EIROPAS KOPIENU KOMISIJA

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KOMISIJAS PAZIŅOJUMS PADOMEI UN EIROPAS PARLAMENTAM

Par ES Narkotiku apkarošanas stratēģijas un Rīcības plāna narkotiku jomā nobeiguma novērtējuma rezultātiem (2000-2004)

1. ES NARKOTIKU APKAROŠANAS STRATĒĢIJA UN RĪCĪBAS PLĀNS NARKOTIKU JOMĀ (2000 – 2004)

1999. gadā Komisija iesniedza Paziņojumu par Eiropas Savienības Rīcības plānu narkotiku jomā (2000 – 2004)[1]. Uz tā pamata Helsinku Eiropadome apstiprināja ES Narkotiku apkarošanas stratēģiju no 2000. līdz 2004. gadam[2]. Stratēģija aicina izveidot **starpnozaru un integrētu pieeju** narkotiku apkarošanai, turklāt narkotiku pieprasījuma un patēriņa samazināšana ir uzskatāmas par vienlīdz svarīgām un savstarpēji papildinošām līdzsvarotas stratēģijas daļām.

2000. gada jūnijā Feira Eiropadome pieņēmuma ES rīcības plānu narkotiku jomā no 2000. līdz 2004. gadam[3]. Šis rīcības plāns interpretēja ES Narkotiku apkarošanas stratēģiju apmēram simts konkrētās darbībās, kas jāveic dalībvalstīm, Komisijai, Eiropas Narkotiku un narkomānijas uzraudzības centram (EMCDDA) un Eiropolam.

Rīcības plānā ir izklāstīts, ka Komisijai jāorganizē piemērots termiņa vidus novērtējums līdz ES Narkotiku apkarošanas stratēģijas 2000-2004. beigām. Komisija 2002. gada novembrī iesniedza Paziņojumu par termiņa vidus novērtējumu[4].

Šis Paziņojums iepazīstina ar nobeiguma novērtējuma rezultātiem un liek pamatus nākotnes ES politikas attīstībai narkotiku apkarošanas jomā uz tās pieredzes pamata, kas gūta no pašreizējās politikas īstenošanas.

2. NOBEIGUMA NOVĒRTĒJUMA MĒRĶIS UN PROCESS

2.1. Mērķis

Nobeiguma novērtējuma mērķis ir izvērtēt sasniegumu līmeni darbībām, kas paredzētas Rīcības plānā, izvērtēt pakāpi, kādā Narkotiku stratēģijas mērķi tiek sasniegt un novērtēt gan Narkotiku stratēģijas, gan Rīcības plāna ietekmi uz narkotiku situāciju Eiropas Savienībā.

Narkotiku apkarošanas politikas ietekmes novērtējums vēl joprojām tiek izstrādāts un precīzu un skaitlisku operatīvu mērķu trūkums pašreizējā Narkotiku apkarošanas stratēģijā un rīcības plānā sarežģī šo uzdevumu. Tomēr ir sācies ietekmes novērtējuma process un pamatindikatoru un mehānismu definēšana, kas nākotnē varētu noteikt kvalitātes standartu, lai izstrādātu jaunas stratēģijas un politikas.

2.2. Process

Novērtējumu uzsāka 2003. gada aprīlī ar vadības grupas izveidi (sastāv no Komisijas pārstāvjiem, četrām dalībvalstīm, kuras ir prezidējošās valstis laikposmā no 2003. - 2004. gadam,

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1 KOM(1999)239 galīgā versija 26.5.1999.
2 Cordrogue 64, Rev 3, 12555/3/99., 1.12.1999.
3 Cordrogue 32, 9283/00, 7.6.2000.
4 KOM(2002)599 galīgā versija, 4.11.2002.

EMCDDA un Eiropola), lai uzraudzītu un nodrošinātu ar vadību izdarot gala novērtējumu. Šī grupa ir satikusies četras reizes, lai noteiktu novērtējuma mehānismus un metodes un uzraudzītu procesu.

