

ACCESSION TO THE EU:

A PARADIGM CHANGE TOWARDS HEALTH-BASED DRUG POLICY





VYTENIS ANDRIUKAITIS

WHO Special Envoy for the European Region; former European Commissioner for Health and Food Safety, Lithuania



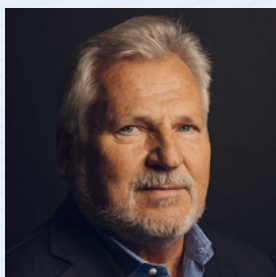
PAVEL BÉM

former Mayor of Prague; former Head of Drug Policies, Czech Republic; member of the Global Commission on Drug Policy



MICHEL KAZATCHKINE

former Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Senior Fellow at the Graduate Institute of International and Development Studies, Switzerland; member of the Global Commission on Drug Policy



ALEKSANDER KWASNIEWSKI, (CHAIR)

former President of the Republic of Poland; member of the Global Commission on Drug Policy



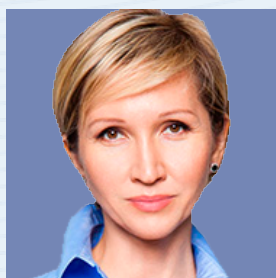
NATALIA NIKITENKO

Former member of the Parliament of Kyrgyzstan.



ANDRIS PIEBALGS

former European Commissioner for Development; Professor at the European University Institute, Latvia



OLENA PINCHUK

founder of the Olena Pinchuk Foundation, Ukraine



ELVIRA SURABALDIYEVA

former Deputy Prime Minister on Social Affairs, Kyrgyzstan



VOLODYMYR TYMOSHENKO

Ukrainian law enforcement, statesman, scientist. Professor, PhD in law science, Academic of the Political Science Academy of Ukraine. General. Public official of the 1st rank

INTRODUCTION

Eight countries within the Eastern and Central Europe and Central Asia (ECECA) region - Albania, Bosnia and Herzegovina, Montenegro, Northern Macedonia, and Serbia in the Western Balkans, as well as Georgia, Moldova, and Ukraine - have been granted candidate status to European Union (EU) membership. It is expected that some of these countries may join the Union by 2030¹.

To enter the EU, candidate countries must demonstrate the capacity to implement the rules, standards and policies that make up the body of EU law (*the acquis communautaire or simply the EU acquis*)². A significant part of the EU *acquis* concerns drug policy. It comprises a set of obligations, policy commitments, and best practices that take an evidence-based, integrated, balanced and multidisciplinary approach to drugs, and uphold the founding values of the EU: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights³.

For a region characterized by slow progress towards drug policies that prioritize health, accession to the EU requires a paradigm change towards a balanced, health and human rights-based approach.

This position paper identifies the key elements of the EU *acquis* on drug policy from a health and human rights perspective. Through a detailed analysis of accession negotiations as currently executed, it assesses whether EU enlargement is now being leveraged to move national drug policies towards this new paradigm.

The conclusions are both hopeful and sobering. On the one hand, the EU *acquis* on drug-related matters clearly requires a shift towards more effective and health-based drug policies in the ECECA region. On the other hand, the current approach to drug policy in accession negotiations must gain in balance and ambition if that requirement is to be met. At the moment, both candidate countries and the EU focus on a narrow set of technical interventions that do not appropriately integrate the public health and human rights dimension of the EU *acquis*.

The paper concludes with recommendations on what concrete next steps should be taken by candidate countries and EU institutions to ensure that accession leads to effective and health-based drug policies in the ECECA region.

1 See for instance: European Newsroom (16 April 2025). Kos: new wave of EU enlargement by 2030 “realistic”. <https://europeannewsroom.com/kos-new-wave-of-eu-enlargement-by-2030-realistic/>

2 EUR-lex (Website). Glossary, *acquis* (accessed: 27 September 2025). <https://eur-lex.europa.eu/EN/legal-content/glossary/acquis.html>

3 Council of the European Union (2021). EU Drugs Strategy 2021-2025. <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>

SUMMARY RECOMMENDATIONS

- **Governments in candidate countries** should review national laws and policies in order to align them with the entire EU *acquis* on drug policy, which requires a paradigm change towards an integrated, balanced, health, and human rights-based approach.
- **The European Union** should update Chapters 24 and 28 of the accession negotiating framework to appropriately reflect the EU *acquis* on drug policy and ensure that candidate countries adopt an integrated and balanced approach to drugs, emphasizing public health, human rights, alternatives to coercive sanctions, stigma reduction, civil society participation, and an EU single voice in international drug policy debates.
- To achieve this, the **Horizontal Working Party on Drugs (HDG)** should initiate dedicated discussions to update the accession negotiating framework on drug policy. It should also ensure that bilateral dialogues with candidate countries include dedicated sections to discuss alignment with the EU *acquis*.
- At the **European Commission**, DG ENEST should ensure that the updated EU *acquis* on drug policy is fully integrated into screening reports, annual reports, and EU common positions on accession negotiations, whilst DG HOME and DG SANTE should use all available mechanisms to provide input into these documents. The **European Parliament** has a critical role to play in raising political awareness on the current gaps.
- The Council of Europe's **Pompidou Group** should ensure that its initiatives in candidate countries are closely aligned with accession-related debates and policy reforms, and thus contribute to a greater visibility of the human rights dimension of drug policy in accession negotiations
- **Civil society and affected communities** should participate meaningfully in the accession process, for instance by developing shadow reporting methodologies to track alignment with the EU *acquis* over time.

EU COMPETENCES ON DRUG POLICY

In the EU's division of powers, drug policy is not assigned to a single, clearly defined area of competence belonging either to the EU or to Member States. Instead, it cuts across multiple areas of responsibility with different competence distributions. As a result, the EU's role in drug policy depends on the specific policy dimension at stake.

- The EU holds **exclusive competence**⁴ in matters related to the **Customs Union**. In the context of drug policy, this currently only applies to legislation on drug precursors and their international trade⁵. However, the importance of this competence may increase if EU Member States move to legalize drug markets such as cannabis, as this will raise a range of regulatory issues relevant to the Customs Union, including consumer safety, public health, intellectual property, and the free movement of goods⁶.
- The EU and Member States have **shared competences**⁷ in the area of **freedom, security, and justice**. In these cases, Member States can exercise their competence to the extent that the Union has not exercised its powers. Important aspects of drug policy fall within this category, including the minimum rules on the definition of criminal offences in the field of illicit drug trafficking⁸, which are generally seen as a major obstacle towards the legal regulation of cannabis for adult use in Member States. Decisions on the international scheduling of substances, or the procedural rights directives, also fall within this category.
- When it **comes to protecting and promoting human health**, the primary competence is with Member States, but the EU has the **competence to support, coordinate or supplement actions of the Member States**⁹. This includes actions to protect and promote human health such as the creation of the EU Drugs Agency¹⁰.
- Member States retain primary control over foreign and security policy, but under the **Common Foreign and Security Policy** they shall contribute to formulating and implementing an EU **common approach in international organizations**¹¹. They do so regularly on drug-related votes at the UN bodies such as the UN General Assembly and the UN Commission on Narcotic Drugs.

