



Brussels, 15 September 2011

## EUROPEAN AND INTERNATIONAL ASPECTS OF ILLICIT DRUGS POLICY

### Contribution to the Round Table on Drug Policy, Dutch House of Representatives

#### Introduction

Illicit drugs are a complex social and health problem that has a global impact, and affects in different ways countries and local communities. Drugs policy is largely the competence of EU Member States, which are best placed to make those choices that suit the local culture and socio-economic conditions. The EU plays a complementary and supporting role, by helping Member States address cross-border challenges, ensuring coordination of national action, exchange of best practice and by helping coordinate Member States' action on the international stage.

#### EU Drugs Strategy 2005-2012

The EU drugs policy is based on the EU Drugs Strategy 2005-2012<sup>1</sup> and its two implementing Action Plans<sup>2</sup>. The Strategy was developed and adopted under the Dutch EU Presidency in 2004. The Strategy consolidated the EU integrated and balanced approach to illicit drugs, addressing with equal vigour drug demand and drug supply reduction. Horizontal actions across these two pillars cover coordination of all players involved in drugs policy, international cooperation and the evidence-base for this policy.

The Commission has launched an external evaluation of the EU Drugs Strategy, which will be concluded at the beginning of 2012. This evaluation aims to inform future development of EU drugs policy.

Intermediary evaluations of the EU Drugs Strategy and Action Plans have shown a gradual convergence between Member States' drugs policies. Today virtually all EU countries have adopted a policy model with concrete and time-based objectives similar to those set out in the EU Strategy.

#### EU legislation in the field of drugs

The EU has developed over the past 15 years a response to the cross-border threats posed by illicit drugs, in the framework of the EU Drugs Strategy. It has adopted regulations on the control of drug precursors<sup>3</sup>, a Council Framework Decision on offences and sanctions in drug trafficking, and a Council Decision on the information exchange, risk assessment and control of new psychoactive substances. Until the end of 2012, the Commission aims to present proposals to update or revise each of these legislative instruments.

---

<sup>1</sup> <http://register.consilium.europa.eu/pdf/en/04/st15/st15074.en04.pdf>

<sup>2</sup> <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2005:168:0001:0018:en:PDF>  
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:326:0007:0025:en:PDF>

<sup>3</sup> Council Regulation (EC) No 111/2005 of 22 December 2004, OJ L 22, 26.1.2005, p. 1–10; Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004, OJ L 47, 18.2.2004, p. 1–10.

## Competences in drugs policy at EU level

The framework of EU action in the field of drugs is primarily defined in Articles 83<sup>4</sup> and 168<sup>5</sup> of the Lisbon Treaty. These articles enable the Commission to propose legislation on offences and sanctions related to drug trafficking and to complement national action to tackle the health-related problems caused by drug abuse. In addition, the Commission plays an important role in strengthening the evidence-base of drugs policy, by funding the EU drugs agency<sup>6</sup> and the national drug focal points, and by monitoring and evaluating the drugs situation and responses to it in the EU.

## Trends in the EU drug situation

Cannabis remains the most widely used illicit drug in Europe<sup>7</sup>: over 23 million European adults (6.8%) have tried it *in the past year*. Cocaine (1.3%), Amphetamines (0.6%) and Ecstasy (0.8%) are also widely spread, in particular among specific groups in the population. Despite a recent stabilisation and - in some countries – small decline, drug use is still at historically high levels across the EU. The use of heroin and the problems associated with it have seen a decline since the late 1990s. But recent data shows that this trend may be reversed.

## Netherlands Drug Policy in EU context

The Netherlands has an important contribution to EU drugs policy. The health-oriented approach in drug policy implemented by the Netherlands since the mid-1990s has been embraced by many EU Member States. The evaluation of the Dutch national drug policy<sup>8</sup> asserts that it has been reasonably successful. This seems to be backed by European data, which indicate that the use of Cannabis, Cocaine and Amphetamines in the Netherlands is around the EU average<sup>9</sup>, while the use of opiates in the Netherlands is at the lowest end of the EU average, with an overall ageing population and few new (young) dependent users. The Netherlands has also worked closely together with its European counterparts to clamp down on drug trafficking and organised crime networks.

## Developments in the global illicit drug markets

In 2009, against the background of the negotiations on the UN Political Declaration and Plan of Action on the World Drug Problem<sup>10</sup>, the European Commission published a report on developments in the Global Illicit Drugs Market in 1998-2007<sup>11</sup>. The study found that in some (rich) countries the drugs problem had declined but in others it increased sharply and substantially. Cannabis, produced in over 170 countries worldwide, had become part of adolescent development in many Western countries and brings an estimated annual revenue of €70 Billion worldwide. The production, trade and retail/selling of drugs takes place in a competitive illicit market, with many players, the majority of which earn modest incomes, while a few players make massive earnings. The study also concluded that drug control interventions can affect where drugs are produced, that production may shift to other locations, but there is no evidence that total global production is affected. The study also found that drug prohibition has caused substantial unintended harms.

## International cooperation

---

<sup>4</sup> Serious cross-border crime, including drug trafficking.

<sup>5</sup> Public health, including prevention and reduction of drug-related health damage.

<sup>6</sup> European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

<sup>7</sup> EMCDDA, 2010 Annual Report on the State of the Drug Problem in Europe.

<sup>8</sup> Trimbos-instituut & WODC, Evaluatie van het Nederlandse drugsbeleid, Den Haag, 2009.

<sup>9</sup> Trimbos-instituut, Jaarrapport 2010 Nationale Drugs Monitor, Utrecht, 2010.

<sup>10</sup> High-level segment, UN Commission on Narcotic Drugs, Vienna 11-12 March 2009

<sup>11</sup> Short version: [http://ec.europa.eu/justice/anti-drugs/files/report-drug-markets-short\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/report-drug-markets-short_en.pdf); Full report: [http://ec.europa.eu/justice/anti-drugs/files/report-drug-markets-full\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/report-drug-markets-full_en.pdf)

The Commission is very active on the international stage, helping to tackle the global drugs problem in a more effective and balanced way. It seeks to foster a balanced approach to this problem, addressing with equal vigour demand and trafficking, and respecting human rights. Most transit countries suffer from rising drug abuse and are ill-prepared to face this public health challenge. The Commission and the European External Action Service (EEAS) will work with countries worldwide to build or improve their capacities to reduce use of drugs and their harmful consequences.

The Commission will promote and mainstream human rights in its external policy on drugs. It will continue to fund and promote alternative development programmes. It will also consolidate the drug route approach, which enables the EU to address drugs comprehensively, from cultivation of drug crops to entry of drugs onto the market.