



**COMMENTS OF THE EUROPEAN COALITION FOR JUST AND EFFECTIVE  
DRUG POLICIES TO THE FIRST DRAFT OF THE EU DRUGS ACTION PLAN  
(2005 – 2008)**

**To: Mr. A. Origer, Chairperson of the Horizontal Drug Group of the European Union**

**Mr. J.L. Bourlanges, Chairperson of the Committee on Civil Liberties, Justice & Home Affairs of the European Parliament**

**Mr. Carel Edwards, Head of the co-ordinating Drugs Unit of the European Commission**

**Members of the Horizontal Drug Group of the European Union  
Members of the Committee on Civil Liberties, Justice & Home Affairs of the European Parliament  
Representatives of the Drugs Unit of the European Commission**

**Antwerpen, 22 February 2005**

**Dear Madams and Sirs,**

As a platform of 86 European organisations representing affected civil society and independent experts, some of whom have been following closely the course of European drug policies for the past 35 years, we have following comments to make concerning the communication on the EU Drugs Action Plan (2005-2009), that was published by the European Commission last week.

This Plan is a set of concrete activities that will be implemented in the European Union in the coming 4 years to obtain the result of a “measurable reduction of the drugs problem in our societies”. These activities will be executed by the 25 Member States, the EU Presidency, the Council of Ministers, the European Commission and the various EU institutions that deal with the drug issue: EUROPOL, EUROJUST and CEPOL for coordination of law enforcement activities, and the EMCDDA for research and evaluation of drug policies.

This Action Plan is the first of two plans that will be implemented under the recently approved EU Drug Strategy (2005-2012). It is also the first plan to be issued after the approval of the 'Catania report' by the European Parliament in December 2004. In this report, named after the Italian draftsman, MEP Giusto Catania, the European Parliament states the need to change the basic approach to drugs, in concluding that current EU drug policies have time and again failed to obtain their main objective: to reduce the availability and demand for drugs in a significant way.

The EP report also acknowledges that drug policies themselves have been the cause of major drug related harm in different aspects, and proposes innovative measures to tackle the current dilemma, such as for example the creation of an ongoing process of consultation with affected civil society organisations and independent professional experts about the impact of drug policies at the level of citizens.

From today onwards and in the months to come, the Action Plan will be discussed by the Member State Governments (at the meetings of the Horizontal Drug Group). It is still unsure as to whether the European Parliament will be involved in the discussion, although the LIBE Committee has decided to hold a hearing on this issue on 21 April, to which the HDG and the European Commission will be invited too. The plan needs to be approved in a European Ministerial summit in June 2005, that will take place under the Luxembourg presidency.

### **General Comments**

The analysis made by the Commission of the drug situation is **superficial**. It states that the EU has up to 2 million problem drug users, but it fails to mention that according to EMCDDA figures, the total number of regular consumers of illegal drugs could amount to 36 million. Thus the direct target group of EU drug policies is of the same size as the entire population of countries like Poland or Spain. Their lifestyle and human rights are directly affected by policies that are aimed at reducing the use of illicit drugs.

When mentioning drug related problems, like the use among young people or the spread of HIV/AIDS and other bloodborne diseases, the Commission **fails to mention the main reasons** for these problems. These reasons are directly, though not entirely, connected to the fact that drugs are illegal, as this has led to increased availability, unsafe and irresponsible use and the unnecessary criminalization of hundreds of thousands of citizens.

The Commission's text reads as a **copy of the EU Drug Strategy**. As a result, the same contradictions that were found in the strategy are repeated here. Like the Strategy, the draft Action Plan does not draw any conclusion from the evaluation of the former Action Plan (2000-2004), published by the EMCDDA in October 2004. This evaluation showed that none of the six main objectives set by the former policy achieved any favourable results. The new Action Plan is said to "target in particular those areas that the evaluation highlighted as needing further progress". This means that a policy is being continued which has been proved to be completely ineffective by the institution that was created to inform authorities about the impact of their policies. The annual budget of the EMCDDA is 7,5 million EUROS. What is the reason this money is being spent?