4 Article 3, Treaty on the Functioning of the European Union

5 See primarily: Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors. <https://eur-lex.europa.eu/eli/reg/2004/273/oj/eng>

6 Some of these issues are raised in: Transnational Institute, Washington Office on Law and Crime & Global Drug Policy Observatory (2024). Cannabis Regulation, EU Drug Law, Trade Rules and the UN Drug Control Treaties. <https://www.tni.org/en/publication/cannabis-regulation-eu-drug-law-trade-rules-and-the-un-drug-control-treaties>

7 Article 4, Treaty on the Functioning of the European Union

8 See primarily: 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. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02004F0757-20220818>

9 Article 6, Treaty on the Functioning of the European Union

10 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 <https://eur-lex.europa.eu/eli/reg/2023/1322/oj/eng>

11 Article 32, Treaty of the European Union.

Table 1: Summary of main EU competences in drug policy

Type of competence	Legal basis	Notable drug policy instruments
Exclusive competence.	Article 114 TFEU. Approximation of laws.	<ul style="list-style-type: none"> Regulations on drug precursors.
Shared competence.	Article 83(1) TFEU. Judicial and police cooperation in criminal matters.	<ul style="list-style-type: none"> Framework decision on minimum provisions of criminal offences. Council decisions on international scheduling of substances.
Competence to support, coordinate, or supplement actions.	Article 168 TFEU. Protection of a high level of human health.	<ul style="list-style-type: none"> Regulation establishing the EUDA.
Common Foreign and Security Policy.	Article 32 TEU. Common approach at international organizations.	<ul style="list-style-type: none"> EU common approach at the UN Commission on Narcotic Drugs.

The Council of the European Union has issued a wide range of Council Conclusions on drug-related matters, including most notably the series of EU Drugs Strategies and their accompanying Action Plans¹². Although non-binding, these Conclusions reflect a sustained political commitment by Member States to a balanced, integrated, health- and human rights-based approach that supports harm reduction and civil society participation in policy making.

¹² The latest of them being: Council of the European Union (2021). EU Drugs Strategy 2021-2025. <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>; Council of the European Union (2021). EU Drugs Action Plan 2021-2025. <https://op.europa.eu/en/publication-detail/-/publication/fd218c19-c5d6-11ec-b6f4-01aa75ed71a1>

MAPPING THE EU ACQUIS ON DRUG-RELATED MATTERS

The EU *acquis* is the body of common rights and obligations binding on all EU Member States¹³. In the context of accession negotiations, the *acquis* is the baseline standard that candidate countries must align with. The *acquis* is constantly evolving, and it encompasses:

- The content, principles and political objectives of EU treaties,
- EU legislation and the case law,
- Declarations and resolutions adopted by the EU,
- Instruments under the Common Foreign and Security Policy, and
- International agreements concluded by the EU.

The EU *acquis* includes both binding and non-binding instruments. Council Conclusions like the EU Drugs Strategy 2021-25 or the EU Drugs Action Plan 2021-25, whilst not legally binding on Member States, are still part of the EU *acquis*, as they express political commitments, set coordinated positions, and invite the EU institutions and Member States to take action on specific areas of drug policy¹⁴.

The Council of Europe's institutional and normative framework is separate from that of the EU, and it is not part of the *acquis*. That said, the EU has recognized the importance of Council of Europe bodies in supporting candidate countries when they carry out reforms in the field of democracy, human rights, and the rule of law, and in monitoring and benchmarking their progress¹⁵. Therefore, whilst not directly part of the *acquis*, Council of Europe guidance in the field of human rights and drug policy should be taken into consideration.

This is particularly important in light of the work of the Council of Europe's International Co-operation Group on Drugs and Addictions (also known as the 'Pompidou Group'). The new mandate of the Pompidou Group, which was adopted in 2021, centers on the promotion of respect for human rights in the framing, adoption, implementation and evaluation of drug and addiction policies¹⁶. In 2025, the Pompidou Group followed this mandate with new guidance for aligning drug and addiction policies with human rights¹⁷. Of all candidate countries, only Albania is currently not a member of the Pompidou Group.

13 EUR-lex (Website). Glossary, *acquis* (accessed: 27 September 2025).

<https://eur-lex.europa.eu/EN/legal-content/glossary/acquis.html>

14 Council of the European Union (Website). Council conclusions and resolutions. (Accessed 27 September 2025).

<https://www.consilium.europa.eu/en/council-eu/conclusions-resolutions/>

15 Council of the European Union (30 January 2023). Conclusions on EU priorities for cooperation with the Council of Europe 2023-2024. <https://www.consilium.europa.eu/en/press/press-releases/2023/01/30/conclusions-on-eu-priorities-for-cooperation-with-the-council-of-europe-2023-2024/>

16 Committee of Ministers of the Council of Europe (2021). Resolution CM/Res(2021)4 of the Committee of Ministers of the Council of Europe on the Council of Europe International Co-operation Group on Drugs and Addictions (Pompidou Group). <https://search.coe.int/cm?i=0900001680a2cf70>

17 Pompidou Group (2025). Bringing human rights to the heart of drug and addiction policies: Guidance for aligning drug and addiction policies with human rights. <https://rm.coe.int/policy-document-bringing-human-rights-to-the-heart-of-drug-and-addicti/1680b4ae62>

Mapping the EU *acquis* on drug policy

A review of EU binding and non-binding instruments, along with Council of Europe documents, identifies at least 29 texts that form part of the EU *acquis* on drug policy from a health and human rights perspective. Of these, 17 are dedicated drug policy instruments, while the remaining 12 have a broader scope but still include obligations and commitments relevant to drug policy. A non-exhaustive list of instruments is provided in **Annex 1**.

Given the multidimensional nature of drug policy, this set of instruments touches on different policy areas, including justice and police cooperation, public health, fundamental rights, and the regulation of the internal market. Overarching documents such as the different EU drug strategies have a cross-cutting nature, as they lay down political commitments in all these areas.

The instruments that integrate the EU *acquis* on drug policy can be conceptualized in four categories.

- 1. EU binding instruments on drug policy.** Only a limited number of texts impose direct obligations on Member States. These include regulations on drug precursors, the minimum rules on the definition of criminal offences, and certain contributions to the work of the EU Drugs Agency, including through the Reitox network and the Early Warning System. The current accession negotiating framework in the field of drugs focuses almost exclusively on these instruments.
- 2. EU non-binding instruments on drug policy.** Alongside binding measures, the EU has developed an expanding set of non-binding instruments that articulate its political position on drug policy. Over time, these texts have built a shared commitment to a balanced, integrated, and multidisciplinary approach. Respect for human rights, gender equality, support for harm reduction, and the promotion of civil society participation are also clearly supported. These instruments include, amongst others:
 - The two latest EU Drugs Strategies (2013 to 2020¹⁸ and 2021 to 2025¹⁹) and the corresponding EU Drugs Action Plans²⁰,
 - The 2015 Council Conclusions regarding minimum quality standards in drug demand reduction in the European Union²¹,
 - The 2018 Council Conclusions promoting alternatives to coercive sanctions for drug user offenders²²,
 - The 2018 Council Conclusions on alternative development²³,

18 Council of the European Union (2013). EU Drugs Strategy 2013-2020. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2012:402:0001:0010:en:PDF>

19 Council of the European Union (2021). EU Drugs Strategy 2021-2025. <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>

20 The latest of them being: Council of the European Union (2021). EU Drugs Action Plan 2021-2025. <https://op.europa.eu/en/publication-detail/-/publication/fd218c19-c5d6-11ec-b6f4-01aa75ed71a1>

21 Council of the European Union (2015). Council conclusions on the implementation of minimum quality standards in drug demand reduction in the European Union. https://www.euda.europa.eu/drugs-library/council-conclusions-implementation-eu-action-plan-drugs-2013-2016-regarding-minimum-quality-standards-drug-demand-reduction-european-union_en

22 Council of the European Union (2018). Council conclusions on promoting the use of alternatives to coercive sanctions for drug using offenders. https://www.euda.europa.eu/document-library/council-conclusions-promoting-use-alternatives-coercive-sanctions-drug-using-offenders_en

23 Council of the European Union (2018). Council Conclusions on Alternative Development: «Towards a new Understanding of Alternative Development and Related Development-centered Drug Policy Interventions - Contributing to the Implementation of UNGASS 2016 and the UN Sustainable Development Goals”. <https://idpc.net/publications/2018/12/council-of-the-european-union-conclusions-on-alternative-development>

- The 2022 Council Conclusions on a human rights-based approach to drug policy²⁴, and
- The 2023 Council Conclusions on people having drug use disorders that co-occur with other mental health disorders²⁵.

