, 17 out of 20 respondents (AT, BE, BG, CZ, DK, EL, FI, FR, HR, IT, LU, NL, PL, RO, SE, SI, SK) selected “to some extent”.

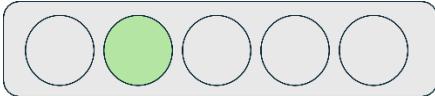
Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>Assessing the effectiveness of the interventions under Action 70, however, is largely not possible, as most Member States do not collect metrics and statistics.<sup>1133</sup> In addition to this, most Member States do not collect information about the impacts of the implemented interventions.<sup>1134</sup></p> <p>More information was provided by the surveyed Portuguese national authorities, specifying that they use a two-step approach to identify knowledge gaps. This approach involves the preparation of the National Plan for Addictive Behaviours and Dependencies and respective Action Plans,<sup>1135</sup> as well as, in most of the scientific reports of the studies developed. In addition, Portuguese authorities specified that they fully support the coordination, networking and other European activities concerning research, by participating in the scientific meetings and communications between the research community and, also by coordinating specific work packages of European projects, like the DRUG-PREP. Moreover, they systematically analyse data disaggregated by sex,<sup>1136</sup> and develop analysis sensitive to gender.<sup>1137</sup> Finally,</p>	<p>and proliferation of new psychoactive substances require constant monitoring and research to understand their impact and develop appropriate responses.</p> <p><b>Digital Drug Trade:</b> The increasing use of online platforms and the dark web for drug trade necessitates the adoption of new technologies for tracking and analyzing these activities.</p> <p><b>2. Technological Advancements:</b></p>

<sup>1133</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 12 out of 20 respondents (AT, BG, CY, CZ, DK, FI, HR, LU, PL, SE, SI, SK) selected “No”.

<sup>1134</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 16 out of 21 respondents (AT, BG, CY, CZ, DK, EL, FI, HR, IT, LU, PL, SE, SI, SK) selected “No”.

<sup>1135</sup> See online: a) [https://www.sicad.pt/BK/Institucional/Coordenacao/Documents/PNRCAD\\_2030\\_versaoAlargada.pdf](https://www.sicad.pt/BK/Institucional/Coordenacao/Documents/PNRCAD_2030_versaoAlargada.pdf), and b) <https://www.sicad.pt/BK/EstatisticaInvestigacao/Documents/2021/EnquadramentoEpidemiologicoPN2021.pdf> [https://www.sicad.pt/BK/Institucional/Coordenacao/Documents/PARCAD\\_Horizonte\\_2024\\_versaoAlargada.pdf](https://www.sicad.pt/BK/Institucional/Coordenacao/Documents/PARCAD_Horizonte_2024_versaoAlargada.pdf).

<sup>1136</sup> For instance, [https://www.sicad.pt/BK/EstatisticaInvestigacao/Documents/2022/SinopseEstatistica21\\_substanciasIlicitas\\_EN.pdf](https://www.sicad.pt/BK/EstatisticaInvestigacao/Documents/2022/SinopseEstatistica21_substanciasIlicitas_EN.pdf).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>they specified that they systematically collect metrics about the studies developed, reported in their management reports,<sup>1138</sup> or in European reports, like, for instance the EMCDDA workbook on Research.</p> <p>Overall, the assessment of action 70 is hindered by a significant paucity of available information (especially on core aspects of the interventions suggested under the action, e.g., new technologies), and by the fact that Member States only rarely collect data and metrics on the interventions, and even less so on the impacts generated by the interventions.</p>	<p><b>Big Data and Analytics:</b> Advances in data analytics and artificial intelligence (AI) offer new opportunities for analyzing trends, predicting drug-related issues, and evaluating the effectiveness of interventions.</p> <p><b>Real-Time Monitoring Tools:</b> The use of real-time data collection and monitoring tools, such as wearable devices and mobile apps, can enhance the understanding of drug use patterns and</p>
Action 71: Foster innovation, so that policy and	10.2	 <span style="color: #2e7131;">- LIGHT GREEN:</span> In progress or ongoing	<p>Since 2021, Member States have implemented the interventions foreseen under Action 71, as follows:</p> <p>They identified the lessons learnt from the COVID-19 pandemic and its impact on service delivery, drug markets, patterns of use and harm;<sup>1139</sup> They invested in the development of new methods and technologies, and</p>	

<sup>1137</sup>

For

example,

[https://www.sicad.pt/BK/EstatisticaInvestigacao/EstudosConcluidos/Lists/SICAD\\_ESTUDOS/Attachments/202/Dossier%20Tem%C3%A1tico%20%20Padr%C3%B3es%20de%20Consumo%20e%20Problemas%20Ligados%20ao%20Uso%20de%20bebidas%20Alcoolicas\\_Uma%20An%C3%A1lise%20em%20Fun%C3%A7%C3%A3o%20do%20G%C3%A3oNero.pdf](https://www.sicad.pt/BK/EstatisticaInvestigacao/EstudosConcluidos/Lists/SICAD_ESTUDOS/Attachments/202/Dossier%20Tem%C3%A1tico%20%20Padr%C3%B3es%20de%20Consumo%20e%20Problemas%20Ligados%20ao%20Uso%20de%20bebidas%20Alcoolicas_Uma%20An%C3%A1lise%20em%20Fun%C3%A7%C3%A3o%20do%20G%C3%A3oNero.pdf).

<sup>1138</sup>

For

instance,

[https://www.sicad.pt/BK/Institucional/Instrumentos/RelatoriosAtividade/Lists/SICAD\\_RELATORIOSATIVIDADES/Attachments/20/RelatorioDeAtividades\\_SICAD\\_2022.pdf](https://www.sicad.pt/BK/Institucional/Instrumentos/RelatoriosAtividade/Lists/SICAD_RELATORIOSATIVIDADES/Attachments/20/RelatorioDeAtividades_SICAD_2022.pdf).

