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to the European Parliament and the Council on an EU Drugs Action Plan for 2009-2012

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Introduction

Drugs are a major concern for the citizens of Europe and a major threat to the security and health of European society.

In December 2004, the European Council unanimously endorsed the EU Drugs Strategy for 2005-2012¹, which aims to achieve a high level of protection, well-being and social cohesion by preventing and reducing drug use.

The adoption of the Strategy in itself gave a clear signal that political concern about drugs across the European Union transcends the differences in approach that exist among Member States. It confirmed that all Member States subscribe to the same set of basic principles: that there should be a balanced approach to reducing the supply and demand for drugs, that this should be based on reliable data regarding the nature and extent of the problem, on respect for fundamental rights and human dignity, and — increasingly — on coordinated and cross-border law enforcement aimed at drug traffickers and organised crime.

The Drugs Strategy also provides the framework for two consecutive four-year Action Plans. The first **Action Plan (2005-2008)**² set out over 80 actions to help coordinate major areas of government intervention in the field of illegal drugs, covering public health, law enforcement, customs, criminal justice and external relations. While implementation is often the responsibility of the Member States, the Commission plays an active part in facilitating and evaluating the work in progress, in addition to monitoring anti-drug legislation, such as Council Framework Decision 2004/757/JHA on Illicit Drug Trafficking, on which it will report in mid 2009. Moreover, guided by the lessons learnt over the past four years, the Commission is now proposing a second Action Plan (2009-2012) to be endorsed by the Council.

What has the present Action Plan on Drugs achieved so far?

The current Plan states as its ultimate aim to:

‘... significantly reduce the prevalence of drug use among the population and to reduce the social and health damage caused by the use of and trade in illicit drugs’. (

The attached evaluation report³ is a joint effort by the Commission, the Member States, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), Europol, and European NGO networks represented in the Civil Society Forum. It is the most extensive assessment of the implementation of EU drug policy to date and shows that the objectives of the present Plan have been partly achieved:

- Drug use in the EU remains at high levels. Available data suggest that the use of heroin, cannabis and synthetic drugs has stabilised or is declining but that cocaine use is rising in a number of Member States. The total number of people in the EU who use drugs — or have at some time taken them (‘lifetime prevalence’) — is estimated at 70 million for cannabis,

¹ CORDROGUE 77, 22.11.2004.

² OJ C 168, 8.7.2005.

³ Commission Staff Working Paper attached in Annex 1.

at least 12 million for cocaine, 9.5 million for ecstasy, and 11 million for amphetamines, while at least half a million people are known to be receiving substitution treatment for drugs like heroin.⁴

- Although there is no reason for complacency, data available for comparable countries in other parts of the world show that the consumption of cannabis, cocaine, and amphetamines in the EU is significantly lower than, for instance, in the US. The same is true for the number of reported HIV infections related to drug injections.
- The evaluation also shows that Member States' drug policies are converging and that there is a shift towards underpinning national policies with action plans.
- Evidence so far shows that the EU is succeeding in at least containing the complex social phenomenon of widespread substance use and abuse in the population, and that it is increasingly focusing on measures to address the harm caused by drugs to individuals and society. It is important to note that it has done so in spite of the fact that over the period under review the world's illicit opiate production rose sharply and an unprecedented traffic of cocaine has been targeted at the EU. Seen against this background of sharply increased supply, the EU's record of managing the problem emerges in a more positive light.
- In terms of international cooperation, there is now better coordination of EU positions in international fora on drugs, as in the UN's Committee on Narcotic Drugs (CND) for instance. Moreover, the EU's integrated and balanced approach to drugs is increasingly serving as a model for other countries worldwide.

The current Action Plan (2005-2008) is an ambitious exercise. While progress has been made in many areas, weaknesses have also been identified.

Policy coordination problems persist in many areas, and even if the quality of information on the EU situation regarding drug use, prevention and treatment has consistently improved, considerable knowledge gaps remain: there is a persistent lack of reliable data on drug supply but also on the scope and outcomes of drug-related assistance to third countries.