Importantly, the reiterated political commitment to a balanced and evidence-based approach is now also emerging in EU binding legislation. The regulation that establishes the EUDA directs the Agency to take an ‘evidence-based, integrated, balanced and multidisciplinary approach to the drugs phenomenon’, and to ‘incorporate human rights, gender and gender equality, age, health, health equity and social perspectives’²⁶. The new Agency is also required to strengthen its mechanism for cooperation with civil society²⁷, and to mainstream harm reduction throughout its activities²⁸.

- 3. Other EU instruments relevant to drug policy.** A variety of binding and non-binding instruments within the EU *acquis* have important implications for how drug policies are designed and implemented, even if they do not directly address drug policy. To name but a few, this includes the EU Charter of Fundamental Rights²⁹, the General Data Protection Regulation³⁰, or the procedural rights directives³¹.
- 4. Council of Europe guidance.** The institutions of the Council of Europe have developed documents that provide concrete guidance on how to design and implement an approach to drug policy that upholds fundamental rights. The one most directly applicable is the 2021 baseline study by the Council of Europe’s Parliamentary Assembly on drug policy and human rights in Europe³².

24 Council of the European Union (2022). Council conclusions on a human rights-based approach to drug policy. <https://data.consilium.europa.eu/doc/document/ST-15818-2022-INIT/en/pdf>

25 Council of the European Union (2023). Council conclusions on people having drug use disorders that co-occur with other mental health disorders. <https://data.consilium.europa.eu/doc/document/ST-16112-2023-INIT/en/pdf>

26 Article 4(2), Regulation (EU) 2023/1322 on the European Union Drugs Agency (EUDA).

27 Article 55, Regulation (EU) 2023/1322 on the European Union Drugs Agency (EUDA).

28 Articles 4, 12, 16, and 20, Regulation (EU) 2023/1322 on the European Union Drugs Agency (EUDA).

29 Charter of Fundamental Rights of the European Union. https://www.europarl.europa.eu/charter/pdf/text_en.pdf

30 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). <https://eur-lex.europa.eu/eli/reg/2016/679/oj/eng>

31 For more information on the procedural rights directives, see: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/criminal-justice/rights-suspects-and-accused_en

32 Parliamentary Assembly of the Council of Europe (2020). Drug policy and human rights in Europe: a baseline study. <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=28282&lang=en>

THE EU ACQUIS ON DRUG POLICY IN THE NEGOTIATING FRAMEWORK

The EU *acquis* is not negotiable, and it is the same for all countries. Accession negotiations aim to help a candidate country prepare for EU membership by setting out the conditions and procedures for transposing and implementing the *acquis* within its national context.

Accession negotiations are structured through a negotiating framework, which is also the same for all candidate countries. The negotiating framework is divided in six clusters that comprise 33 chapters, as well as two additional chapters - 34 and 35 - that do not belong to any cluster. The current clusters are:

- Cluster 1: Fundamentals (chapters 5, 18, 23, 24, and 32)
- Cluster 2: Internal market (chapters 1, 2, 3, 4, 6, 7, 8, 9, and 28)
- Cluster 3: Competitiveness and inclusive growth (chapters 10, 16, 17, 19, 20, 25, 26, and 29)
- Cluster 4: Green agenda & sustainable connectivity (chapters 14, 15, 21, and 27)
- Cluster 5: Resources, agriculture, and cohesion (chapters 11, 12, 13, 22, and 33)
- Cluster 6: External relations (chapters 30 and 31).

Due to its complex and cross-cutting nature, drug policy is relevant to several chapters of the negotiating framework.

Table 2: Drug policy within the accession negotiating framework

Cluster	Chapter	Issues relevant to drug policy
1. Fundamentals	23. Judiciary and fundamental rights	Prison conditions, access to alternatives to incarceration. Procedural rights. Restrictions to civil society space. Gender equality. Personal data protection.
1. Fundamentals	24. Justice, freedom, and security	Institutional framework to address drugs. Capacity to participate in the Early Warning System. Minimum rules on the definition of criminal offence. Enforcement track record.
2. Internal market	28: Consumer protection and health	Availability and adequacy of drug services (demand and harm reduction). Mental health. Patient rights in cross-border situations.
3. Competitiveness and inclusive growth	29: Customs Union	Drug precursors.
6. External relations	31: Foreign, Defense, and Security Policy	Alignment with the EU common approach at the UN.

DRUG POLICY IN ACCESSION NEGOTIATIONS — AN ANALYSIS OF CURRENT PRACTICE

An analysis of current practice shows that accession negotiations are not being fully used to align candidate countries' drug policies with the EU *acquis* in an integrated and balanced way. At present, negotiations on drug-related issues focus almost exclusively on a narrow set of matters linked to supply reduction, while alignment on health and human rights is largely overlooked.

Drug policy is explicitly addressed in two parts of the negotiating framework. In Chapter 24 on Justice, Freedom, and Security, a dedicated subchapter covers 'cooperation in the field of drugs'. This is particularly important since Chapter 24 belongs to the Fundamentals cluster, which is opened first and closed last, setting the overall pace of negotiations. On top of that, a brief part of Chapter 28 on Consumer Protection and Health addresses demand and harm reduction. Additionally, several aspects that are essential to drug policy - though not limited to drugs - are included in Chapter 23 on the Judiciary and Fundamental Rights.

Drug policy under Chapter 24 - Freedom, security, and justice

Chapter 24 seeks to ensure that the candidate country is aligned with the EU framework of common rules in the area of freedom, security, and justice³³. With a subchapter dedicated to cooperation in the field of drugs, it is the clearest entry point into drug policy in the entire accession negotiating framework.

As currently implemented, Chapter 24 is used to align a candidate country with a specific part of the EU *acquis* on drug policy. Through the entire negotiating process, the focus remains on the following five elements:

- Alignment with the EU minimum common rules on the definition of drug trafficking offences and penalties,
- Set-up of a strategic framework that is aligned with the EU Drug Strategy
- Set-up of an institutional framework that includes a national drug observatory and an early warning system for New Psychoactive Substances (NPS),
- Cooperation with the EU Drugs Agency, and
- Enforcement capacity, normally expressed in the number of arrests and convictions for drug offences.

An analysis of the European Commission's initial assessment (screening reports) for Chapter 24 concerning Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, and Serbia - the only screening reports for this chapter that are publicly available - shows that EU recommendations are limited to the five elements outlined above. The same narrow focus is reflected in the interim benchmarks - which track alignment with Chapter 24 - or Albania, Montenegro, and Serbia, and in the closing benchmarks - which mark the completion of negotiations - for Montenegro. For Montenegro and Serbia, the interim

³³ European Commission (Website). Chapters of the *acquis*. https://enlargement.ec.europa.eu/enlargement-policy/conditions-membership/chapters-acquis_en (Accessed 27 September 2025).

benchmarks additionally call for strategies to prevent ‘drug abuse’, but make no reference to harm reduction.

