THE NEW EU DRUG STRATEGY – HOW TO CREATE A MEANINGFUL EUROPEAN POLICY FRAMEWORK

FRANZ TRAUTMANN
HEAD OF INTERNATIONAL AFFAIRS UNIT, TRIMBOS INSTITUTE

The main focus of this presentation will be on the lessons that can be learned from the evaluation of the existing *EU Drug Strategy and Action Plan on Drugs (2000-2004)* for formulating the new EU Drug Strategy (2005 – 2012).

REMARKS FOR CLARIFICATION

There are two major 'policy' papers of the European Union in the drugs field which should be clearly distinguished as they are of a different nature. The EU Drug Strategy defines the general direction and framework for dealing with the drug problem at the EU level. It states general aims and objectives. The EU Action Plan on Drugs, as stated in the Action Plan 2000-2004, is 'a guide to the activities of the European Union in order to follow the EU Drugs Strategy'. It describes, in more detail, the actions to be taken by each of the EU Agencies and Member States, with the aim of reducing drug problems in Europe.

In a way, it does not make sense to focus on just one of these two. They form a package deal. They only make sense together. There is no such a thing as an EU drug policy. It might be most appropriate to see the EU Drug Strategy and the Action Plan as a policy framework, in which starting points and drug policy priorities for drug policy in the Member States are formulated. Whereas there are some (legally) binding EU regulations in the field of supply reduction (e.g. dealing with precursors of synthetic drugs), the EU has, bluntly speaking, no say in how demand reduction should be dealt with. Demand reduction policy and programmes are the sole responsibility of the Member States.

This does not mean that there is no line, no shared view in demand reduction. When one looks back on the last ten or fifteen years, one can see that demand reduction policy and programmes in the different Member States have developed towards each other. Member States do not differ so much any more in their prevention, treatment and care programmes. Importantly, this is partly due to a growing exchange and cooperation between Member States. In a way, supply reduction harmonisation between Member States is a top-down process, whereas demand reduction policies in the different Member States have been brought in line bottom-up.

THE EVALUATION OF THE EXISTING EU DRUG STRATEGY

When drafting a new EU Drug Strategy, one is of course looking back to the experiences with the preceding one.

1. One major problem is that it has proved difficult, if not impossible, to evaluate the degree to which the objectives - targets formulated in the strategy and translated in the Action Plan - have been realised, despite the explicit postulate of the EU Action Plan to 'provide a solid base for the evaluation of the EU Drugs Strategy (2000-2004) promised by the Commission'. Policy evaluation in general is not an easy job. There are a lot of issues of interest when one wants to know whether a certain policy has been

successful. Has it been consistent? Has it been effective? Has it been efficient? Has it been relevant? Has it been useful? Are its results sustainable? One can limit the scope, and in general this is done. However, even if we reduce the scope to the results achieved by a policy, things are still far from easy. The main drug policy fields, demand reduction and supply reduction, include a wide range of objectives or results to be achieved. Evaluating the impact of drug policy on a national level has taught us that collecting the necessary relevant and valid data is an extensive effort, both time consuming and expensive. At EU level, the bigger scale and the need to ensure the comparability of the collected data add to the problem. Researchers are unsure of which indicators to use to measure success or failure, and cannot be sure that certain changes are the results of the policy evaluated. In general, the best we can get here are some indications but no real proof.

2. Policy evaluation in general is a complex undertaking, and both the Strategy and Action Plan as policy papers are particularly difficult to evaluate. One major criticism of the existing Drug Strategy has been that a meaningful evaluation of its targets is impossible. Besides an extensive list of general aims, the existing Drug Strategy presents the following main targets:

    - to reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age;
    - to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, etc.) and the number of drug-related deaths;
    - to increase substantially the number of successfully-treated addicts;
    - to reduce substantially over five years the availability of illicit drugs;
    - to reduce substantially over five years the number of drug-related crime;
    - to reduce substantially over five years money-laundering and illicit trafficking of precursors.

On closer inspection, these targets are much less specific than they sound, e.g. the stipulated '*substantial increase of successfully-treated addicts*.' Besides questioning what is meant by 'substantial' in this context, the problem is that there is no EU-wide shared definition of what we call success, and there are no clear indicators for measuring success or failure. Does success only mean abstinence, or are improvement of health and psycho-social functioning also counted? If so, how do we measure this type of success? How do we define criteria for the time interval after treatment? There is agreement on the objectives themselves, but no agreement on how to realise these objectives.

3. EU policy making in general, the decision-making itself, is a very complex and time-consuming process. Finding consensus in the Third Pillar - to which drug policy as a chapter of Justice and Home Affairs belongs – is very difficult. The fact that the drug issue is a highly politicised and 'ideologised' matter does not help. This means that policy papers like the *EU Drug Strategy and Action Plan* are not particularly strong, in terms of giving explicit direction for action. They are clearly the result of compromises between the diverging views and interests of the different Member States. When it comes to actions, the existing Strategy and Plan give the impression of a fruit basket, offering a wide range of nice things to cater for all different tastes, but lacking a consistent view on how to tackle the drug issue. The agreement on the clear targets formulated in the Drug Strategy can be seen as a type of victory, concealing the disagreement on the means to reach these ends. Everybody can agree on the objective that over five years the prevalence of illicit drug use should be reduced significantly,

but this does not mean that there is agreement on how this objective can and should be realised with a consistent package of actions.