How to increase commitment across society to reduce drug use

Clearly the EU needs to do more to reduce the impact of social and health problems caused by drug use. If millions of Europeans have at some stage taken drugs or are doing so right now, there is a gap between public policy and public behaviour that no society can afford to ignore.

There is evidence to suggest that one of the more (cost-) effective approaches to deal with drug use is for public services engaged in prevention, treatment, harm reduction and law enforcement, to work together in partnership with voluntary organisations and service providers. In other words, an alliance between citizens and the institutions created by them and for them.

It is time to put the people of Europe at the centre of policy in this field and to get Europe's citizens more involved. As a first step, the Commission helped set up the European Civil Society Forum on Drugs, in 2006. To support the implementation of the EU Action Plan on

⁴ EMCDDA Annual Report 2007.

Drugs, the Commission will, during the life of the next Action Plan, examine ways to mobilise all those who wish to take part for a formal commitment to do what is necessary at their level and with the means at their disposal to reduce the harm that drugs do to people. An idea to develop in this respect is the formulation of a 'European Alliance on Drugs'. This would be a public commitment that could be made by any citizen or group of citizens to raise awareness on the risks of taking drugs and support best practices in this field.

Towards a new Action Plan on Drugs 2009-2012

The EU Drugs Strategy deals with a complex phenomenon that requires a long-term approach to bring about change. It is centred on the two key dimensions of drug policy, **drug demand reduction** and **drug supply reduction**, complemented by three cross-cutting themes, **coordination**, **international cooperation** and **information, research and evaluation**.

To support the Strategy, the Commission proposes a new Action Plan on Drugs (2009-2012), which builds on the existing framework but also on the lessons learned over the past four years. It identifies the following priorities:

1. Reducing the demand for drugs and raising public awareness

We need to further improve the effectiveness of measures to reduce drug use and its consequences. This includes particular attention for vulnerable groups and the prevention of poly-drug use (combined use of illicit and licit substances, in particular alcohol).

2. Mobilising European citizens to play an active part.

The Commission proposes to launch a process of consultation with the Member States and European civil society to work towards the acceptance of a European Citizens' Alliance on Drugs. Such a Alliance would contain a commitment and a set of principles to guide citizens to deal with drug-related issues as they may arise in their immediate environment. It would have to be compatible with national laws and customs and should give positive action and self-empowerment a place in the overall quest for a safer and healthier society.

3. Reducing the supply of drugs

We need more effective law enforcement at EU level to counter drug production and trafficking, making full use of the capacities of Europol and other EU structures, based on an intelligence-led approach. More coordinated operations via regional security platforms should be supported.

4. Improving international cooperation

The effectiveness of EU, the world's major donor in the global fight against drugs and in the struggle for more sustainable solutions to drug cultivation, would benefit greatly from better coordination of national and Community policies.

5. Improving understanding of the problem

We need to increase our knowledge of all aspects of drug use through more and better coordinated research and data, including data on drug-related crime and on the way the illicit drug supply market works.

The Action Plan that follows is intended as a framework to implement these priorities and to add European value where appropriate.