Dalībvalstīm 2003. gada novembrī tika nosūtīta aptaujas lapa [5], lai iegūtu sīkāku informāciju par darbībām, kuru īstenošana ir noteikta Rīcības plānā (1. pielikums). Līdzīga paveiktā darba kontroles tabula tika nosūtīta iesaistītajiem Komisijas dienestiem, EMCDDA un Eiropolam (2. pielikums).

Vairākus tematiskos dokumentus sagatavoja EMCDDA un Komisija koncentrējoties uz īpašiem narkotiku jautājuma aspektiem[6]. EMCDDA kopā ar Eiropolu izveidoja statisko momentuzņēmumu, kas satur pamatdatus par narkotiku situāciju 1999. un 2002-2003. gadā[7].

Eirobarometra aptauja tika veikta 2004. gada aprīlī/maijā par jaunu cilvēku attieksmi/uztveri pret narkotikām[8]. Galvenie iegūtie rezultāti ir salīdzināti ar līdzīgas 2002. gadā veiktas aptaujas rezultātiem. Papildus tika ņemts vērā nobeiguma ziņojums par tiesībaizsardzību un tās nozīmi cīņā ar narkotiku tirdzniecību[9], īstenošanas plāni, kas paredz sintētisko narkotiku piegādes[10] un pieprasījuma un piedāvājuma samazināšanu[11], Padomes apstiprināts ziņojums par īstenošanas procesa attīstību[12] un citas uzsāktās iniciatīvas (3. pielikums).

No dažādiem avotiem iegūtie tika analizēti, lai izceltu galvenos sasniegumus laikposmā un izceltu jomas, kurās ir vajadzīga tālāka attīstība. Tie tika arī izmantoti, lai novērtētu darbību, kas noteiktas rīcības plānā, sasniegumu līmeni un novērtētu to, kādā mērā rīcības plāna sasniegumi atbilst narkotiku apkarošanas stratēģijas mērķiem. Narkotiku apkarošanas stratēģijas un rīcības plāna par narkotiku situāciju ietekmes novērtējuma pamatā ir aktuālie statistiskie dati. Dati, kas iesniegti nobeiguma novērtējumam, attiecas uz laikposmu no 1999. gada līdz 2004. gada jūnijam.

3. GALVENIE SASNIEGUMI UN JOMAS, KURĀS IR VAJADZĪGA TĀLĀKA ATTĪSTĪBA

3.1. Koordinēšana

Sasniegumi nacionālā līmenī

- Kopš 1999. gada dalībvalstis ir pieņēmušas pilnveidotākas nacionālās narkotiku apkarošanas stratēģijas. Lielākā daļa no tām pārklāj visas darbību jomas, kas saistītas ar narkotikām.

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5 Ja nav savādāk norādīts, atsauces uz dalībvalstīm ir atsauces uz pirmajām 15 dalībvalstīm.

6 Dokumenti ir pieejami www.emcdda.eu.int vai www.europa.eu.int/comm/justice_home un www.europa.eu.int/comm/taxation_customs

7 Pieejams www.emcdda.eu.int

8 Skatīt www.europa.eu.int/comm/justice_home

9 Krimorga 43, pārskatīts3 9615/3/03

10 Cordrogue 81, pārskatīts 2 12452/2/02

11 Cordrogue 40, pārskatīts 2 8926/2/03

12 Cordrogue 43, 10481/04

- Ir augusi dalībvalstu apziņa, ka ir vajadzīga starpdisciplīnu koordinācija narkotiku apkarošanas jomā. Visas dalībvalstis atzīst, ka tas ir svarīgs narkotiku politikas elements, pat ja nav vienota termina „koordinācija" definīcija.

Jomas, kurās ir vajadzīga tālāka attīstība nacionālā līmenī

- Nacionālā koordinācija narkotiku kontrolei ir jāpaplašina uz visām narkotiku politikas jomām, ieskaitot regulāras konsultācijas ar pilsonisko sabiedrību.