<sup>1139</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 8 out of 20 respondents (AT, BE, EL, FI, FR, LU, MT, PT) selected “to a great extent”, 12 out of 20 respondents (BG, CY, CZ, DE, DK, IT, NL, PL, RO, SE, SI, SK) selected “to some extent”.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
actions shift from a reactive to a proactive mode		<p>but on target</p> <p>Evidence available pointed out that this Action is in progress for the key stakeholders involved in its implementation. Both Member States and EMCDDA are developing and implementing new methods and technologies (e.g., foresight). Data on effectiveness is still limited.</p>	<p>analytical techniques (such as developments in forensic and toxicological methods, information technologies, detection tools, statistical modelling; telemedicine and use of big data and open-source information) needed to identify emerging threats and innovative responses better;<sup>1140</sup> and They created synergies and supported the sharing of best practice in the innovations and future domains in the work of EMCDDA and Europol.<sup>1141</sup></p> <p>Nearly half Member States<sup>1142</sup> collect data and statistics on the interventions implemented under action 71, with most of them that, however, do not measure the impacts of the interventions.<sup>1143</sup> There are notable examples provided by surveyed national authorities:</p> <p>In Belgium, a web survey on Concerning studies on the impact of COVID-19 on drugs was organised during different time periods.<sup>1144</sup> In addition, the</p>	<p>inform policy decisions.</p> <p><b>3. Public Health Challenges:</b></p> <p><b>Complex Health Impacts of Drugs:</b></p> <p>The growing understanding of the complex health impacts of drug use, including mental health issues and comorbidities, necessitates enhanced research and data</p>

<sup>1140</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 3 out of 20 respondents (BE, FR, IT) selected “to a great extent”, 15 out of 20 respondents (AT, BG, CY, CZ, DE, DK, EL, FI, MT, NL, PL, PT, RO, SE, SI) selected “to some extent”, 2 out of 20 respondents (LU, SK) selected “Rarely / Not at all”.

<sup>1141</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 8 out of 20 respondents (AT, BE, DE, EL, FR, IT, MT, NL) selected “to a great extent”, 10 out of 20 respondents (BG, CY, DK, FI, LU, PL, PT, RO, SE, SI) selected “to some extent”, 2 out of 20 respondents (CZ, SK) selected “Rarely / Not at all”.

<sup>1142</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 9 out of 17 respondents (BE, BG, CZ, EL, FI, LU, MT, NL, PT) selected “Yes”.

<sup>1143</sup> Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points) – strategic priority 10): 14 out of 17 respondents (BE, BG, CZ, EL, FI, LU, MT, NL, PT) selected “No”.

<sup>1144</sup> See, for instance: <https://www.sciensano.be/en/biblio/rapport-thematique-lusage-et-loffre-de-drogues-durant-la-pandemie-de-covid-19-en-belgique>. BE open text response to Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points)).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>national focal point invested in foresight as a new method in order to identify emerging trends and develop innovative responses.<sup>1145</sup> In Portugal, the possible effects of the pandemic on Drugs have been analysed in several studies.<sup>1146</sup> They have invested in new methodologies, like the foresight, under the DRUG PREP project, maintained innovative methodologies like the wastewater analysis, and reinforced online surveys. In addition, national authorities highlighted that they also have to some extent created synergies and supported the sharing of best practices concerning research through the participation in scientific meetings or coordination of projects like the DRUG PREP;<sup>1147</sup></p> <p>At an EU-level, the new EUDA will extend the EWS for NPS to all drugs, introduce a new rapid threat assessment and alert capacity and permit proactive investigative pilot studies. In addition, the EMCDDA has been continuing to invest in more timely and proactive methods (e.g., Trendspotter studies and new methods such as Wastewater analysis, syringe residue analysis, web surveys etc). EMCDDA also conducted studies to rapidly respond and increase preparedness in areas like: responses to COVID-19, developments in Ukraine, developments in Afghanistan, developments in key drug markets and policy implications. Some of these have been done in collaboration with Europol. EMCDDA has also been an active participant in</p>	<p>collection to inform comprehensive health policies.</p> <p><b>Opioid Crisis and Other Epidemics:</b> The ongoing opioid crisis and other drug-related public health crises highlight the need for robust research and monitoring to develop effective responses.</p> <p><b>4. Policy and Legal Frameworks:</b></p> <p><b>EU and National Drug Strategies:</b> The need to align research and monitoring efforts with the objectives of the EU Drugs Strategy and national drug</p>

<sup>1145</sup> See online: <https://drug-prep-project.eu>; <https://www.sciensano.be/fr/biblio/signals-future-exploring-implications-drug-policies>. BE open text response to Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points)).

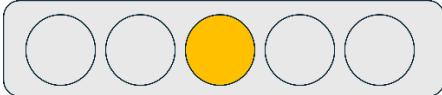
<sup>1146</sup> For instance in the general population survey and the European web survey on drugs (available at: <https://www.icad.pt/DocumentList/GetFile?id=569&languageId=1>; <https://www.icad.pt/DocumentList/GetFile?id=216&languageId=1>). PT open text response to Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points)).

<sup>1147</sup> PT open text response to Survey for Member State authorities – Action 70 (Section cross-cutting themes and actions (relevant to national focal points)).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>the EU security innovation Hub (hosted by Europol) and who? are developing an innovation lab for the new EUDA.</p> <p>In addition, the Europol Innovation Lab advances EU law enforcement by transforming research into practical tools, monitoring technological trends, fostering expert networks, and coordinating internal security projects through the EU Innovation Hub. The Innovation Lab has also set up the Europol Tool Repository which is a secure online platform to share software developed by LEAs and research and technology organisations.</p>	<p>policies requires comprehensive data collection and evaluation frameworks.</p> <p><b>Privacy and Ethical Considerations:</b> The collection and use of data in drug policy must navigate privacy laws and ethical considerations, particularly in relation to personal health information.</p> <p><b>5. International Cooperation and Globalization:</b></p> <p><b>Global Drug Policy Coordination:</b> As drug issues are often transnational, strengthening research and monitoring capacities requires cooperation with international bodies and alignment with global drug policy frameworks.</p> <p><b>Cross-Border Information Sharing:</b> Enhancing the capacity</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
				<p>for cross-border information sharing is crucial for addressing drug trafficking and use that spans multiple countries.</p> <p><b>6. Funding and Resource Allocation:</b></p> <p><b>Investment in Research and Technology:</b> Ensuring adequate funding for drug policy research, technology development, and the implementation of new monitoring tools is essential for building and maintaining these capacities.</p> <p><b>Training and Capacity Building:</b> Investing in the training of researchers, policymakers, and enforcement agencies to effectively use new technologies and interpret data is a key factor.</p> <p><b>7. Social and Cultural Factors:</b></p> <p><b>Public Attitudes</b></p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
				<p><b>towards Drugs:</b> Social attitudes towards drug use and drug policy can influence the focus and direction of research and monitoring efforts, as well as the adoption of new technologies.</p> <p><b>Stigmatization and Marginalization:</b> Addressing the stigmatization of drug users and ensuring inclusive data collection that captures the experiences of marginalized groups are important for comprehensive drug policy research.</p> <p>These factors collectively shape the strategies and approaches needed to strengthen and broaden research, information, monitoring, evaluation, and modeling capacities in the EU's drug policy framework.</p>