I. COORDINATION				
Main priority: more efficient policy development and implementation.				
Objective	Action	Timetable	Responsible party	Indicators
1. Ensure that a balanced and integrated approach, with due regard for fundamental rights, is reflected in national policies and in the EU approach towards 3rd countries and in international fora	1. Member States and EU Institutions to effectively coordinate drugs policy to reflect the objectives of the EU Drugs Strategy 2005-2012 and this Action Plan	Ongoing	MS COM Council	Objectives of the EU Drugs Strategy and Action Plans included in national policies Drug policy at EU level reflects the objectives of the Drugs Strategy
2. Ensure effective coordination at EU level	2. The Council's Horizontal Drugs Group (HDG) to take a pro-active role in fulfilling its coordination mandate	Ongoing	Council	Relevant Council Working Parties ⁵ inform/involve HDG actively and vice versa
	3. The Commission and Council to ensure coherence between internal and external aspects of involvement in drug policy	2011	COM Council	Coherence between internal and external drug policy realised
	4. The Council to examine the state of the drug problem once a year, on the basis of the Commission's annual progress review, and relevant annual reports from the EMCDDA, Europol	Ongoing	Council COM EMCDDA Europol	Council conclusions
3. Ensure effective coordination at national level	5. Presidency to convene meetings of the national drugs coordinators or their equivalents on a regular basis to advance coordination on specific and urgent issues requiring action	Twice annually	PRES MS	Effective impact on policy coordination
	6. Member States to examine inter-departmental coordination on drugs to ensure that coordinated positions are presented at	Ongoing	MS	Member States' contributions in the HDG and other working

⁵ These Council Working Parties include: Police and Customs Working Parties, the Multidisciplinary Group on Organised Crime, the Health Working Group, External Affairs Working Groups and the Economic Issues Working Group.

	EU level and that the objectives of the EU Action Plan are relayed to the most effective implementing level		Council	groups are coherent
4. Ensure the participation of civil society in drugs policy	7. The Commission to seek at least once a year feedback on drugs policy from the Civil Society Forum on Drugs	Ongoing	COM	Forum meets at least once a year Commission reports outcome to HDG
	8. Member States to involve civil society at all appropriate levels of drugs policy, in accordance with national practices, on the basis of a 'European Alliance on Drugs' designed to mobilise civil society and the public sector in an awareness-raising campaign of the risks of drug taking	Ongoing	COM MS	Civil society takes part in national dialogue Input received from civil society Wide commitment to Alliance
II. DEMAND REDUCTION				
Main priority: improving the quality and effectiveness of measures to reduce drug use and its consequences, particularly for vulnerable groups.				
Objective	Action	Timetable	Responsible Party	Indicator
5. Prevent the use of drugs and the risks associated with it	9. To systematically make available evaluated universal prevention strategies in different settings (e.g. schools, workplace, and prison). Prevention should also cover poly-drug use (combined use of illicit and licit substances, in particular alcohol) as well as drugs and driving.	Ongoing	MS	Increased availability of evaluated programmes and comprehensive strategies in MS Prevalence of youth drug use & perception of peer drug use
	10. To implement targeted programmes to prevent or delay first use of drugs through evaluated and innovative interventions	Ongoing	MS	Increased availability of evaluated programmes in MS targeting first use Prevalence of youth drug use Age of first use
6. Prevent problem use of drugs — including	11. To further develop early detection and intervention	Ongoing	MS	Establishment of baseline data

injecting drug use — through targeted prevention	techniques and implement evaluated selective prevention for vulnerable groups at high risk of developing problem drug use through early detection and intervention			on problem use Trends in problem drug use Increased availability of outcome-evaluated, targeted prevention programmes in MS
	12. To further develop and implement evaluated prevention for specific high-risk groups of (poly-)drug users at risk of progressing to problem drug use, by offering low-threshold access to counselling, problem behaviour management and brief intervention	Ongoing	MS	Establishment of baseline data on problem use Trends in problem use Increased availability of outcome-evaluated, targeted prevention programmes in MS
7. Enhance the effectiveness of drug treatment and rehabilitation by improving the availability, accessibility and quality of services	13. To further develop and implement evidence-based drug treatment options covering a variety of psychosocial and pharmacological approaches, corresponding to the needs of drug users (including relevant treatment adapted to new drugs or types of use)	Ongoing	MS	Trends in new treatment demand and retention Increased availability of diversified and evidence-based treatment in MS
	14. To develop and implement rehabilitation and social reintegration policies and services based on best practices that prevent relapse and reduce social exclusion and stigmatisation	Ongoing	MS	Increased availability of rehabilitation and reintegration programmes in MS
	15. To publicise the existence of treatment and rehabilitation services at national, regional and local level for potential target audiences	Ongoing	MS	Information strategies in place in MS Public register of services available (e.g. internet portal)
8. Enhance the quality and effectiveness of drug demand reduction activities, taking account of specific needs of drug users according to gender, cultural background, age, etc.	16. To develop, implement and exchange good practice guidelines/quality standards for prevention, treatment, harm reduction and rehabilitation interventions and services	2009-2012	MS COM EMCDDA	Existence of relevant guidelines and/or quality standards Level of implementation of guidelines and/or standards