The European Commission’s 2024 annual reports for the eight candidate countries follow this pattern. Only Moldova’s report includes a reference to drug treatment and opioid agonist therapy under Chapter 24.

Under Chapter 24 the EU requires that candidate countries align their drug strategies with its own. However, it is unclear how the integrated, balanced, and human-rights-based approach of the EU Drugs Strategy is considered when assessing such alignment.

Overall, this reflects a very narrow understanding of the EU *acquis* on drug policy. A more capacious approach - one that considers the commitments set out in a wide range of Council Conclusions, along with the fundamental principles and overarching goals of EU drug policy - is needed to support integrated and balanced drug strategies.

Interestingly, some national governments have adopted a more ambitious interpretation of Chapter 24. The Chapter 24 roadmaps developed by Moldova and Ukraine include commitments tied to health and human rights. Moldova’s roadmap proposes updating laws on pre-trial detention and custodial sentences for drug use, as well as creating a referral mechanism to treatment for people who use drugs. Ukraine’s roadmap includes developing healthcare standards for treating conditions linked to psychoactive substance use. While the Roadmaps remain unbalanced as a whole, these commitments point to the possibility of a more comprehensive interpretation of Chapter 24.

Drug policy under Chapter 28 - Consumer and Health Protection

Chapter 28 addresses consumer protection and common rules in public health. It is negotiated as part of Cluster 2 on the internal market³⁴. A review of accession documents indicates that this chapter currently includes a brief section on demand and harm reduction. However, these elements are not included in the benchmarks used to assess alignment with the *acquis*, and the current practice reflects an inconsistent and superficial understanding of health responses to drugs.

The Chapter 28 screening reports for Albania, Montenegro, North Macedonia, and Serbia include short paragraphs with recommendations on ‘drug abuse prevention’, which focus on strengthening prevention efforts. Harm reduction is not mentioned, though the reports for Albania and Montenegro do refer to opioid agonist therapy. Measures to address HIV/AIDS and Hepatitis C are absent from all screening reports.

Notably, the assessments for Montenegro in 2013 and Albania in 2025 are identical, word for word. This suggests that the language in these reports is, at the very least, not tailored to national realities.

The closing benchmarks for chapter 28, which must be met to complete negotiations on this chapter, have been released for Albania and for Montenegro. None of these benchmarks make any reference to reforms in the area of drug policy.

34 European Commission (2020). Enhancing the accession process - A credible EU perspective for the Western Balkans. https://enlargement.ec.europa.eu/enhancing-accession-process-credible-eu-perspective-western-balkans_en

Table 2: European Commission assessment on demand and harm reduction in Chapter 28 screening reports

Country	European Commission assessment
Albania (2025) ³⁵	In the field of drug abuse prevention, efforts are ongoing as regards substitution treatment for drug abusers and the establishment of a substance abuse register that may help monitor needs for treatment and care. Capacity for drug abuse prevention should be stepped up, including at local level.
Montenegro (2013) ³⁶	In the field of drug abuse prevention, efforts have been made as regards substitution treatment for drug abusers and the establishment of a substance abuse register that may help monitor needs for treatment and care. Capacity for drug abuse prevention needs to be stepped up, including at local level.
North Macedonia (2025) ³⁷	In the area of drug abuse prevention, national legislation is partly aligned to the EU <i>acquis</i> . The national youth strategy 2016-2025 includes actions designed to reduce risky behaviour among young people due to the use of drugs and other psychoactive substances.
Serbia (2016) ³⁸	In the field of drug abuse prevention, drug consumption in Serbia has been increasing in recent years. A stronger focus on drugs prevention and treatment is needed. The national focal point for cooperation with EMCDDA needs to become fully operational and needs to strengthen its capacity to adequately perform data collection and reporting.

The closing benchmarks for chapter 28, which must be met to complete negotiations on this chapter, have been released for Albania³⁹ and for Montenegro⁴⁰. None of these benchmarks make any reference to reforms in the area of drug policy.

Taken together, this indicates that health responses to drugs are deprioritized within the context of negotiations for Chapter 28. When they are included, references are short and the content is inconsistent and unbalanced - overly focused on drug prevention whilst side-lining treatment and harm reduction. References are sometimes formulaic and not responsive to national realities. The language used - with constant reliance on the stigmatizing term 'drug abuse', which is absent from the current EU Drugs Strategy - points to an outdated framework that is not aligned with EU policy.

35 European Commission (2025). Screening Report Albania – Cluster 2: Internal Market. https://enlargement.ec.europa.eu/document/download/c9fc6d1e-a6c3-4388-82e8-ca834ddb762_en?filename=AL+Cluster+2_screening+report_Public_20250204.pdf

36 European Commission (2013). Screening Report Montenegro Chapter 28 – Consumer and Health Protection. https://enlargement.ec.europa.eu/document/download/97160c5d-db5b-4a0a-b92f-ea12fa62c9a5_en?filename=screening_report_montenegro_ch28.pdf

37 European Commission (2025). Screening Report Macedonia – Cluster 2: Internal Market. https://enlargement.ec.europa.eu/document/download/55101d35-f157-43d8-a33d-5f03b01b862d_en?filename=MK+Cluster+2_screening+report_Public_20250204.pdf

38 European Commission (2016). Screening Report Serbia Chapter 28 – Consumer and Health Protection. https://enlargement.ec.europa.eu/system/files/2018-12/screening_report_serbia_chapter_28_consumer_and_health_protection.pdf

39 European Council (2025). European Union Common Position – Cluster 2: Internal Market. <https://data.consilium.europa.eu/doc/document/AD-4-2025-INIT/en/pdf>

40 Me4.Eu (Website). Chapter 28 – Consumer and health protection. <https://www.eu.me/en/poglavlje-28-zastita-potrosaca-i-zdravlja/> (Accessed: 27 September 2025).

Drug policy in other chapters of the negotiating framework: Chapters 23 and 31

Whilst not explicitly referring to drug policy, other chapters in the negotiating framework contain obligations and commitments that are highly relevant to the design and implementation of drug policies.

This is particularly the case for Chapter 23 on the *Judiciary and Fundamental Rights*, which constitutes together with Chapter 24 the *Fundamentals* cluster of the accession negotiations. Within Chapter 23, the sections that are most relevant to drug policy vary from one national context to another, depending on what are the linkages between drugs and fundamental rights in each country. However, if we look at the key commitments assumed in the EU *acquis* on drug policy, the follow elements should be highlighted.

- Improving prison conditions, including health care in places of detention, are consistently raised as part of the right to be free from torture or ill-treatment in the Chapter 23 screening reports for Albania, Montenegro, North Macedonia, and Serbia. Alignment with the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) is also highlighted in the interim benchmarks for Montenegro and Serbia.
- Addressing prison overcrowding and the need to strengthen access alternatives to incarceration are raised in the Chapter 23 screening reports for Montenegro, North Macedonia, and Serbia. They are also included as interim benchmarks for Serbia.
- Procedural rights, in particular access to legal aid and lawyer as provided for in the procedural rights directives, are raised in the Chapter 23 screening reports for Albania, Montenegro, North Macedonia, and Serbia. They are also included as interim benchmarks for Montenegro and Serbia.

On top of that, in certain candidate countries EU standards concerning freedom of association and expression may come to the fore when 'foreign agent' or 'drug propaganda' laws are being used to target drug policy reform and harm reduction organizations⁴¹.