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
				n/a
<b>Action 72: Develop strategic foresight and a future-oriented approach</b>	10.3	 <ul style="list-style-type: none"> <li>- <b>AMBER:</b> In progress or some progress, but behind plan</li> </ul> <p>While the available information only allows for overall limited assessments, there are indications that the interventions foreseen at Action 72 are in progress / behind plans, especially at Member States level.</p>	<p>Since 2021, some progresses were made in the areas of interventions foreseen under Action 72. However, information on the effectiveness of these interventions is, overall, missing.</p> <p>At Member States level, as mentioned in the assessment of Action 71, there are indications that Belgium and Portugal implemented activities on strategic foresight and future-oriented approaches. At an EU level, the EMCDDA conducted a futures and foresights exercise with various stakeholders (policy, Focal Points, and scientific community),<sup>1148</sup> and facilitated national Foresights and Futures exercises and provided training to stakeholders. In addition, they created a toolkit and dedicated web area on futures and foresights,<sup>1149</sup> and coordinated EU-ANSA's activities in this area.</p>	Available resources, and political focus on research in this area.
<b>Action 73: Strengthen coordination and synergies, and support the central role</b>	10.4	 <ul style="list-style-type: none"> <li>- <b>LIGHT GREEN:</b> In progress or ongoing but on target</li> </ul>	<p>Available information on Action 73 points to the fact that the core interventions are being implemented or are still in progress. The overall lack of data, however, limits the assessment of the effectiveness of this intervention.</p> <p>At an EU level, action 73 is implemented by the EMCDDA through the annual grant agreements, in which the NFPs are co-financed for what regards the cooperation with the EMCDDA. A national reporting package is agreed upon annually by the Reitox network and includes the standards to collect and report</p>	n/a

<sup>1148</sup> [https://www.euda.europa.eu/publications/technical-reports/future-drug-monitoring-europe-until-2030\\_en](https://www.euda.europa.eu/publications/technical-reports/future-drug-monitoring-europe-until-2030_en).

<sup>1149</sup> [https://www.euda.europa.eu/toolkit/foresight-toolkit-drugs-field\\_en](https://www.euda.europa.eu/toolkit/foresight-toolkit-drugs-field_en).

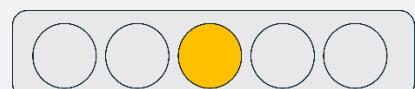
Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>of the EMCDDA, Europol and the Reitox network of national focal points in research, innovation and foresight</b>		Available information on Action 73 points to the fact that the core interventions are being implemented or are still in progress. The overall lack of data, however, limits the assessment of the effectiveness of this intervention.	drug-related data. The Reitox network reports to the EMCDDA information on research developments annually, through the 'Research workbook'. In addition, information is also exchanged on research projects during the regular HNFPs meetings. Moreover, in September 2022, the EMCDDA co-organised with the PL NFP a Reitox Academy on Futures and foresight. The training was based on the publication: 'How to run a trends workshop: An EMCDDA foresight toolkit for the drugs field'. This toolkit is also translated into several EU national languages. Coordination is also strengthened through the Europol Innovation Lab which also works in close cooperation with the European Commission's Joint Research Centre (JRC) and the Interpol Innovation Centre.	
<b>Action 74: Ensure adequate financing for drug-related research, innovation and foresight</b>	10.5	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Available evidence points to the fact that action 74 is still underdeveloped and that very little progress has been done in this respect. Lack of data hindered the assessment of this action, contributing to the score highlighted.</p>	<p>Member States reported overall limited information on the implementation of Action 74, at national level. Nevertheless, there are indications (as mentioned earlier under Action 70) that Belgium and Portugal implemented foresight and innovation activities. In addition, Czech authorities mentioned that more resources for research and innovation interventions might be needed as currently the budgets are very limited, with this making it difficult to conduct research, or evaluations of the activities.<sup>1150</sup> The lack of national funding specifically dedicated to research, and innovation activities may hinder the implementation of the interventions under Action 74, although available evidence remains anecdotal in this respect.</p> <p>At an EU-level, in the 2021-2027 programming period, the following funds are envisaged to address various drugs-related challenges: a) The Internal Security Fund 2021-2027; b) EU4Health 2021-2027; c) Horizon Europe. There are notable examples of projects implemented and funded by EU funding mechanisms. In the</p>	<p>Lack of funding</p> <p>Different priorities at national level</p>

<sup>1150</sup> Interview with CZ national authorities.

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
			<p>supply reduction field, for instance, a set of prototype devices were developed by the pioneering Horizon 2020 project <i>BorderSens</i>, aiming to detect illicit drugs within 45 seconds, making them the fastest devices available. With a 99% accuracy rate, these devices are also the most efficient, and will provide in the future customs and law enforcement agents at the borders or on the streets with the same accuracy as in a laboratory, enabling them to detect even trace amounts of a range of illicit drugs and their precursors. Coordinated by the University of Antwerp, the project has 15 partners from nine different countries, including nine law enforcement and customs authorities, as well as tech companies and universities. The project received a EUR 5.5 million grant from the EU civil security research and innovation programme and was also included in the EU Roadmap to fight drug trafficking and organised crime.<sup>1151</sup></p>	

#### Traffic light assessment Strategic priority 10

The implementation of Strategic priority 10 is still in progress or behind plans across the different stakeholders involved in the implementation of the actions and various interventions foreseen. Some steps have been made on foresight activities, especially at an EU level, with this indicating that a growing research trend involving innovative approaches is developing. Nevertheless, funding schemes and available resources may result in a key factor for the implementation of SP1, although information on this aspect is limited. Comprehensively, the wording of the actions under SP10, and their generic nature (and redundancy at times) may render it difficult for key stakeholders at national level to fully implement the specific components of the actions at national level. Lack of relevant evidence especially on effectiveness, however, hinders the assessment of this Strategic Priority.



**AMBER:** In progress or some progress, but behind plan

<sup>1151</sup> [https://home-affairs.ec.europa.eu/news/eu-funded-research-takes-drug-smugglers-new-technologies-2024-03-26\\_en](https://home-affairs.ec.europa.eu/news/eu-funded-research-takes-drug-smugglers-new-technologies-2024-03-26_en).