There has been **no serious consultation of civil society** on the new Action Plan. The Commission pretends to have organised this consultation with the help of a website that very few European citizens were informed about. Visitors to this site were asked to send comments before 8 November 2004, when neither the draft strategy nor the action plan had been made public. When they sent their comments, they were not informed about the follow up. Finally, the Commission received 35 comments, and according to a summary that was published by the Commission in January 2005, they “did represent the wide variety of opinions”.

However, the comments themselves as well as the origin of the authors are kept confidential. This experience leaves serious doubts on the capacities of the European Commission to organise a “consultation process” that accomplishes modern criteria regarding transparency and participation. The EU has a very low reputation regarding the involvement of civil society in its policies. The concept has been mentioned as a key element of drug policy since 1990, but despite that, it has never been put in practice in a serious way.

In short, there is **nothing new** in this Action Plan. It is a repetition of the same rhetorics as used before. The only new element is that with this plan, the Commission ignores completely the recommendations made by the European Parliament. EU governments and Institutions refuse the challenge of reconsidering the way drug policies are carried out, even if their own evaluations conclude there is an urgent need to do so.

Whatever the benefits of current policies are, authorities have great difficulties in showing them. The drug debate carries on behind closed doors. This is an alarming fact, because, as the European Parliament has mentioned, illegal drug production and trade is the main source of profit for the European mafia. Meanwhile public expenditure on drug-related law enforcement in the entire EU (costs that are made to maintain the current illegality of drugs) can be estimated at 5,5 billion EUROS / year, or 15 million EUROS a day. This money cannot be used for education, health and sustainable development.

## **Comments on the strategical aims**

The Action Plan contains a number of strategical aims which will afterwards be translated into concrete activities and budgets. We would like to comment some of them.

### **1. A drug czar - The Commission proposes the installation before 2007 of a drugs coordinator in each Member State who will be responsible for coordinating that country's drug policies.**

This aim is set to counter the lack of coherence and coordination among EU countries. But it is expected to create yet another bureaucracy which will have to deal with the same problems that are being experienced at the moment: does a country choose for policies that are based on health or on law enforcement criteria? It is the lack of compatibility of both that remains the major cause of incoherent policies.

### **2. Civil society involvement. The Commission proposes to write a Green Paper on this issue in 2006, and Member States should start taking into account the expertise of all groups and bodies concerned by 2008.**

Taking into account the experiences of civil society organisations to be involved in the elaboration of drug policies during the past years, especially in relation to the consultation process for this action plan, this aim is not serious. Rather than writing papers, the Commission should take her responsibility and facilitate the concrete consultation of civil society about the impact of policies. This consultation will lead to the improvement of policies, as they would be carried out with the involvement of citizens, not against them.

**3. A drug co-operation clause with third countries. The Commission proposes to include a specific clause on co-operation on drugs in new agreements with third countries / regions.**

The measures proposed in the field of international co-operation with source countries are not convincing. In the first place it is well known that the problem of drug production in developing countries is directly related to poverty, and that investments in drug crop elimination are increasing that poverty. Therefore the proposed clause can only make the problem worse. It will be used as a justification to use violence against people who have no other source of income than by growing plants.

**4. Evaluation and dissemination of best practices. The Commission proposes more effective use and regular updating of the EMCDDA and other databases.**

This is useful, as the EMCDDA data tend to be 2 years old before they get published. However, by leaving the responsibility for evaluation with just one EU-agency that is surviving from the same source it has to evaluate, one cannot exclude the possibility of an increasing lack of objectivity. A further problem is that the EMCDDA, as it recognises in its annual report, receives information from Member states that is not always reliable. The results of national policies are one thing: the way in which authorities wish to present them are all too often another.

**5. Prevention in schools. The Commission proposes comprehensive prevention programmes covering both licit and illicit drugs to be included in school curricula.**

Prevention is the most important tool of drug policies. However, many official prevention programmes are conceived in a top down approach, while it is proven that peer support and peer pressure are more effective in reducing problems. It is good that illicit and licit drugs are treated in the same way, however, it might also cause problems. Information can be dangerous. When they are told honestly about the dangers of alcohol and tobacco, it becomes difficult to explain to young people why these drugs are legal and cannabis is not. This might damage the credibility of official drug policies even more.