Under Chapter 31, accession negotiations often focus on how a candidate country aligns with the EU's Common Foreign and Security Policy. The EU and its Member States have committed to taking a common approach to statements and resolutions at the UN Commission on Narcotic Drugs - amongst other multilateral fora -, but this is not currently monitored in the context of EU accession negotiations. If attention is paid to UN fora under chapter 31, it centers on the UN General Assembly, and on matters of high geopolitical relevance, such as initiatives in support of Ukraine.

⁴¹ See for instance: Eurasian Harm Reduction Association (2025). Mapping repression: Legal trends impacting civil society in CEECA. <https://harmreductioneurasia.org/news/mapping-repressions>

WHAT IS MISSING FROM THE NEGOTIATING FRAMEWORK

Deciding what elements of the EU *acquis* on drug policy should be included in the negotiating framework is inevitably an exercise in prioritization that involves political judgment.

The table below identifies several political commitments integral to the EU *acquis* that are currently missing from the negotiating framework. They have been selected because they are particularly relevant to the health, well-being, and security of affected communities. Using the accession process to monitor and secure reform on these areas could make a significant difference for advancing effective and human drug policies in candidate countries.

Table 4: Policy commitments currently missing from the negotiating framework

Policy commitment	Basis in EU <i>acquis</i> and Council of Europe guidance	Reference in current negotiating framework
Ensuring access to harm reduction service in the community and in prisons (including NSP, OAT, naloxone, and other interventions).	<ul style="list-style-type: none"> • EU Drugs Strategy 2021-25, Priorities 7.1, 7.2, and 8.2. • EU Drugs Action Plan 2021-25, Actions 32, 36, 43, 46, and 50. • Council Conclusions on the Pact addressing new synthetic drug and new psychoactive substances threats in the European Union, OP 6. • Council conclusions on people having drug use disorders that co-occur with other mental health disorders, OP4. • Council Conclusions on a human rights-based approach to drug policy, OP 2. • Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union. • Council of Europe, Parliamentary Assembly resolution 'Drug policy and human rights in Europe: a baseline study', para. 4.3. 	<p>Chapter 23: Benchmarks on prison conditions.</p> <p>Chapter 24: None.</p> <p>Chapter 28: Inconsistent recommendations on opioid agonist treatment.</p>

Scaling up testing and treatment for HIV/AIDS and Hepatitis C for people who use drugs.	<ul style="list-style-type: none"> • EU Drugs Strategy 2021-25, Priorities 7.1 and 8.2. • EU Drugs Action Plan 2021-25, Actions 44 and 52. • Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union. 	Chapter 23: None. Chapter 24: None. Chapter 28: None.
Stepping up 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.	<ul style="list-style-type: none"> • EU Drugs Strategy, priority 7.4. • EU Drugs Action Plan 2021-25, Action 49. • Council Conclusions on a human rights-based approach to drug policy, PPs and OP11. • Council Conclusions 'Promoting the use of alternatives to coercive sanctions for drug using offenders'. • Council of Europe, Parliamentary Assembly resolution 'Drug policy and human rights in Europe: a baseline study', para 44.2. 	Chapter 23: Benchmarks on addressing prison overcrowding. Chapter 24: None. Chapter 28: None.
Recognizing the centrality of human rights in strategic frameworks to address drugs.	<ul style="list-style-type: none"> • EU Drugs Strategy 2021-25, para. 4. • Council Conclusions on a human rights-based approach to drug policy. • Council Conclusions on the Pact addressing new synthetic drug and new psychoactive substances threats in the European Union, OP 6. • Regulation on the European Drugs Agency, Article 4.2. • Council of Europe, Parliamentary Assembly resolution 'Drug policy and human rights in Europe: a baseline study'. 	Chapter 23: None. Chapter 24: None. Chapter 28: None.

Addressing stigma against people who use drugs.	<ul style="list-style-type: none"> • EU Drugs Strategy 2021-25, Priorities 6.4 and 8.1. • EU Drugs Action Plan 2021-25, Action 39. • Council conclusions on people having drug use disorders that co-occur with other mental health disorders, OP8. • Council Conclusions on a human rights-based approach to drug policy, OP 10. • Council of Europe, Parliamentary Assembly resolution 'Drug policy and human rights in Europe: a baseline study', para. 4.1.1. 	Chapter 23: None. Chapter 24: None. Chapter 28: None.
Supporting civil society and community participation in the design, evaluation, and implementation of drug policy.	<ul style="list-style-type: none"> • EU Drugs Strategy 2021-25, Priorities 7.3 and 11.10. • EU Drugs Action Plan, Actions 48, 75, and 85. • Council Conclusions on a human rights-based approach to drug policy, OP 6. • Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union. • Regulation on the European Drugs Agency, Article 55. • Council of Europe, Parliamentary Assembly resolution 'Drug policy and human rights in Europe: a baseline study', para 4.1.5. 	Chapter 23: Benchmarks on freedom of association and expression. Chapter 24: None. Chapter 28: None.
Ensuring a common approach to international drug policy debates, particularly at the CND.	<ul style="list-style-type: none"> • EU Drugs Strategy 2021-25, Priorities 9.1 and 11.9. • EU Drugs Action Plan 2021-25, Actions 55 and 84. 	Chapter 31: None

TOWARDS A SYSTEMATIC INTEGRATION OF THE EU ACQUIS ON DRUG POLICY

The prior sections demonstrate that candidate countries and the EU institutions currently fail to integrate appropriately into accession negotiations the elements of the EU *acquis* that concern the health and human rights dimension of drug policy.

This omission undermines key policy commitments that have been repeatedly affirmed in many EU documents, including on access to harm reduction, on the use of alternatives to coercive sanctions, on or efforts to reduce stigma against people who use drugs.

Candidate countries bear the primary responsibility for addressing this gap, as they are required to align their national laws and policies with the full EU *acquis*. To this end, they should assess their existing domestic frameworks against the *acquis* and identify areas that need reform.

However, a systematic integration of the EU *acquis* on drug policy into accession negotiations also requires a change of mindset amongst the EU institutions themselves. By overlooking a significant part of the EU *acquis* so far, EU reports and benchmarks have effectively failed to ensure the adoption of the integrated and balanced approach in candidate countries.

A paradigm change in candidate countries

Full alignment with the entire EU *acquis* on drug policy ought should be a basic requirement of accession negotiations. Alignment with guiding international documents such as the 2018 UN Common Position on Drugs or the 2019 International Guidelines on Human Rights and Drug Policy should also be emphasized. Given the historical prioritization of repressive drug policies in the ECECA region – a legacy of the Soviet era -, this entails a comprehensive change in domestic approaches to drugs.

Candidate countries should systematically review their national laws and policies against the EU *acquis* to identify gaps that prevent an integrated, balanced, and health- and human rights-based approach. This review should involve all relevant government bodies, including those responsible for health, social services, and security. The involvement of experts, civil society, and affected communities can help identify the most urgent needs.

The reforms identified through this process should be reflected in the political commitments made by the candidate country within the context of accession negotiations. For example, they could be included in the candidate country's negotiating positions for relevant chapters - most notably Chapters 24 and 28 - or in the Rule of Law Roadmap for Chapters 23 and 24. Doing so would allow these reforms to benefit from the political momentum and support linked to the accession process.

Mainstreaming drug policy at the Council of the EU

A more systematic mainstreaming of the EU *acquis* on drug policy across accession negotiations also requires a change of approach in how the EU addresses drug policy. This, in turn, calls for better coordination between the preparatory bodies at the Council

of the EU with enlargement and drug policy mandates.