Action	Priority area	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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#### SWOT ANALYSIS Strategic priority 1

Strengths	Weaknesses	Opportunities	Threats
<p>Elaboration of strengths</p> <p>Research and innovation are key in ensuring evidence-based approaches, across all the pillars of the Drugs Strategy</p> <p>Foresight activities are key components to check the future fitness of the Drugs Strategy</p>	<p>Elaboration of weaknesses</p> <p>Lack of funding at national level preventing Member States from effectively implement SP10</p> <p>Lack of evidence on effectiveness hindering future planning (and lowering investments in research and innovation)</p>	<p>Elaboration of opportunities</p> <p>Research and innovation could shed the light on specific aspects of the Action Plan and Drugs Strategy improving its overall effectiveness</p> <p>Adaptability on certain research and innovation areas (e.g., funding schemes linked to specific thematic scopes) resulting in an improved effectiveness of the Drugs Strategy</p>	<p>Elaboration of threats</p> <p>Risk of developing interventions that are not sufficiently evidence-based</p> <p>Losing the focus on key factors of the Drugs Strategy</p> <p>Not detecting key priorities for future interventions</p>

#### A1.11 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.

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
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Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 75:</b> Member States to compile and provide, when required, the available national data needed for monitoring the implementation of the Strategy and its Action Plan, as well as the impact of implementation, where possible. All actors involved as responsible parties shall, within the context of their mandate, collect and analyse the available data or seek where possible to develop or improve existing data sources where they are inadequate, so as to provide the information necessary for the implementation of the action in question. The European Commission, taking into account the information provided by the Member States and with the support of the EEAS, EMCDDA, Europol, other EU bodies and	 <b>AMBER:</b> In progress or some progress, but behind plan  There is evidence that data is overall collected and compiled at national level, notably statistical data. Evidence is more limited when it comes to the collection and making available of implementation data specific to the EU Drugs Action Plan – this seems	Most Member States authorities highlighted that, since 2021, their country complied with requirements to compile and provide available national data for the implementation of the Strategy and Action Plan, <sup>1152</sup> to collect and analyse available data <sup>1153</sup> , and to develop or improve existing data source where they are inadequate. <sup>1154</sup>  Some interviewees stakeholders reported national data collection tools such as:  A survey of 22,000 young people per sample, which includes questions on drug use and related issues in France. <sup>1155</sup> Regular quantitative / qualitative surveys carried out at national level. <sup>1156</sup>	Responding Member State authorities were equally split between those which reported collecting metrics or statistics on this item and those which did not, <sup>1165</sup> with most saying they did not measure the impacts of such interventions. <sup>1166</sup>

<sup>1152</sup> Survey to Member State authorities – Action 75 / Compilation and provision requirement (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (12 out of 25 respondents: AT, BE, BG, CZ, DE, EL, FR, HR, LU, LV, MT, PT), *To some extent* (12 out of 25 respondents: CY, DK, EE, ES, FI, LT, NL, PL, RO, SE, SI, SK), *Not at all* (1 out of 25 respondents: IT).

<sup>1153</sup> Survey to Member State authorities – Action 75 / Collection and analysis requirement (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (15 out of 25 respondents: AT, BE, BG, CY, CZ, DE, DK, EL, FR, HR, LU, LV, MT, PL, PT), *To some extent* (9 out of 15 respondents: EE, ES, FI, LT, NL, RO, SE, SI, SK), *Not at all* (1 out of 25 respondents: IT).

<sup>1154</sup> Survey to Member State authorities – Action 75 / Development and improvement requirement (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (9 out of 24 respondents: BG, DE, DK, EL, HR, LU, LV, MT, PT) *To some extent* (14 out of 24 respondents: AT, BE, CY, CZ, EE, ES, FI, FR, LT, NL, PL, RO, SI, SK), *Not at all* (1 out of 24 respondents: SE).

<sup>1155</sup> Interview with Member State authorities (FR).

<sup>1156</sup> Interviews with Member State authorities (FR).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
civil society, shall monitor the implementation of the Strategy and the Action Plan.	to remain an issue limiting the understanding of the effects of implemented or non-implemented actions at national level.	<p>Data collection against national drug action priorities.<sup>1157</sup></p> <p>Some interviewees welcomed the role played by the EU Drugs Strategy and Action Plan in empowering national data collection authorities to collect more data at national level.<sup>1158</sup></p> <p>Some interviewees found that the reporting occurring at EU level lacked structure and comprehensiveness.<sup>1159</sup> Monitoring of implementation remains an issue.<sup>1160</sup></p> <p>Limited coordination and momentum at national level may mean that Reitox focal points tasked with collecting and reporting data may not have the mandate at national</p>	

<sup>1165</sup> Survey to Member State authorities – Action 75 / Collection of metrics: *Yes* (11 out of 22 respondents: BG, CY, CZ, EL, ES, FR, HR, MT, NL, PT, RO), *No* (11 out of 22 respondents: AT, DK, EE, FI, IT, LT, LV, PL, SE, SI, SK).

<sup>1166</sup> Survey to Member State authorities – Action 75 / Impact assessment: *Yes* (5 out of 22 respondents: BG, EL, ES, MT, NL), *No* (17 out of 22 respondents: AT, CY, CZ, DK, EE, FI, HR, IT, LT, LU, LV, PL, PT, RO, SE, SI, SK).

<sup>1157</sup> Interviews with Member State authorities (IE).

<sup>1158</sup> Interviews with Member State authorities (SE), Interview with EU entities (Council).

<sup>1159</sup> Interviews with Member State authorities (CZ, IE).

<sup>1160</sup> Interviews with Member State authorities (CZ, NL).

Action	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>level to demand data across all relevant services (i.e., some data requests may remain unsuccessful or ignored).<sup>1161</sup></p> <p>Data collected on demand and harm reduction services may be complicated to attribute to illicit drugs specifically in countries where the services tackle addictions more generally and where substance-specific data may not be collected.<sup>1162</sup></p> <p>Some interviewees reported difficulties compiling comparable data at national level in countries where implementation is heavily localised.<sup>1163</sup></p> <p>Some interviewees reported that their country did not collect data on the implementation of the EU Drugs Strategy / Action Plan.<sup>1164</sup></p>	
<b>Action 76:</b> The Presidency of the Council to organise		Some interviewees reported that exchange of best practices had happened within the HDG. <sup>1167</sup> Some interviewees highlighted the usefulness of sharing best	Evidence base limited.

<sup>1161</sup> Interviews with Member State authorities (DE).

<sup>1162</sup> Interviews with Member State authorities (ES, PT).

<sup>1163</sup> Interviews with national authorities (FI, SE).

<sup>1164</sup> Interviews with national authorities (FI).