- Koordinācija nacionālā līmenī (t.i., starp valsts veselības, tiesību un iekšlietu institūcijām, ārējo attiecību iestādēm un budžeta lēmējinstitūcijām) būtu noderīga delegācijām, lai skaidri formulētu to nostāju Padomē.

Sasniegumi ES līmenī

- Kopš ir pieņemts rīcības plāns galveno nacionālo narkotiku kontroles koordinatoru sapulces ir notikušas divreiz gadā.

- Komisija iesniedza paziņojumu par narkotiku koordināciju 2003. gadā. Ir apspriests dokuments, kurā pausti horizontālās grupas narkotiku jautājumos viedokļi par paziņojumu.

Jomas, kurās ir vajadzīga tālāka attīstība ES līmenī.

- Ir jānodrošina adekvāti uzraudzības pasākumi Komisijas paziņojumam par narkotiku politikas koordināciju. Nacionālo koordinatoru sapulces būtu jākoncentrē vairāk uz specifiskajiem jautājumiem.

- Komisijai būtu jāstiprina un jāracionalizē tās iekšējās koordinācijas mehānismi: tiek prasīta redzamāka un operatīva visu pakalpojumu koordinācija, kas ietverti narkotiku dokumentācijā. Jāsaglabā strukturālā saikne ar EMCDDA.

- Nav skaidra atbildību sadalījums starp Padomē strādājošām grupām, kas risina narkotiku jautājumus. Horizontālai grupai narkotiku jautājumos jābūt vispārēji atbildīgai, koordinējot dažādu narkotiku jautājumu risinošu grupu darbu.

- Formulējot ES narkotiku politiku, nav notikušas regulāras konsultācijas ar pilsonisko sabiedrību; šādām konsultācijām jānotiek pastāvīgi. Tas ir jautājums, kas tiks izskatīts Komisijas paziņojumā 2005. gadā.

3.2. Informācija un novērtējums

Sasniegumi nacionālā līmenī

- Datu par narkotiku situāciju pieejamība un kvalitāte ir uzlabojusies vairums dalībvalstu tāpat kā politiskais atbalsts, kas nepieciešams specifiskas informācijas un novērtējuma darbībām.

- Visas dalībvalstis ir piekritušas piemērot piecus pamata epidemioloģiskos indikatorus[13] un sniegt salīdzinošus un konsolidētus datus.

- Dažas dalībvalstis ir progresējušas mehānismu izstrādē, lai narkotiku jomā varētu regulāri novērtēt efektivitāti.

Jomas, kurās ir vajadzīga tālāka attīstība nacionālā līmenī

- Jāuzlabo sistemātiska nacionālo narkotiku apkarošanas stratēģiju/rīcības plānu īstenošanas uzraudzība. Ir vajadzīga attīstība, lai nodrošinātu regulāru šādas stratēģijas/rīcības plāna īstenošanas novērtējumu.

- Dalībvalstīm jāiegulda centieni, lai epidemioloģiskie indikatori būtu pilnībā īstenoti.

- Ir jāuzlabo informācijas sniegšana par publiskajiem izdevumiem narkotiku jomā un politiku izmaksu lietderības koeficienta analīze.

Sasniegumi ES līmenī

- Datu un informācijas pieejamība un kvalitāte par situāciju narkotiku jomā ir uzlabojusies, galvenokārt pateicoties EMCDDA darbam un valstu koordinācijas centriem.

- Nobeiguma novērtējuma rezultātā ir izstrādāti pamata metodoloģiskie mehānismi un izveidotas vadības grupas, kas būtu nākotnes ES narkotiku politiku novērtējuma satvars.

- Ir uzlabojusies informācijas apmaiņa par jaunajām tendencēm narkotiku lietošanā, daļēji pateicoties agrā brīdinājuma sistēmas izveidei Vienotās rīcības par sintētiskajām narkotikām[14] ietvaros.