THE MAKING OF THE NEW STRATEGY

The weak points of the existing EU Drug Strategy and the problems encountered in its evaluation have been reflected in the preparation of the forthcoming Strategy. The key concern in this process has been to formulate a comprehensive and consistent strategy, leaving the general aims and the targets of the existing Strategy unaffected.

STRONG POINTS

- A key concept is **subsidiarity**, meaning that actions at EU level are only taken when the Member States cannot take them. This recognises that most activities are the responsibility of Member States.
- The Strategy is aiming at a **balanced approach**, meaning that for an optimal result one needs a coherent combination of demand and supply reduction, in which both parts of the strategy are well-adapted to each other.
- The Drug Strategy emphasises the importance of **evaluation** and **review** for an effective policy in the drugs field.

Other elements could contribute to strengthening the Strategy:

- emphasis on making use of existing instruments instead of introducing new ones;
- a thematic, regional approach in certain fields, facilitating cooperation between Member States facing common problems. It does not make sense and is inefficient to have all Member States involved in all issues covered by the strategy.
- in comparison to the existing Strategy, the new paper makes a clear distinction between the Strategy and the Action Plan. It confines itself to a description of the framework and directions for the two envisaged Action Plans, making it relatively short and clear.

The existing draft gives direction to the Action Plans by defining 'concrete, identifiable results and priorities', and by including the following criteria for actions to be taken:

- actions at EU level must offer clear added value, and their results must be measurable and realistic. The intended results should be stated in advance.
- the Action Plans must expressly state the time-frame in which the actions should be implemented, and those bodies responsible for executing them and for reporting on their progress.
- activities must contribute directly to the achievement of at least one of the goals or priorities set out in the Strategy.
- interventions must be reasonably cost-effective.
- there must be a limited number of interventions or activities in each field.

The current draft of the new Drug Strategy is a more consistent policy paper than the previous one. It has a clear and logical structure, and divides drug policy into two main policy fields, i.e. demand reduction and supply reduction. International cooperation, and information and monitoring, are presented as two cross-cutting themes. Adequate coordination is highlighted as a pre-requisite for all work done in drug policy. The draft Strategy shows that progress has been made when it comes to presenting a consistent framework for actions to be undertaken.
To take one example: *"Reducing the demand for drugs implies the following measures:*

- *preventing people from starting to use drugs;*
- *preventing experimental use becoming regular use;*

- *treatment programmes;*
- *rehabilitation and social re-integration programmes;*
- *reduction of drug-related health damage.*

All these measures are of equal importance, they should be offered in an integrated manner and ultimately contribute to the reduction of the demand for drugs."

The above describes measures in a clear structure of what comes first and what comes later, simultaneously emphasising that all measures should be understood as equally important parts of an integrated approach. This is not news for many Member States, especially not for those working in the demand reduction field, but it is the consensus reached that is significant.

WEAK POINTS

The absence of any clear intention to review the policy over the next eight years against indicators of outcome is particularly concerning. The draft is emphasising the importance of evaluation, and states for instance the need "to learn more about the effectiveness, impact and full potential (of supply reduction instruments) before introducing new EU-wide measures and regulations". The Strategy should include a clear framework and guidelines for the evaluation of the actions to be defined in the two envisaged Action Plans. Another weak point is that the draft of the new Strategy is, like the existing strategy, a result of compromises between the diverging views and interests of the different Member States. The impact of this can be seen in the development of the paper, from the relatively short and clear initial drafts to more lengthy and ambiguous later drafts. Finally, despite original plans, the consultation with NGOs has been very limited.

An additional problem concerns the consistency of the so-called 'balanced' approach. The economic law that suggests demand and supply are two sides of one coin, does not imply that supply and demand reduction go together easily. This would only be the case if demand reduction was abstinence-oriented, which we know is not a realistic objective for all drug users, at least not in the short term. The implausibility of abstinence is the raison d'etre of harm reduction. The relation between harm reduction and supply reduction is problematic because there are contradictory elements, e.g. aligning the illegality of substances like heroin with harm reduction measures like syringe distribution, injecting rooms and heroin prescription. Also, prohibition as a means of supply reduction can contribute to adverse effects on the health of users of illegal substances, e.g. the prohibition of MDMA has contributed to a diversification and adulteration of the supply. The availability of adulterated drugs can, at least partly, be explained by the existence of an illegal market.

CONCLUSIONS

In the draft of the new EU Drug Strategy emphasis is on finding – as far as possible – a coherent combination of demand and supply reduction, and on formulating objectives that give direction and contribute to the consistency of the envisaged two Action Plans (2005 – 2008, 2009 –2012). The process of the 'making of' the new strategy underlines once more that having a rational debate of the drug issue is far from easy. This is even more true for finding a shared view at EU level on the various issues covered by the strategy. Again, the final result will be weakened by compromise but looking back to the existing strategy, we can say that we are at least some steps further forward.