	17. To develop an EU consensus on quality standards and bench-marks for prevention, treatment, harm reduction and rehabilitation interventions and services taking into account needs of specific groups	2012	MS Council COM EMCDDA	EU consensus paper proposed & follow-up
	18. Member States to survey the availability and effectiveness of prevention, treatment, harm reduction and rehabilitation services, in responding to specific needs. The Commission — with the support of the EMCDDA — to develop a methodological framework for this type of survey	2012	MS Council COM EMCDDA	Nr. of Member States that complete the survey
9. Provide access to health care for drug users in prison to prevent and reduce health-related harms associated with drug abuse	19. To develop and implement prevention, treatment, harm reduction and reintegration services for people in prison, equivalent to services available outside prison. Particular emphasis to be placed on follow-up care after release from prison	Ongoing	MS	Drug policies implemented specifically for delivery of drug services in prison and follow-up of ex-prisoners
	20. Member States to endorse and implement in prison settings indicators to monitor drug use, drug-related health problems and drug services delivery on the basis of a methodological framework developed by the Commission – with the support of the EMCDDA	Ongoing	MS Council COM EMCDDA	Decrease in drug-related health problems in prison
10. Ensure access to harm reduction services, in order to reduce the spread of HIV/AIDS, hepatitis C and other drug-related blood-borne infectious diseases and to reduce the number of drug-related deaths in the EU	21. To systematically provide access to, and improve coverage of, harm reduction services as an integral part of drug demand reduction, making full use of interventions of proven effectiveness where available ⁶	Ongoing	MS	COM to report on progress Decrease in drug-related infectious diseases Decrease in Nr. of drug-related deaths Improved coverage of harm reduction services

⁶ This action builds on the Council Recommendation (2003/488/EC) on the prevention and reduction of health-related harm associated with drug dependence.

III. SUPPLY REDUCTION				
Main priority: a measurable improvement in the effectiveness of law enforcement in the field of drugs at EU level. Europol, Eurojust and other EU structures to fully exercise the respective roles for which they were created, in the interest of efficiency, EU compatibility of national initiatives, intra-EU coordination, and economies of scale.				
Objective	Action	Timetable	Responsible Party	Indicator
11. Enhance effective law enforcement cooperation in the EU to counter drug production and trafficking	22. To target those criminal organisations posing the most serious threat by making full use of the intelligence-led concept of the European Criminal Intelligence Model (ECIM) and its component parts	Ongoing	MS Europol Eurojust Council	Nr. of criminal organisations targeted by MS
	23. To increase the number of multidisciplinary law enforcement operations, involving Europol where appropriate, as well as police, customs and border control services, through joint investigation teams (JIT) and joint customs operations (JCO)	Ongoing	MS Europol Eurojust	Increase in Nr. of drug-related JITs/ JCOs Assessment report on results achieved
	24. To improve the quality of intelligence data provided by Europol National Units to Europol's Drugs Unit, with emphasis on the highest levels of organised crime	Ongoing	MS Europol	Consistency, relevance and quality of data and intelligence received
	25. To make full use of the COSPOL ⁷ projects (heroin, cocaine, synthetic drugs) linked to Europol drug-related projects, including coordinated analysis through Analysis Work Files (AWF)	Ongoing	MS Council Europol	Increase in identifiable operational results
	26. The European Police College (CEPOL) ⁸ to provide relevant advanced training for senior police and customs officers and for	Ongoing	CEPOL	Curriculum developed for