<sup>1167</sup> Interviews with national authorities (PT).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
within the HDG dedicated discussions or exchanges of best practices which could provide support to the Member States in the implementation of the Strategy and of the Action Plan, with expert input where appropriate.	<p><b>LIGHT GREEN:</b> In progress or ongoing but on target</p> <p>The action appears to have been implemented overall. Some interviewed stakeholders emphasised the role of the Presidency or the HDG specifically when it comes to learning about best practices / what is being done in other Member States, although a few believed this happened mostly on an informal level. Having commonly agreed minimum standards or practical tools such as the EU Curriculum on Prevention were the most cited</p>	<p>practices and/or minimum standards (e.g., curriculum on prevention).<sup>1168</sup> One interviewed EU entity highlighted the usefulness of these exchanges and the positive role played by the HDG in the sharing of best practices, letting representatives consider operational aspects and possible implementation challenges.<sup>1169</sup> The European Commission, the EMCCDA and Europol were reported to always attend these discussions. The EU Drugs Strategy and Action Plan are systematically used as reference points at the start of the HDG meetings.<sup>1170</sup></p> <p>The exchange of best practices at the HDG happens on an ad hoc basis depending on Member States' interests to request and/or willingness to present best practices to counterparts.<sup>1171</sup> One suggestion to improve structure and to bring implementation of this Action to the next level was to consider the feasibility of a centralised database on best practices.<sup>1172</sup></p>	

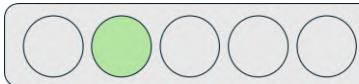
<sup>1168</sup> Interviews with national authorities (DE, EE, NL, SE).

<sup>1169</sup> Interviews with EU entities (Council).

<sup>1170</sup> Interviews with EU entities (Council).

<sup>1171</sup> Interviews with EU entities (Council).

<sup>1172</sup> Interviews with EU entities (Council).

Action	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
	positive results.	Some interviewees considered that exchanges of best practices mostly happened on an informal basis and not necessarily at the level of the HDG. <sup>1173</sup>	
<b>Action 77:</b> <p>The Commission, on the basis of the information provided by the Member States, the EEAS, the EMCDDA, Europol, other relevant EU institutions and bodies and civil society, to initiate an overall external evaluation of the implementation of the Strategy and of the Action Plan and transmit the results of this evaluation to the European Parliament and to the Council, as soon as they are available, and at the latest by 31 March 2025. On the basis of these results, to organise within the HDG discussions that will form the basis for the definition of the future development of EU drug policy and the following cycle of the EU Drugs Strategy and Action Plan to be approved by the Council.</p>	 <p><b>LIGHT GREEN:</b> In progress or ongoing but on target</p>	<p>Evaluation currently ongoing and on track.</p> <p>Recommendations and lessons learnt were shared by interviewees on the basis of the review of the previous Strategy (2013 – 2020). Several interviewees recommended that the results of the evaluation be shared earlier on in the review process, and significantly before reception of the Commission’s proposal, to allow for a more in-depth discussion.<sup>1174</sup> There was a view that the Council and Member State representatives were not involved early enough to provide substantive inputs to the Commission’s proposal on the 2021 – 2025 Strategy and that this should instead be done from the onset of future policy discussions.<sup>1175</sup></p> <p>Some interviewees, especially from civil society highlighted that the review of the previous Strategy had not involved civil society stakeholders in a timely and meaningful manner, and requested that the next Strategy</p>	

<sup>1173</sup> Interviews with Member State authorities (DE).

<sup>1174</sup> Interviews with Member State authorities (PT).

<sup>1175</sup> Interviews with EU entities (Council).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 78:</b> Member States to conduct evidence-based evaluations of policies and interventions on a regular or ongoing basis and share with EU partners findings and methodologies.	 <p><b>RED:</b> Very little progress or considerably behind plan</p> <p>There is little to no evidence that Member States have taken the initiative to conduct evidence-based evaluations of policies and interventions. The understanding</p>	<p>be designed with substantive civil society involvement.<sup>1176</sup></p> <p>Most Member State authorities reported that, since 2021, their country had conducted evidence-based evaluations of policies and interventions 'to some extent',<sup>1177</sup> and that they shared their findings and methodologies with EU partners 'to some extent'.<sup>1178</sup></p> <p>Several interviewees appreciated the role that the EU plays in promoting an evidence base to interventions, notably where it seems such evidence base would otherwise be lacking at national level.<sup>1179</sup></p>	Limited evidence base.  Most responding Member State authorities reported that their country did not collect information about these interventions, <sup>1180</sup> and most reported that their country did not measure the impacts of such interventions. <sup>1181</sup>

<sup>1176</sup> Interviews with Member State authorities ().

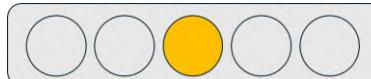
<sup>1177</sup> Survey to Member State authorities – Action 78 / Conduction of evidence-based evaluations (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (5 out of 25 respondents: CZ, ES, FR, HR, IT), *To some extent* (17 out of 25 respondents: AT, BE, DE, DK, EE, FI, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK), *Not at all* (3 out of 25 respondents: BG, CY, EL).

<sup>1178</sup> Survey to Member State authorities – Action 78 / Sharing of findings and methodologies with EU partners (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (5 out of 25 respondents: CZ, FI, FR, HR, MT), *To some extent* (17 out of 25 respondents: AT, BE, DE, DK, EE, EL, ES, LT, LU, LV, NL, PL, PT, RO, SE, SI, SK), *Not at all* (3 out of 25 respondents: BG, CY, IT).

<sup>1179</sup> Survey to Member State authorities (EL, IE).

<sup>1180</sup> Survey to Member State authorities – Action 78 / Collection of metrics: *Yes* (9 out of 22 respondents: AT, BE, BG, CY, CZ, EE, FI, LT, LV, PL, SE, SI, SK), *No* (13 out of 22 respondents: EL, ES, HR, IT, LU, MT, NL, PT, RO).