Jomas, kurās ir vajadzīga tālāka attīstība ES līmenī

- Nav pietiekošas informācijas par noziegumiem, kas saistīti ar narkotikām, un ir jāveic nopietns darbs piemērotu indikatoru izvēlē, ņemot vērā EMCDDA un Eiropola darbu šai jomā.

- Jāuzlabo mehānismi, kas uzrauga radušās tendences narkotiku lietošanā. Tālāk jāizstrādā šādu tendenču izpēte.

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[13] 1. Narkotiku lietošanas pakāpe un modelis kopējā populācijā. 2. Narkotiku lietošanas problēmas izplatība 3. Narkomānu pieprasījums pēc medicīniskās palīdzības 4. Nāves gadījumi skaits, kuri saistīti ar narkotiku lietošanu un 5. Infekcijas slimību izplatības, kas saistīta ar narkotiku lietošanu.

[14] OV L 167, 25.06.1997., 1. lpp.

3.3. Pieprasījuma samazināšana

Sasniegumi nacionālā līmenī

- Apziņa, ka preventīvas darbības ir jāveic jau agrīnā stadijā, ir visām dalībvalstīm. Tās ir izveidojušas globālas preventīvās programmas, kurās ir iesaistīti eksperti un pilsoniskā sabiedrība.

- Aizvien vairāk tiek īstenoti īpašie preventīvie projekti, kuru mērķis ir novērst dažādu narkotiku kombinēto lietošanu un ļaunprātīgu atļauto vai neatļauto vielu lietošanu. Informācijas kampaņas aizvien vairāk tiek koncentrētas uz mērķa grupām un ir adresētas riska uzvedībām un atkarībām kopumā.

- Vairums dalībvalstu ir palielinājušas finansējumu un ārstēšanas pakalpojumu pieejamību un dažādojušas ārstēšanās iespēju spektru.

- Visās dalībvalstīs vairāk uzmanības pievērš likumpārkāpējiem, kuri lieto narkotikas, ko atspoguļo tas, ka Kopienas līmenī ir vairāk alternatīvu ieslodzījumam un cietumos ir iespējama labāka psihosociālā un veselības aprūpe.

- Visas dalībvalstis ir sākušas seku izpēti, kādas rodas braucot neatļauto narkotiku un medikamentu reibumā, un dažas no tām ir noteikušas stingrākus kontroles pasākumus.

Jomas, kurās ir vajadzīga tālāka attīstība nacionālā līmenī

- Regulāri jānovērtē ārstēšanas pasākumi, kas paredzēti, lai samazinātu ļaunumu veselībai, ko rada atkarība no narkotikām, un šādu pasākumu efektivitāte.

- Dalībvalstīm būtu jāizveido atzītas kvalifikācijas profesionāļiem, lai novērstu narkotiku lietošanu un samazinātu kaitējumu, ko veselībai rada atkarība no narkotikām.

Sasniegumi ES līmenī

- Padome pieņēmu vairākas rezolūcijas par narkotiku lietošanas novēršanas jautājumiem (skatīt 3. pielikumu).

- Kopienas rīcības programma, lai novērstu atkarību no narkotikām (1996-2002)[15] un Jaunā veselības aizsardzības programma (2003-2008)[16] nodrošina ar līdzfinansēšanu narkotiku lietošanas novēršanas projektiem; Jautājums par ārstēšanu kļūst arvien aktuālāks.

- Padomes Ieteikums par to, kā novērst un mazināt kaitējumu, ko veselībai nodara atkarība no narkotikām, tika pieņemts 2003. gadā[17].

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15 OV L 19, 22.1.1997., 25. lpp.
16 OV L 271, 9.10.2002., 1. lpp.
17 OV L 165, 03.07.2003., 31.lpp.