The Working Party on Enlargement and Countries Negotiating Accession to the EU (COELA) is the specialized Council body that deals with technical and political aspects of enlargement, prepares negotiating positions, and assesses progress on the basis of European Commission reports. Negotiating positions are then sent to COREPER II and to the General Affairs Configuration of the Council for final approval.

In contrast, the Horizontal Working Party on Drugs (HDG) is the body that develops critical EU drug policy documents such as the EU Drugs Strategy, or legislation like the regulation that established the EUDA. The HDG is comprised of national delegates from health or home affairs ministries - which do not necessarily have a professional background on enlargement, or follow those processes closely. The documents developed by the HDG are moved for approval to COREPER II and to the Justice and Home Affairs configuration of the Council.

Background discussions with members of the HDG confirm that this body does not address accession processes in a regular or consistent way. Although there are ongoing bilateral dialogues on drugs with Western Balkan countries as well as with Moldova and Ukraine, these occur outside the accession framework. None of the persons consulted could recall the HDG holding a thematic discussion on how the EU *acquis* on drug policy is addressed in accession negotiations. This leaves room for the HDG to play a more intentional and strategic role in the accession process - both by helping to align the negotiating framework with the current EU *acquis* on drug policy, and by engaging candidate countries at the bilateral level.

Mainstreaming drug policy at the European Commission

Within the European Commission, accession negotiations are led by the Directorate-General for Enlargement and the Eastern Neighborhood (DG ENEST). Different units in DG ENEST monitor progress in each enlargement country and support the negotiation process. In contrast, responsibility for drug policy is concentrated within Unit D5 (Organized Crime & Drugs) in the Directorate-General for Migration and Home Affairs (DG HOME). The Directorate-General for Health and Food Safety (DG SANTE) has no explicit mandate or program on drug policy and has been historically reluctant to engage with the issue.

In recent years, DG HOME has narrowed its focus to the security aspects of the EU Drug Strategy and Action Plan, maintaining that it has no role in supporting or coordinating work on demand reduction, harm reduction, or human rights in drug policy.

In order to address the current narrow approach to drugs in accession negotiations, it is important to establish better communication between European Commission units with mandates on enlargement and on drugs, and for either DG HOME or DG SANTE to take an active role on the health and human rights aspects of drug policy. Mechanisms such as the European Commission's interservice consultation (ISC) process for annual accession reports and negotiating frameworks could be used more proactively by DG HOME to draw DG ENEST's attention to this issue.

Strengthening integration at the European Parliament

The European Parliament does not take part directly in accession negotiations and has no formal role until the Accession Treaty is signed, at which point its consent is required⁴². Nevertheless, the Parliament plays a critical role in shaping the political tone and agenda of the enlargement process. For example, it was instrumental in pressing the EU to open accession negotiations with Georgia, Moldova, and Ukraine in the wake of Russia's 2022 invasion of Ukraine⁴³, and in drawing attention to democratic backsliding in Georgia⁴⁴.

A similar pattern can be seen in the Parliament's involvement in drug policy. Historically, drug policy debates have been dominated by the HDG and DG HOME, with limited engagement from the Parliament. Yet, when it has acted decisively, the Parliament has significantly influenced outcomes. A notable case is the negotiation of the new mandate for the EU Drugs Agency. The Commission's initial proposal⁴⁵ would have shifted the agency's focus almost entirely toward law enforcement. Strong opposition from the Parliament, combined with lengthy negotiations, ensured that the final mandate preserved public health as the agency's core mission, expanded its resources, and introduced stronger mechanisms for engaging civil society and affected communities.

The Parliament holds similar potential to shape how drug policy is addressed in accession negotiations. To realize this, the current divide between Members of the European Parliament (MEPs) working on enlargement and those working on drug policy must be bridged. Accession negotiations are followed primarily by MEPs in the Committee on Foreign Affairs (AFET), who are rarely exposed to the drug policy debates led by the Committee on Civil Liberties and Home Affairs (LIBE) and followed by the Committee on Environment, Public Health, and Food Safety (ENVI). As a result, AFET rapporteurs may not be familiar with the human rights, security, and public health challenges posed by current drug laws in candidate countries. MEPs interested in drug policy could play a key role by raising awareness of these issues among their colleagues engaged in enlargement.

42 Article 49, Treaty of the European Union.

43 European Parliament (2022). European Parliament resolution of 23 June 2022 on the candidate status of Ukraine, the Republic of Moldova and Georgia (2022/2716(RSP)). https://www.europarl.europa.eu/cmsdata/255856/TA-9-2022-0249_EN.pdf

44 European Parliament (2024). European Parliament resolution of 9 October 2024 on the democratic backsliding and threats to political pluralism in Georgia. https://www.europarl.europa.eu/doceo/document/TA-10-2024-0017_EN.html

45 European Commission (12 January 2022), Commission proposes stronger mandate for EU Drugs Agency as illicit market proliferates, https://ec.europa.eu/commission/presscorner/detail/en/ip_22_302

RECOMMENDATIONS: A ROADMAP TO ALIGN ACCESSION WITH EU DRUG POLICY

There is a disconnect between the current approach to drug policy in accession negotiations and the EU's commitment to a balanced and integrated drug policy. Addressing this gap is essential to ensure candidate countries' full alignment with the EU *acquis*, and to introduce more effective and humane drug policies in the ECECA region. To effectuate this shift, the following recommendations are provided.

To candidate countries:

- Candidate countries should systematically review their national laws and policies against the EU *acquis* to identify gaps that prevent an integrated, balanced, and health- and human rights-based approach. The reforms identified through this process should be reflected in candidate countries' political commitments in the accession process, including negotiating positions for Chapters 24 and 28, and the Roadmaps for Chapters 23 and 24.

To the European Union:

- The EU institutions should review and update Chapters 24 and 28 of the negotiating framework to integrate the EU *acquis* on drug policy as it has evolved in recent years, with the goal of achieving a balanced approach. Some of the most significant gaps between the EU *acquis* and the current practice in accession negotiations include:
 - Ensuring access to harm reduction service in the community and in prisons (including NSP, OAT, naloxone, and other interventions).
 - Scaling up testing and treatment for HIV/AIDS and Hepatitis C for people who use drugs.
 - Stepping up 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.
 - Recognizing the centrality of human rights in strategic frameworks to address drugs.
 - Addressing stigma against people who use drugs.
 - Supporting civil society and community participation in the design, evaluation, and implementation of drug policy.
 - Ensuring a common approach to international drug policy debates, particularly at the CND.
- The Council of the EU and its preparatory bodies - particularly the HDG - should commit to updating the accession negotiating framework with regards to drug policy to ensure that it reflects the entire EU *acquis*, including possibly through Council

Conclusions on the matter. These changes should be reflected in the Council's benchmarks for opening and closing Chapters 24 and 28. This may be done at the initiative of the Secretary-General, or of the HDG itself.

- In parallel, the European Commission should ensure that all accession-related documents - including annual reports, screening reports, and EU common positions - integrate an updated understanding of the EU *acquis* on drug policy, including the currently overlooked elements on health and human rights. Whilst the primary responsibility falls on DG ENEST, DG HOME and DG SANTE should proactively use all available coordination mechanisms, such as inter-service consultations, to achieve this aim.
- The European Parliament is in a unique position to raise political awareness on drug-related matters and guide EU drug policy towards an evidence and human rights-based paradigm. Initiatives such as the recent establishment of an informal group of MEPs on drug policy⁴⁶ are welcome and necessary, and should place greater attention at how current accession negotiations address drug policy.