**6. Improve treatment facilities. The Commission proposes to agree on EU wide minimum standards on drug treatment.**

This aim is most wellcome too, though it all depends how these minimum standards will be established. In many cases, services that offer low thresholds and a large amount of participation by drug users themselves obtain excellent results in improving the lifestyle, health and social status of the people treated. At the other side of the spectrum, prison is still used by many authorities as the best way to treat drug users. Which side of the spectrum will the 'minimum standards' represent? We believe strongly that there needs to be a flexible approach to drug treatment that puts the 'patient' at the centre.

**7. Prevention of the spread of HIV/AIDS and other bloodborne diseases. The Commission proposes to ensure the implementation of comprehensive programmes.**

Not that anyone should underestimate the importance of this aim for saving lives. But it should be reminded that many other diseases (like Hepatitis C) occur because of unsafe and irresponsible use of drugs. As is shown in 5 EU countries and Norway today, safe injection rooms are an easy and effective tool to avoid diseases. Testing the quality of drugs, like in the case of pill testing, is another way of diminishing risks and combatting the production of extremely low quality or dangerous drugs.

**8. Use confiscated funds to finance drug law enforcement. The Commission proposes to explore the possibility to use funds confiscated of drugs traffickers for joint law enforcement projects.**

This aim should be very seriously considered by legal experts and politicians. When law enforcement is financed by the financial benefit of its own actions, the technique of provoking an illegal transaction which is directed by policemen will become more and more popular. This technique has significant dangers of leading to corruption and increasing confusion between infiltrated policemen in criminal gangs and infiltrated criminals in the police corps, as became clear in for instance the IRT scandal in the Netherlands in the early 1990s (which proved the complicity of Dutch police in the illegal import and distribution of considerable amounts of various kinds of drugs).

**9. EU common positions on drugs in international fora. The Commission proposes to start preparing a common EU position regarding drug issues at international meetings such as the United Nations Commission on Narcotic Drugs.**

At another place in the same document, the Action Plan is said to leave full scope for local, regional, national and transnational actions. As history shows, the division between the different attitudes towards drugs is not only ideological, it is also geographic. In Europe, drug policies will always be conceived in different ways. It is precisely the challenge of the European Union to allow these differences to co-exist. What's needed first is the removal of the international obligation to continue prohibiting drugs, i.e. the UN Conventions. After this step, drugs will not become legal in the entire EU. But the competence for drug policies can be decentralised to the level of national governments. Thus, every society can, in a democratic way, decide the policy that fits best to its own cultural and political traditions.

**10. Creation of networks of excellence in drug research. The Commission proposes to encourage of networks, universities and professionals to develop networks of excellence for the optimal use of resources and effective dissemination of results.**

With this aim, the Commission implicitly recognises that the EMCDDA is not able to produce enough research. The need to finance more research on drugs must be motivated by the lack of success of the former EU Strategies. However, as people who are confronted with the impact of the drug issue on a daily level, be it as user, relative, health worker, researcher and activist, we doubt this need.

From existing research, it can be concluded that the increasing prevalence of drug consumption should not be considered as a reason to apply (more) restrictive policies. For instance, as the EMCDDA and other research institutes, such as the RAND Corporation, have indicated several times, it is not possible to make any connection between cannabis policies in European countries and the prevalence of cannabis consumption. This means that in countries with liberal policies the prevalence is not higher than in countries with restrictive policies.

We believe the evidence speaks for itself: drug policies in Europe, as in the rest of the world, are failing because they are ill conceived. We do not need more research to draw that conclusion. We need decision makers with enough political courage to take the first step to just and effective drug policies: to question the legitimacy of universal drug prohibition.

We hope you will spend serious attention to these comments and look forward to the result of your discussions.

Sincerely yours,

On behalf of ENCOD,

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