- Ir pieņemta Eiropas Kopienas ceļu satiksmes drošības rīcības programma[18] un Padomes Rezolūcija par cīņu pret psihoaktīvo vielu lietošanas ietekmi ceļa satiksmes negadījumos[19]. Abos dokumentos ir ņemta vērā alkohola, narkotiku un medikamentu iedarbību uz transporta līdzekļa vadīšanu.

Jomas, kurās ir vajadzīga tālāka attīstība ES līmenī

- ES jāveicina turpmāka biomedicīnas, psihosociālo un citu faktoru izpēte, kas ir narkotiku lietošanas un atkarības pamatā, īpaši tādas jomās, kur šāda izpēte vēl joprojām ir ierobežota (t.i., ilgtermiņa Indijas kaņepju vai sintētisko narkotiku lietošana).

- Jāuzlabo uzticamas un augstas kvalitātes informācijas izplatīšana un jāuzlabo paraugprakse.

- Komisija turpmāk uzraudzīs pamatpunktus no iepriekš minētā Padomes 2003. gada ieteikuma.

3.4. Piegādes samazināšana

Sasniegumi nacionālā līmenī

- Lielākajā daļā dalībvalstu sadarbība starp tiesībaizsardzības iestādēm ir uzlabojusies, izveidojot/pastiprinot tādas struktūras un darbības, piemēram, vienotas policijas/muitas grupas, vienotas kriminālvajāšanas operācijas un saprašanās memorandi.

- Vairākas dalībvalstis šķiet spēj darboties saskaņā ar 17. panta noteikumiem (nelikumīga tirdzniecība, izmantojot jūras satiksmi) 1988. gada ANO Konvencijā par narkotisku un psihotropisko vielu nelikumīgu tirdzniecību.

- Visas dalībvalstis ir transponējušas savā nacionālajā likumdošanā pirmo direktīvu par nelikumīgi iegūtas naudas legalizēšanu[20] un 11 dalībvalstis ir transponējušas direktīvu, ar kuru ir grozīta pirmā direktīva.[21]. Papildus, lai samazinātu nelikumīgi iegūtu līdzekļu legalizēšanu, dalībvalstis ir ieviesušas jaunus pasākumus, piemēram, tiesības nepieļaut darījumus un lielākas tiesības kontrolēt ceļotājus, kuri ieved lielas naudas summas.

- 10 dalībvalstis ir transponējušas Padomes pamatlēmuma noteikumus par vienotām izmeklētāju grupām[22] un/vai ir ratificējušas ES Konvenciju par savstarpējo juridisko palīdzību kriminālllietās[23] vai ir norādījušas, ka patreizējie tiesību akti jau pieļauj šādu grupu veidošanu.

- 10 dalībvalstis ir ratificējušas Konvenciju par savstarpējo palīdzību un sadarbību starp muitas pārvaldēm (Neapole II)[24]. 14 dalībvalstis ir ratificējušas Konvenciju par informāciju tehnoloģiju lietošanu muitas mērķiem (CIS)[25].

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18 KOM(2003)311 galīgā versija.
19 Cordrogue 97, 13.11.2003.
20 Direktīva 91/308/EEK, 0V L166, 28.06.1991., 77. lpp.
21 Direktīva 2001/97/EK , OV L 344, 28.12.2001., 76. lpp.
22 OV L 162, 20.06.2002., 1.lpp.
23 OV C 197, 12.07.2000., 1.lpp.

Jomas, kurās ir vajadzīga tālāka attīstība nacionālā līmenī

- Tām dalībvalstīm, kurās nepastāv formālas struktūras, lai varētu tikt veikta sadarbība starp to nacionālajām tiesībaizsardzības iestādēm, vajadzības gadījumā jāapsver šādu formālu struktūru izveidošana.

- Dalībvalstīm jānodrošina, ka tajās pastāv nepieciešamās procedūras, lai nodrošinātu, ka tās darbojas saskaņā ar 1988. gada ANO Konvencijas 17. panta noteikumiem un jāapsver metodiska līdzekļa izstrāde attiecība uz to īstenošanu.