<sup>1181</sup> Survey to Member State authorities – Action 78 / Impact assessment: *Yes* (5 out of 21 respondents: ES, HR, LU, MT, NL), *No* (16 out of 21 respondents: AT, BG, CY, CZ, EE, EL, FI, IT, LT, LV, PL, PT, RO, SE, SI, SK).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
	<p>of the level of implementation of the priorities of the Strategy across Member States remains limited, which several stakeholders have highlighted is one the key limits to assessing the full impact of the EU Drugs Strategy and Action Plan.</p>		<p>Certain national authorities may be more critical towards or aware about research actions (not) being carried out at national level.</p>
<b>Action 79:</b> Allocate, from cross-sectoral funding sources, appropriate and targeted resources (provided by the EU and its Member States) for the implementation of the Strategy and of the Action Plan at both EU and national level.	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Evidence suggests that overall funding for drugs policy at EU level and in Member States has increased. The main limit to the implementation of Action 79 lies in the view that funding allocated for implementation / projects undertaken under the Strategy and</p>	<p>The budget of the EMCDDA was found to have steadily increased between 2021 and 2024 (last data available).<sup>1182</sup></p> <p>Most Member State authorities reported that, since 2021, their country had allocated resources for implementing the Strategy and Action Plan at national level at least ‘to some extent’, although a considerable minority highlighted that this had not been done at all.<sup>1183</sup></p> <p>Several interviewees reported increased national and/or EU resources being allocated at national level for the implementation of the Strategy and Action Plan.<sup>1184</sup> Some interviewees considered that funding for drug policies at</p>	<p>Most responding Member State authorities reported that their country collected metrics or statistics on this item,<sup>1198</sup> although the impacts of such measures are usually not measured.<sup>1199</sup></p> <p>Some interviews mentioned that allocation of funds to demand and harm reduction efforts may face public opposition and lead to lessened political will to</p>

<sup>1182</sup> The budget of the EMCDDA was EUR 16,288,600 in 2020, 16,614,372 in 2021, EUR 18,859,197 in 2022, EUR 21,848,327 in 2023 and EUR 32,131,775 (expected).

<sup>1183</sup> Survey to Member State authorities – Action 79 / Allocation of resources for implementation at national level (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (6 out of 23 respondents: DE, EL, FR, HR, LU, RO), *To some extent* (11 out of 23 respondents: AT, BG, CY, CZ, ES, IT, MT, NL, SE, SI, SK), *Not at all* (6 out of 23 respondents: DK, EE, FI, LT, LV, PL).

<sup>1184</sup> Interviews with Member State authorities: (EL, PT).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
	Action Plan has not been equally distributed across EU strategic priorities (with funding believed to have disproportionately benefited drug supply reduction efforts).	<p>national level was substantial and overall appropriate to meet policy needs.<sup>1185</sup></p> <p>Some interviewees highlighted useful projects deployed in their country thanks to EU funding, including under the ISF (supply reduction).<sup>1186</sup></p> <p>Additional interviewees considered that, despite considerable resources being deployed for implementing drugs policies at national level, there was always room for increased funds to match an increased political and societal prioritisation.<sup>1187</sup></p> <p>A few interviewees considered that funding was an issue in itself.<sup>1188</sup> Aside from financial resources, some</p>	<p>adopt and implement such measures.<sup>1200</sup></p> <p>EMCDDA Budget: 2024: EUR 32 131 775 2023: EU21 848 327</p>

<sup>1188</sup> Survey to Member State authorities – Action 79 / Collection of metrics: *Yes* (14 out of 23 respondents: BG, CY, CZ, EL, ES, FR, HR, IT, LU, MT, NL, PT, RO, SE), *No* (9 out of 23 respondents: AT, DK, EE, FI, LT, LV, PL, SI, SK).

<sup>1199</sup> Survey to Member State authorities – Action 79 / Impact assessment: *Yes* (5 out of 22 respondents: BG, EL, ES, NL, PT), *No* (17 out of 22 respondents: AT, CY, CZ, DK, EE, FI, HR, IT, LT, LU, LV, MT, PL, RO, SE, SI, SK).

<sup>1185</sup> Interviews with Member State authorities (IE, PT).

<sup>1186</sup> Interviews with Member State authorities (PL).

<sup>1187</sup> Interviews with Member State authorities (FR).

<sup>1188</sup> Interviews with Member State authorities (FI, NL, PL).

Action	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>interviewees noted difficulties in maintaining human capacities and expertise in national authorities.<sup>1189</sup></p> <p>It was reported that the Commission regularly updates the HDG on calls for funding.<sup>1190</sup> Still, some national authorities (not necessarily part of the working group) reported difficulties in understanding what funding opportunities were available at EU level.<sup>1191</sup></p> <p>Several interviewees considered that there was an imbalance between funding priorities at EU level, with substantially more funds being allocated to supply reduction than to demand or harm reduction efforts.<sup>1192</sup> Accordingly, some suggested that the review of the EU Drugs Strategy and Action Plan could clarify and reinforce wording explaining that the EU balanced approach to drug policies should also be applied practically in funding allocation across the priorities.<sup>1193</sup></p>	

<sup>1200</sup> Interviews with Member State authorities (CZ, RO).

<sup>1189</sup> Interviews with Member State authorities (CZ, EE, PL).

<sup>1190</sup> Interviews with EU entities (Council).

<sup>1191</sup> Interviews with Member State authorities (IE, FI, PT).

<sup>1192</sup> Interviews with Member State authorities (CZ, DE, FI, IE, NL, PT), interviews with EU entities (Council).

<sup>1193</sup> Interviews with Member State authorities (PT).

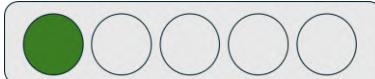
Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>Some interviewees considered that funding allocation was not entirely balanced in their Member State, with drug supply reduction receiving more focus and resources than other priorities.<sup>1194</sup></p> <p>Some interviewees considered that recovery interventions were insufficiently funded at EU level compared to other priorities of the Strategy.<sup>1195</sup></p> <p>Some interviewees believed that the EU Drugs Strategy and Action Plan had been a catalyst for (more) national and/or EU resources and focus being allocated to drug-related services at national level.<sup>1196</sup></p> <p>One interviewed national authority expressed concerns about potential duplication of efforts between EMPACT OAPs, especially the operational action plan (OAP) on high-risk criminal networks.<sup>1197</sup></p>	

<sup>1194</sup> Interviews with Member State authorities (RO).

<sup>1195</sup> Interviews with Member State authorities (EL).

<sup>1196</sup> Interviews with Member State authorities (EL).