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Comprehensive Operational Strategic Planning for the Police.

	liaison officers in 3 rd countries through national police training colleges		MS	drug law enforcement Additional relevant training included in CEPOL AWP Nr. of training courses Nr. of officers trained
	27. To make more systematic use of Member State liaison officers in third countries for the exchange of information and intelligence between MS law enforcement agencies and Europol, where appropriate	Ongoing	MS Europol	Increase in international operational law enforcement cooperation
12. Respond rapidly and effectively to emerging threats (e.g. emerging drugs, new routes)	28. To set up, where necessary, regional security platforms (e.g. MAOC-N, Baltic Sea TF) to counter emerging threats by means of coordinated operational responses. Such action to be compatible with existing legal and operational arrangements at EU level and based on specific threat assessments (see also action 42)	Ongoing	MS Council Europol	Timely operational response putting in place measures to pro-actively handle risk and minimise threats Increase Nr. of criminal operations disrupted (seizures, changing trafficking behaviour)
	29. The EU to focus on coordinated and joint efforts between the Member States most highly exposed to particular drug production / trafficking phenomena, in cooperation with Europol as appropriate	Ongoing	MS Europol Council	Operational and strategic outcomes of MS action taken
13. Reduce the manufacture and supply of synthetic drugs	30. Member States to actively maintain law enforcement cooperation/joint operations in this area and to share intelligence and best practices. Optimal use to be made of Europol's Project SYNERGY and the related COSPOL initiative	Ongoing	MS Europol Council	Increase in Nr. of joint projects initiated/ completed Increase in Nr. of dismantled production facilities reported to EILCS Nr. of SYNERGY reports

				generated
	31. To adopt and implement an EU-wide system for the forensic profiling of synthetic drugs based on the experience gained through projects such as SYNERGY and CHAIN, the structure and expertise of Europol and the Commission's Joint Research Centre, and ongoing MS law enforcement activities and experience in this area	2012	COM Europol MS	System in place and operational
14. Reduce the diversion and trafficking in the EU of chemical precursors used for the manufacturing of illicit drugs, in particular synthetic drug precursors	32. The EU to maintain a clear and unified position on this matter at international level and within the UN, based on existing legislation and cooperative practices with the private sector	Ongoing	COM Council MS	Effective coordination through the relevant Council committees Joint EU positions in international fora
	33. Customs services to integrate precursor controls at a strategic level, enhancing the effectiveness of border control management, and to coordinate more closely with other law enforcement agencies engaged in anti-drug operations (mutual support)	Ongoing	MS	Improvement in precursor control, detection, seizure and profiling situation compared with 2008
	34. The EU to give full support to international operational cooperation aimed at preventing the diversion of drug precursors, such as the INCB-led projects PRISM and COHESION	Ongoing	COM MS	Increase in Nr. of stopped and/or seized shipments
	35. To evaluate EU drug precursor control legislation and its implementation	2010	COM MS	Evaluation completed
	36. The EU to develop, where possible, cooperation agreements with principal identified source countries of main synthetic drug precursors	Ongoing	COM	Agreements established Reduction of illicit shipments of drug precursors from the countries concerned
15. Reduce the impact on society of organised crime active in drug production and trafficking	37. To facilitate the confiscation and recovery of the proceeds of drug-related crime across the EU by strengthening the policies on confiscation and asset recovery at EU and national level	2012	MS COM Council	COM Communication adopted Legal instruments proposed and adopted

			EP	Assessments of assets seized
	38. To support the establishment of effective Asset Recovery Offices in the Member States through the creation of an informal platform. To support investigations through the Europol's Criminal Assets Bureau	Ongoing	COM MS Europol	Platform established and working effectively Increase in No. of supported investigations relating to asset tracing and identification Increase in Nr. and value of cash and assets confiscated

IV. INTERNATIONAL COOPERATION

Main priority: Improve the effectiveness of EU cooperation with third countries and international organisations in the field of drugs through closer coordination of policies within the EU. Promoting the consistent projection worldwide of the European balanced approach to the drugs problem.