Cross-cutting:

- The Council of Europe's Pompidou Group should ensure that its initiatives in candidate countries are closely aligned with accession-related debates and policy reforms, and thus contribute to a greater visibility of the human rights dimension of drug policy in accession negotiations.
- Civil society and affected communities should be able participate meaningfully in the accession process, for instance by developing shadow reporting methodologies to track alignment with the EU *acquis* over time.

46 <https://ececacd.org/launch-of-the-informal-group-of-members-of-the-european-parliament-on-drug-policy/>

RECOMMENDATIONS TO SPECIFIC CANDIDATE COUNTRIES

Considering the state of the accession negotiations and the key drug policy issues from a human rights and health perspective at a national level, we recommend the following priorities in the context of the accession negotiations of Moldova, Montenegro, Ukraine, and Georgia.

Montenegro's accession negotiations are the most advanced. The screening reports for all chapters have been finalised and published. The interim benchmarks for Chapters 23 and 24 have been met⁴⁷, and closing benchmarks have been established for Chapters 23⁴⁸, 24⁴⁹, and 28⁵⁰. However, none of these benchmarks concern drug policy from a health and human rights perspective. In view of this, the following priorities are recommended:

- Under Chapter 23, seek alignment with existing closing benchmark on the deinstitutionalization of persons with disabilities by amending Article 66 and 67 of the Criminal Law, to provide for the legal possibility of revoking a mandatory drug treatment measure imposed by a court when the need for it has objectively ceased.
- Under Chapter 28, the following reforms ought to be considered:
 - Remove barriers to treatment and harm reduction, and address stigma against people who use drugs, by amending Articles 300 and 301 of the Criminal Code to introduce a clear legal distinction between possession for personal use and possession with intent to supply, and ensure that possession for personal use becomes an administrative, non-criminal offence.
 - Establish a dedicated funding line and statutory protection for harm reduction services into the Law on Health Care, Law on the Prevention of Drug Abuse and Law on State Budget

Moldova was granted candidate status in 2022. The bilateral screening of all accession chapters concluded in September 2025⁵¹, but screening reports have not been made public. Moldova has adopted a Rule of Law Roadmap for Chapters 23 and 24⁵², but negotiating positions and benchmarks for Chapters 23, 24 and 28 are yet to be established. In view of this, the following priorities are recommended.

- Under Chapter 24, use the existing commitments made in the Cooperation in the field of drugs section of the Rule of Law Roadmap to prioritize the following reforms:

47 European Commission (26 June 2024), Sixteenth meeting of the Accession Conference with Montenegro at Ministerial level, https://enlargement.ec.europa.eu/news/sixteenth-meeting-accession-conference-montenegro-ministerial-level-2024-06-26_en

48 Council of the European Union (21 June 2024), European Union Common Position Chapter 23: Judiciary and fundamental rights, <https://data.consilium.europa.eu/doc/document/AD-13-2024-INIT/en/pdf>

49 Council of the European Union (21 June 2024), European Union Common Position Chapter 24: Justice, freedom and security, <https://data.consilium.europa.eu/doc/document/AD-14-2024-INIT/en/pdf>

50 Me4.Eu (Website), Chapter 28 - Consumer and Health Protection, <https://www.eu.me/en/poglavlje-28-zastita-potrosaca-i-zdravlja/> (Accessed: 19 November 2025)

51 European Commission (22 September 2025), Moldova successfully completes its screening process, https://enlargement.ec.europa.eu/news/moldova-successfully-completes-its-screening-process-2025-09-22_en

52 Republic of Moldova (Website), HOTĂRÂRE Nr. 275 din 14-05-2025, https://www.legis.md/cautare/getResults?doc_id=148501&lang=ro, (Accessed: 19 November 2025)

- Ensure that the future ‘anti-drug public policy document’ (action 4.1), which is expected to be in force for the period 2026 to 2032, follows the model of recent EU Drug Strategies by explicitly centering human rights and public health, including a separate pillar on harm reduction, and supporting civil society and community participation.
- Revitalize the National Anti-Drug Commission and bring its structure back under the coordination of the Deputy Prime Minister, ensuring effective coordination amongst different government departments. If that is not possible, create a new agency with a specific mandate on drug policy.
- Ensure that the plan to develop a ‘mechanism for referring drug users to treatment and rehabilitation services’ (action 4.7) is aligned with EU and international human rights standards on treatment and the right to health.
- Under Chapter 28, prioritize the following interventions when establishing recommendations and closing benchmarks:
 - Remove barriers to treatment and harm reduction, and address stigma against people who use drugs, by ending the excessive criminalization of possession of small amounts with no intent to sell, including by revising the quantity thresholds for illicit substances laid down in Government Decision No. 79 (of 23 January 2006) on the List of quantities.
 - Remove existing barriers to treatment and harm reduction (including OAT) in prison and in the community, including by amending Article 85 of the Contravention Code and Article 217⁵(1) of the Criminal Code to exclude sanctions for use in penitentiary institutions, and transferring article 217⁵(1) from the Criminal Code to the Contravention Code.
 - Evaluate drug services in order to improve the quality and geographical coverage of OAT, improve links with mental health services, and develop new approaches to treatment, rehabilitation and support, including for people who use NPS.
 - Revise the current drug user registration system, which remains a major barrier to OAT and has significant implications for privacy and personal data protection.

Similarly to Moldova, in the case of **Ukraine** bilateral screening of all accession chapters has been completed⁵³, although the reports have not been made public. Ukraine has adopted a Rule of Law Roadmap⁵⁴, but negotiating positions and benchmarks for Chapters 23, 24 and 28 are yet to be established. In this context, the following priorities are recommended.

- Under Chapter 24, use the existing commitments under section 4.5 (*Cooperation in the field of drugs*) of the Rule of Law Roadmap, to prioritise the following interventions:
 - Ensure that the future National Drug Strategy follows the model of the recent EU Drug Strategies by explicitly centering human rights and public health, including a separate pillar on harm reduction, and supporting civil society and community participation.

53 European Commission (30 September 2025), Ukraine successfully completes its screening process, https://enlargement.ec.europa.eu/news/ukraine-successfully-completes-its-screening-process-2025-09-30_en

54 Accessible here: Government of Ukraine (Website), ДОРОЖНЯ КАРТА З ПИТАНЬ ВЕРХОВЕНСТВА ПРАВА, https://eu-ua.kmu.gov.ua/wp-content/uploads/UA_Dorozhnya_karta_z_pytan_verhovenstva_prava_2.pdf (Accessed: 19 November 2025)

- Under Chapter 28, prioritise the following interventions when establishing recommendations and closing benchmarks:
 - Remove barriers to treatment and harm reduction, and address stigma against people who use drugs, by amending Article 309 of the Criminal Code in order to decriminalize drug use and possession for personal use, and revise periodically the threshold amounts for psychoactive substances.
 - Develop an effective, accessible, and confidential system of social and medical assistance for military personnel who use drugs, including prevention, treatment, rehabilitation and integration measures.
 - Expand coverage of opioid agonist therapy (OAT) through the implementation of mobile OAT services, particularly for remote, rural, and conflict-affected areas.
 - Amend the national List of Narcotic Drugs, Psychotropic Substances and Precursors in order to enable the introduction of psychedelic-assisted psychotherapy, including for war veterans.
 - Expand treatment options to provide individualized, evidence-based care to all people who use drugs, including treatment with methylphenidate for people who use stimulants, as well as other stimulant and non-stimulant pharmacotherapies.
- Under Chapter 31, prioritize the following interventions when establishing recommendations and closing benchmarks:
 - Ensure Ukraine's alignment with the EU on drug-related matters in key multilateral fora. In particular, Ukraine will become a member of the CND for the 2026-29 period, a critical juncture for the global drug control regime that will include the independent review panel initiated by CND Resolution 68/6, and the negotiations for a new global drug strategy in 2029.