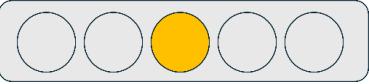
<sup>1197</sup> Interviews with Member State authorities (PL).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<b>Action 80:</b> Review the mandate of the EMCDDA following the evaluation completed in 2019 (1) to ensure that the agency plays a stronger part in addressing the current and future challenges of the drug phenomenon. Redefine responsibilities and operation of the REITOX network of national focal points, reinforcing its role accordingly	 <b>DARK GREEN:</b> Fully completed	<p>Mandate of the EMCDDA reviewed by Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA) and repealing Regulation (EC) No 1920/2006.</p> <p>Responsibilities of the Reitox network revised through Articles 5 (2), Article 15 (5), Article 22 (1), and Article 32.</p> <p>Interviewees generally believed that the responsibilities and functioning of the Reitox network were clearly defined.<sup>1201</sup></p> <p>Some interviewees praised the role played by the (then) EMCDDA to drive data collection and compilation, especially on demand and harm reduction aspects.<sup>1202</sup> Some interviewees considered that the role of the (then) EMCDDA could be clarified and reinforced as part of the review of the agency's mandate, including several who were positive about the EUDA's strengthened mandate.<sup>1203</sup></p> <p>Some interviewees considered that the Reitox network of</p>	

<sup>1201</sup> Interviews with Member State authorities (DE, EL, PT, SE), Interviews with EU entities (Council)..

<sup>1202</sup> Interviews with Member State authorities (EL, ES, FI, IE, NL, RO).

<sup>1203</sup> Interviews with Member State authorities (DE, EL).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>national focal points had contributed to greater policy alignment and cross-border awareness across Member States.<sup>1204</sup> Some highlighted the role played by the Reitox network and the EUDA in empowering their national data collection authorities to collect more data at national level.<sup>1205</sup></p> <p>Some interviewees considered that the mandate and role of the Reitox network needed to be strengthened as part of the EUDA's new mandate,<sup>1206</sup> with some welcoming what they considered to be a stronger mandate for the network as part of the new Regulation.<sup>1207</sup></p>	
<b>Action 81:</b> Facilitate synergies and complementarity between the drug-related policies of the EU and the Member States, and between the drug-related activities of EU Institutions and other bodies as well as coordination with relevant	<b>AMBER:</b> In progress or some progress, but behind plan 	There seems to be a differentiated approach between Member States which use the EU Drugs Strategy and Action Plan as guiding documents for their own strategic policy documents and/or in implementation on the one hand, <sup>1208</sup> and Member States which seemingly consider EU policy documents as interesting and potentially	Limited evidence base.

<sup>1204</sup> Interviews with Member State authorities (EL, RO).

<sup>1205</sup> Interviews with Member State authorities (SE).

<sup>1206</sup> Interviews with national authorities (DE, PT).

<sup>1207</sup> Interviews with national authorities (EE).

<sup>1208</sup> Interviews with Member State authorities (PL, RO).

Action	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
international actors.	<p>Evidence points to a limited involvement of key stakeholders outside main drivers of drug policies at EU level, and in Member States. Stakeholders believe that EU drugs policy are principally driven by DG HOME and the EMCDDA / EUDA but that other key stakeholders in demand and harm reduction have not been as engaged.</p>	<p>supporting, but not driving their national strategies and implementation.<sup>1209</sup></p> <p>Some interviewees considered that while EU efforts have helped increase coordination, national approaches overall remain heterogeneous and nationally-determined in nature.<sup>1210</sup></p> <p>Some interviewees believed that an effective and coordinated approach at EU level was limited by uneven involvement of all EU entities, including within the European Commission and notably when it comes to demand and harm reduction priorities.<sup>1211</sup></p> <p>Some interviewees highlighted the role of EMPACT in encouraging coordinated supply reduction action by Member States and believed that the platform's role could be further emphasised in the EU Drugs Strategy and Action Plan.<sup>1212</sup></p>	

<sup>1209</sup> Interviews with Member State authorities (DE, IE, NL).

<sup>1210</sup> Interviews with Member State authorities (IE).

<sup>1211</sup> Interviews with Member State authorities (EL, NL).

<sup>1212</sup> Interviews with Member State authorities (PL).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
<p><b>Action 82:</b></p> <p>The Presidency of the Council to keep HDG, as the main coordinating body on drug policy, informed on drug-related activities in 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, with the support of the EEAS for those that they are chairing. The Commission, the EEAS and the Member States to proactively update all partners in the HDG on drug-related developments in which they are involved.</p>	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Evidence suggests that the coordination envisaged by the Strategy at EU level works well, but that the role of the Presidency also means that discussions may follow evolving priorities rather than tackle implementation in a comprehensive manner.</p>	<p>Some interviewees considered that overall coordination at EU level worked well.<sup>1213</sup></p> <p>The HDG was made the working group responsible for overseeing the implementation of the Roadmap on Organised Crime, which helps ensuring that drugs policy will be well-represented in the same. One interviewed EU entity considered that the Action had been well implemented and that both Presidencies and the HDG had successfully driven a comprehensive drug policy discussion, including by encouraging the inclusion of this balanced approach into the Roadmap on organised crime.<sup>1214</sup></p> <p>On the other hand, some interviewees believe that greater coordination and coherence could have been achieved when it comes to cooperation between the HDG and the Standing Committee on Operational Cooperation on Internal Security (COSI).<sup>1215</sup> There was a suggestion that Action 82 could be revised in the next Action Plan to better highlight the coordinating role of the HDG.<sup>1216</sup></p>	<p>Limited evidence base on the role of the Presidency.</p>

<sup>1213</sup> Interviews with Member State authorities (PL, RO, SE), interviews with EU entities (Council).

<sup>1214</sup> Interviews with EU entities (Council).

<sup>1215</sup> Interviews with Member State authorities: (CZ, PT).

<sup>1216</sup> Interview with EU entity (Council).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>Some interviewees also considered that greater coordination was needed especially on drug demand and harm reduction.<sup>1217</sup></p> <p>Some interviewees considered that reporting on the implementation of the Strategy and Action Plan did not happen in a structured manner at EU level through the HDG with priorities sometimes dictated by the acting Presidency rather than reported in a systematic and encompassing manner.<sup>1218</sup></p>	
<p><b>Action 83:</b> Member States to work towards efficient systems of collaboration between drug policy and the other relevant policies, including in the law enforcement/security and health/social policy fields, involving the relevant stakeholders in the various areas.</p>	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>The conclusions for that Action are inherently heterogenous because of different situations across the Member States. With</p>	<p>All responding Member State authorities considered that their country had developed efficient collaboration between drug policy and the other relevant policies, including law enforcement/security and health/social policy fields.<sup>1219</sup></p> <p>Some interviewees considered that their country had developed an efficient and well-coordinated cooperation system between authorities involved in drug policies, although it was not always clear whether this had</p>	<p>Most responding Member State authorities reported that their country did not collect statistics on this item,<sup>1227</sup> and most reported that the impacts of such measures were not assessed.<sup>1228</sup></p> <p>Item impacted by level of political prioritisation at</p>

<sup>1217</sup> Interviews with Member State authorities (CZ).