Objective	Action	Timetable	Responsible Party	Indicator
16. Systematically include EU drug policy concerns in relations with third countries and regions where appropriate and within the broader development and security agenda, To do so on the basis of strategic planning and coordination between all actors concerned	39. To ensure that EU relations with third countries reflect the objectives of the EU Drugs Strategy and Action Plans, based on the principle of shared responsibility and with due regard to human rights	Ongoing	MS COM	Drug policy priorities increasingly reflected in relations with third countries
	40. To improve the effectiveness of existing mechanisms on drugs such as the Cooperation and Coordination Mechanism between the EU and LAC, the EU-Andean Specialised Dialogue and 'Drug Troikas', by identifying specific areas of cooperation	Ongoing	Council COM	Cooperation initiatives established and implemented
	41. In line with the EU's political decisions and strategies and with the support of the MS and EC assistance programmes, to address drug-related concerns in producer countries and those along (emerging) trafficking routes through projects aimed at reducing the demand for and the supply of drugs and preventing the diversion of chemical precursors. The assistance is to be linked to the drug action plans between the EU and third countries	Ongoing	COM MS	Drug policy priorities reflected in projects funded Projects funded reflect balance between demand and supply reduction Synergies established

	and regions (see Actions 46 and 50)			between MS and EC funding programmes
	42. To step up regional and intra-regional cooperation to reduce the demand for and supply of drugs in third countries with the support of MS and EC funding programmes, such as the Development Cooperation Instrument and the Regional Strategy Papers, the Instrument for Stability and the European Neighbourhood Policy Instrument	Ongoing	COM MS	New inter-regional cooperation initiatives established and implemented Synergies established between MS and EC funding programmes Increase in Nr. and overall budget of projects funded
	43. To promote alternative livelihoods to drug cultivation, respecting human rights, involving local communities, taking into account their specific circumstances and needs	Ongoing	COM MS	No of projects in line with the EU approach on Alternative Development (9597/06, CORDROGUE 44, 18.05.2006)
	44. In the interest of coordination to establish a monitoring mechanism on EU drug-related assistance given to third countries	Annual	Council MS COM	Mechanism established Overview of drug-related EC and MS projects in 3 rd countries
	45. To carry out a survey of the scope and outcome of EC drug-related projects in 3 rd countries	2010	COM	Survey carried out
	46. To update and implement the EU Drug Action Plans for the Central Asian Republics ⁹ ; and Latin America and the Caribbean ¹⁰	Ongoing	MS COM	Priorities identified Level of implementation of the Action Plans
17. Strengthen EU coordination in the multilateral context and promote an	47. To ensure better coordination and continuity between the HDG and MS delegations to the United Nations Commission on	2009	Council	Liaison official appointed

⁹ 12353/02; CORDROGUE 78; 25.9.2002.

¹⁰ 7163/1/99; CORDROGUE 19; 15.4.1999; Port of Spain Declaration, 23.5.2007.

integrated and balanced approach	Narcotic Drugs (CND), through the assignment of a permanent liaison official		MS	Coordination between Vienna delegations and HDG strengthened
	48. To prepare, coordinate and adopt EU common positions and joint resolutions in the CND	Ongoing	PRES MS COM	Nr. of joint EU resolutions EU common positions supported by other regions
	49. To present an EU position in the high-level segment of the 52 nd CND on the evaluation of and follow-up to UNGASS '98 ¹¹ , reflecting the fundamental principles of EU drugs policy	2009	Council MS COM	EU position reflected in UN Political Declaration
18. Support the candidate and stabilisation and association process countries	50. To provide the necessary technical and other assistance to these countries to familiarise them with the EU <i>acquis</i> in the field of drugs. and to assist them in carrying out the required actions, including those adopted in the drug action plan with the Western Balkans ¹²	Ongoing	MS COM Council EMCDDA Europol	Countries increasingly complying with EU <i>acquis</i> Nr. and quality of projects completed Advancement of dialogue and/or cooperation with relevant EU agencies Level of implementation of action plans
19. To improve cooperation with European Neighbourhood Policy countries	51. To improve the dialogue on drugs with European Neighbourhood Policy countries in a bilateral or regional context, in particular through subcommittees	Ongoing	MS COM	Effective result of dialogue