Georgia paused the accession process in November 2024, before negotiations were formally opened. The screening process has not been completed, and negotiating positions on Chapter 23, 24, and 28 have not been adopted. However, the European Commission will continue to adopt yearly enlargement reports. In this context, the following priorities are recommended:

- Under Chapter 23, monitor the following key issues:
 - The ongoing impact of the 2024 'foreign agent' law⁵⁵ on the work and sustainability of organizations of people who use drugs and organizations dedicated to drug policy and harm reduction.
 - The practice of compulsory treatment introduced in April 2025, specifically examining the types of medical/healthcare interventions applied, the safety standards of compulsory treatment facilities, and how the protection of human dignity and patient rights is ensured throughout the process.
 - The continuity of access to opioid agonist treatment in prisons.

⁵⁵ Legislative Herald of Georgia (Website), LAW OF GEORGIA FOREIGN AGENTS REGISTRATION ACT, <https://matsne.gov.ge/en/document/view/6461578?publication=0> (Accessed: 19 November 2025)

- Under Chapter 24, monitor the following key issues:
 - That the National Drug Policy Strategy (2023–2030) and the Strategy for the Prevention of Drug Abuse (2021–2026)⁵⁶ are effectively implemented.
 - That an Early Warning System is put in place and effectively implemented.
 - That key policy decisions are taken within the existing institutional framework, with the active involvement of the Inter-Agency Coordinating Council on Combating Drug Abuse.
 - That the National Drug Observatory is adequately resourced and that all relevant state agencies provide the necessary data. The research and findings produced by the Observatory should be used to inform future policy reforms.
- Under Chapter 28, monitor the recent policy changes that seek to reduce access to treatment and harm reduction centers, such as the June 2025 move to close private treatment centres that dispense OAT, and to remove OAT centres from densely populated areas.

⁵⁶ Both documents available at: Ministry of Justice of Georgia (Website), Strategic documents, <https://justice.gov.ge/?m=articles&id=qHMnzQV8GH> (Accessed: 19 November 2025)

ANNEX 1.

LIST OF EU AND COUNCIL OF EUROPE INSTRUMENTS RELEVANT TO THE EU ACQUIS ON DRUG POLICY

Year	Name	Topic	EU binding / EU non-binding / External (not part of <i>acquis</i>)	Explicit focus on drug policy?
Ongoing	Council decisions on international scheduling of substances	Judicial cooperation in criminal matters	EU instrument, binding	Yes
2025	Council conclusions on a Pact addressing new synthetic drug and new psychoactive substances threats in the European Union	Cross-cutting	EU instrument, non-binding	Yes
2025	Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders	Fundamental rights	Council of Europe, non-binding	Yes
2023	Regulation (EU) 2023/1322 on the European Union Drugs Agency (EUDA)	Cross-cutting	EU instrument, binding	Yes
2023	Council conclusions on people having drug use disorders that co-occur with other mental health disorders	Health	EU instrument, non-binding	Yes
2023	Commission Communication: EU roadmap to fight against drug trafficking and organised crime	Judicial cooperation in criminal matters	EU instrument, non-binding	Yes

2022	Human rights approach in drug policies	Fundamental rights	EU instrument, non-binding	Yes
2022	Council conclusions on a roadmap to combat drug trafficking	Judicial cooperation in criminal matters	EU instrument, non-binding	Yes
2021	EU Drug Action Plan 2021-25	Cross-cutting	EU instrument, non-binding	Yes
2020	EU Drug Strategy 2021-25	Cross-cutting	EU instrument, non-binding	Yes
2020	Revised European Prison Rules	Fundamental rights	Council of Europe, non-binding	
2020	Drug policy and Human rights in Europe: A baseline study	Fundamental rights	Council of Europe, non-binding	Yes
2018	Council conclusions on promoting alternatives to coercive sanctions for drug user offenders	Fundamental rights	EU instrument, non-binding	Yes
2018	Recommendation CM/Rec(2018)11 of the Committee of Ministers to member States on the need to strengthen the protection and promotion of civil society space in Europe	Fundamental rights	Council of Europe, non-binding	
2018	Council conclusions on alternative development	External action	EU instrument, non-binding	Yes

2017	Directive (EU) 2017/2103 of the European Parliament and of the Council of 15 November 2017 amending Council Framework Decision 2004/757/JHA in order to include new psychoactive substances in the definition of 'drug' and repealing Council Decision 2005/387/JHA	Judicial cooperation in criminal matters	EU instrument, binding	
2016	Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance)	Fundamental rights	EU instrument, binding	
2016	Directive (EU) 2016/1919 of the European Parliament and of the Council of 26 October 2016 on legal aid for suspects and accused persons in criminal proceedings and for requested persons in European arrest warrant proceedings	Fundamental rights	EU instrument, binding	
2016	Directive (EU) 2016/343 of the European Parliament and of the Council of 9 March 2016 on the strengthening of certain aspects of the presumption of innocence and of the right to be present at the trial in criminal proceedings	Fundamental rights	EU instrument, binding	

2016	Directive (EU) 2016/800 of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings	Fundamental rights	EU instrument, binding	
2015	Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union	Health	EU instrument, non-binding	Yes
2013	Directive 2013/48/EU of the European Parliament and of the Council of 22 October 2013 on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty	Fundamental rights	EU instrument, binding	
2012	Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings	Fundamental rights	EU instrument, binding	
2011	Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare	Health	EU instrument, binding	

2010	Directive 2010/64/EU of the European Parliament and of the Council of 20 October 2010 on the right to interpretation and translation in criminal proceedings	Fundamental rights	EU instrument, binding	
2005	Consolidated text: Council Regulation (EC) No 111/2005 of 22 December 2004 laying down rules for the monitoring of trade between the Union and third countries in drug precursors	Customs unions	EU instrument, binding	Yes
2004	Consolidated text: 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	Judicial cooperation in criminal matters	EU instrument, binding	Yes
2004	Consolidated text: Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors	Customs unions	EU instrument, binding	Yes
2000	Charter of Fundamental Rights of the EU	Human rights	EU instrument, binding	



Eastern and Central European and Central Asian Commission on Drug Policy (ECECADC) is aimed at bringing an informed, science-based discussion about humane and effective ways to reduce the harms caused by drugs and drug control policies to people and societies in the ECECA region.

Our goals:

Review

the approaches, policies and law enforcement practices in the countries of the region

Provide

evaluation and scientific evidences regarding different national responses to the drug problem

Develop

achievable and evidence-based recommendations for constructive legal and policy reforms in the region

Contacts:

secretary@ececacd.org
olena.kucheruk@ececacd.org

www.ececacd.org

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Publications

by the Eastern and Central European and
Central Asian Commission on Drug Policy:
<http://ececacd.org/publications/>



What is Harm Reduction? A
Position Paper by the Eastern
and Central European and
Central Asian Commission on
Drug Policy (2025)



The Intersection of
Health, Drug Use,
and Imprisonment in
Eastern Europe and
Central Asia (2025)



Guiding Principles Towards
Effective and Humane
Drug Policies in Eastern and
Central Europe and Central
Asia (2023)



Production, trafficking and
consumption of illicit drugs
in EECA region (2021)



Drug laws and policies
in four regions of
Eurasia (2021)



Perception of drugs in
Central and Eastern Europe
and Central Asia: overhaul
needed (2021)