<sup>1218</sup> Interviews with national authorities (CZ, IE).

<sup>1219</sup> Survey to Member State authorities – Action 83 / Efficient cross-service collaboration (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (13 out of 26 respondents: DE, EE, FI, FR, HR, IT, LU, MT, PL, PT, RO, SE, SK), *To some extent* (13 out of 26 respondents: AT, BE, BG, CY, CZ, DK, EL, ES, HU, LT, LV, NL, SI).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
	<p>some stakeholders reporting that effective coordination remains the key challenge in implementation in their country, however, the overall picture suggests that certain Member States are behind target on this item.</p>	<p>happened in the timeframe / as a result of the EU Drugs Strategy and Action Plan.<sup>1220</sup> The uniqueness of the HDG, which requires Member States to present internally coordinated positions and may include from than one representative per Member State, was considered to bring added value in this respect.<sup>1221</sup></p> <p>Some interviewees highlighted the key role the EU Drugs Strategy and Action Plan had played in requiring Member States to increase interservice cooperation and coordination (including by encouraging Member States to adopt national strategies and reflect a strategic, coordinated approach at national level).<sup>1222</sup></p> <p>Some interviewees reported that interservice cooperation remained lacking in their Member State and hampered effective policy implementation.<sup>1223</sup> Effective interservice</p>	<p>national level.<sup>1229</sup></p>

<sup>1227</sup> Survey to Member State authorities – Action 83 / Collection of metrics: *Yes* (9 out of 23 respondents: CY, CZ, EL, ES, HR, IT, LU, MT, NL), *No* (12 out of 23 respondents: AT, BG, DK, EE, LT, LV, PL, PT, RO, SE, SI, SK).

<sup>1228</sup> Survey to Member State authorities – Action 83 / Impact assessment: *Yes* (4 out of 22 respondents: CZ, ES, LU, NL), *No* (18 out of 22 respondents: AT, BG, CY, DK, EE, EL, FI, HR, IT, LT, LV, MT, PL, PT, RO, SE, SI, SK).

<sup>1220</sup> Interviews with Member State authorities (FI, PL, PT).

<sup>1221</sup> Interviews with EU entities (Council).

<sup>1222</sup> Interviews with Member State authorities (EL).

<sup>1223</sup> Interviews with Member State authorities (DE, EL (2)).

Action	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>cooperation across Member States was sometimes identified as a limit to the implementation of drug policies EU-wide.<sup>1224</sup> Some interviewees reported that their Member State did not have a working Strategy / national guiding document in place across the 2021 – 2025 period.<sup>1225</sup></p> <p>Some interviewees pointed to persisting difficulties in convincing all authorities (and in particular law enforcement) of the policy effectiveness of demand and/or harm reduction measures, and the evidence base pointing to the same, which may lead to missed synergies.<sup>1226</sup></p>	
<b>Action 84:</b> The EU and its Member States to promote the EU approach to drug policy, in particular when acting in the international scene, speaking with one voice.	 <b>LIGHT GREEN:</b> In progress or ongoing but on target	<p>Several interviewees considered that the Strategy had supported the EU and its Member States in speaking as one voice internationally and promoting the EU's approach to drug policy.<sup>1230</sup> The EU Drugs Strategy and Action Plan are reportedly sometimes shared with third</p>	

<sup>1229</sup> Interviews with Member State authorities (EL, FI).

<sup>1224</sup> Interviews with Member State authorities (RO).

<sup>1225</sup> Interviews with Member State authorities (EL (2), PL).

<sup>1226</sup> Interviews with Member State authorities (IE).

<sup>1230</sup> Interviews with Member State authorities (CZ, FI, PT), interviews with EU entities (Council).

Action	Assessment of progress/implementation	Presentation of evidence and assessment	Contextual factors influencing the results
		<p>countries for their reference and prominently featured in these dialogues.<sup>1231</sup></p> <p>Some interviewees made recommendations as to how the EU and Member States' international engagement on the topic could be enhanced, in their view:</p> <p>By focusing more on human rights implications of drug policies.<sup>1232</sup></p>	
<p><b>Action 85:</b></p> <p>Promote and strengthen dialogue with and involvement of civil society in implementation, evaluation and providing input to the development of drug policies at Member State, EU and international levels.</p>	 <p><b>AMBER:</b> In progress or some progress, but behind plan</p> <p>Evidence base on this item is limited but suggests that involving civil society has not been a key</p>	<p>Most Member State authorities reported that since 2021, their country had promoted and strengthened dialogue with and involvement of civil society in implementation, evaluation and development of national drug policies at least to some extent.<sup>1233</sup></p> <p>Some interviewees reported strong interest in engaging civil society at national level, but that this could be strengthened in practice.<sup>1234</sup></p>	<p>Limited evidence base,</p> <p>Most responding Member State authorities reported that their country did not collect statistics on dialogue with and involvement with civil society,<sup>1235</sup> and most reported that the impacts of such</p>

<sup>1231</sup> Interviews with EU entities (Council).

<sup>1232</sup> Interviews with Member State authorities (CZ).

<sup>1233</sup> Survey to Member State authorities – Action 85 / Involvement of civil society (Section A1.7 – Effectiveness – Strategic Priority 11): *To a great extent* (10 out of 26 respondents: CZ, FR, HR, IT, LU, MT, NL, PL, SI, SK), *To some extent* (15 out of 26 respondents: AT, BE, BG, CY, DE, DK, EE, ES, FI, HU, LT, LV, PT, RO, SE), *Not at all* (1 out of 26 respondents: EL).

<sup>1234</sup> Interviews with Member State authorities (IE).

<sup>1235</sup> Survey to Member State authorities – Action 85 / Collection of metrics: Yes (6 out of 22 respondents: BG, CZ, EL, ES, IT, NL), No (16 out of 22 respondents: AT, CY, DK, EE, FI, HR, LT, LU, LV, MT, PL, PT, RO, SE, SI, SK).

Action	Assessment of progress/ implementation	Presentation of evidence and assessment	Contextual factors influencing the results
	priority of the past four years across the Member States.		measures were not assessed. <sup>1236</sup>

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<sup>1236</sup> Survey to Member State authorities – Action 85 / Impact assessment: *Yes* (4 out of 23 respondents: BG, ES, LU, NL), *No* (19 out of 23 respondents: AT, BE, CY, CZ, DK, EE, EL, FI, HR, IT, LT, LV, MT, PL, PT, RO, SE, SI, SK).