¹¹ Political Declaration (resolution S-20/2, annex) of the twentieth Special Session of the United Nations General Assembly.

¹² 5062/2/03, CORDROGUE 3; 3.6.2003.

	52. The Commission to encourage these countries to use the European Neighbourhood Policy Instrument to implement the drug sections of the ENP Action Plans	Ongoing	COM	Nr. of drug-related projects implemented under the ENP Instrument
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V. INFORMATION , RESEARCH, & EVALUATION				
Main priority: improving the understanding of all aspects of the phenomenon of drug use in order to expand the knowledge base for public policy and raise awareness among citizens of the social and health implications of drug use, and to carry out research.				
Objective	Action	Timetable	Responsible Party	Indicator
20. Expand the knowledge base in the field of drugs by promoting research	53. The Council and Commission to identify future EU research priorities in the field of illicit drugs and the mechanisms needed in order to generate new knowledge, to develop new approaches and technologies and to strengthen research cooperation in the EU	2009	MS COM EMCDDA	Research priorities established Mechanisms identified and put in place
21. Ensure the exchange of accurate and policy-relevant information in the field of illicit drugs	54. Member States to continue to provide Reitox ¹³ National Focal Points (NFP) with the necessary resources. NFPs to contribute to the EMCDDA on the basis of agreed standards	Ongoing	MS	Exchange of data required for monitoring & evaluation purposes MS Reitox funding and other resources match requirements NFPs contribute according to agreed standards
22. Further develop instruments to monitor the drug situation and the effectiveness of responses to it	55. To further improve and implement the five EMCDDA key epidemiological indicators and the development of new indicators and measures in drug demand reduction	2012	MS EMCDDA COM	Increase compliance of MS with implementation criteria for key indicators Improvement in treatment demand and problem use ¹⁴ indicators Indicators/measures for rehabilitation and reintegration

¹³ Réseau Européen d'Information sur les Drogues et les Toxicomanies

¹⁴ EMCDDA indicator to be brought into line with international standards on problem drug use (DSM-V/ ICD-10).

	56. To develop indicators for the collection of policy-relevant data on the illicit drug market and law enforcement and to develop a strategy to collect them	Ongoing	COM EMCDDA Europol Council MS	Indicators identified Implementation strategy developed
	57. To develop analytical instruments to better assess the effectiveness and impact of drug policy	2010	COM EMCDDA MS	Analytical instruments developed More accurate analysis of drug situation
	58. To assess the effectiveness of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances	2010	COM Council EMCDDA Europol EMEA	Assessment presented & possible follow-up
	59. Europol to assess the delivery of crime data and information by Member States	Annual	MS Europol	Qualitative assessment of data delivered
23. Ensure the ongoing evaluation of drug policy	60. Member States to evaluate national drug policies on a regular basis	Ongoing	MS	Nr. Evaluated drug policies
	61. To present an annual progress review to the Council and the European Parliament on the implementation of the Action Plan, and to present adapted/improved indicators and reporting mechanisms for monitoring and evaluation where appropriate and necessary	Annual	COM EMCDDA Europol MS	Annual progress review delivered Availability of relevant indicators
	62. To have an external evaluation carried out of the implementation and impact of the EU Drugs Strategy 2005-2012 and EU Drugs Action Plan 2009-2012, followed by a reflection period prior to follow-up	2012	COM Council MS	Assessment of achievement of individual actions The impact on the overall drug situation is known