- Dalībvalstīm, kuras to nav paveikušas, jātransponē otrā direktīva par nelikumīgi iegūtu līdzekļu legalizēšanu[26], Padomes pamatlēmums par kopīgām izmeklēšanas grupām un/vai jāratificē ES Konvencija par savstarpējo juridisko palīdzību krimināllietās un jāratificē Neapoles II Konvencija un CIS Konvencija.

Sasniegumi ES līmenī

- Sadarbība starp tiesībaizsardzības iestādēm ES līmenī ir uzlabojusies, izveidojot/pastiprinot struktūras, pilnveidojot Eiropola un Eirojust darbības un darbībām, piemēram, kopējās izmeklēšanas, apvienotas muitas operācijas, jūras sadarbība, kopīgas komandas un policijas un muitu sadarbības centri.

- Vairāki ES projekti (piemēram, CASE, EELS un EILCS,), kuru mērķis ir identificēt sintētisko narkotiku ražošanu un tirdzniecību, ir izveidoti un jau darbojas.

- Kopš 2000. gada 5 vielas ir nokļuvušas par ES plašu kontroles pasākumu redzeslokā, pamatojoties uz vienoto rīcību sintētisko narkotiku jomā.

- ES finansēšanas programmas tādas kā AGIS[27] ir bijušas nozīmīgas, lai atvieglotu sadarbību starp dalībvalstu tiesībaizsardzības iestādēm.

- Ir sasniegta politiskā vienošanās par Padomes pamatlēmumu, ar kuru paredz minimālos noteikumus par noziedzīgu darbību elementiem un sodiem par nelikumīgu narkotiku tirdzniecību[28]. Tās formālā pieņemšana drīzumā ir gaidāma.

- Ir pieņemta Eiropas Parlamenta un Padomes Regula par narkotisko vielu prekursoriem (Kopienas iekšējā tirdzniecība)[29]. Priekšlikumu Padomes regulai par ārējo narkotisko vielu prekursoru tirdzniecību[30] ir iesniegusi Komisija.

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24 OV C 24, 23.01.1998., 2.lpp.
25 OV C 316, 27.11.95., 34.lpp.
26 skatīt 21. zemteksta piezīmi.
27 OV L 203, 01.08.2002., 5.lpp.
28 KOM(2001)259 galīgā versija
29 OV L 47, 18.02.2004., 1.lpp.
30 KOM(2004)244 galīgā versija

- OLAF ir atvieglojis svarīgu informācijas apmaiņas procesu, kas saistīts ar prekursoru radīto novirzīšanas risku, un turpina atbalstīt Jahtu un jūras informācijas sistēmas.

- tiek apspriesta turpmāka Pastāvīgās sadarbības koordinācijas vienības attīstība, lai atbalstītu Apvienotās muitas operācijas.

- Komisija ir pieņēmusi priekšlikumu trešajai direktīvai par nelikumīgi iegūtu līdzekļu legalizēšanu[31].

- Padomes Lēmuma[32] par informācijas apmaiņu starp Finansiālajām izlūkošanas vienībām (FIV) pieņemšana ir nodrošinājusi labāku sadarbības satvaru.

- Vairākas dalībvalstis ir iesaistījušās diskusijā par jaunu apvienoto grupu formēšanu un papildus tālejošas varas piešķiršanu policijai un tiesu varas institūcijām, lai tās varētu darboties viena otras teritorijās.

Jomas, kurās ir vajadzīga tālāka attīstība ES līmenī.

- Dalībvalstīm jāizveido apvienotās izmeklēšanas grupas, lai cīnītos ar narkotiku tirdzniecību starp tām, kā tas noteikts Padomes Pamatlēmumā un Konvencijā.

- Jāapspriež tālākas izstrādātas apvienotās operācijas starp dalībvalstu izpildvaras institūcijām. Par šo operāciju izveidi un rezultātiem jāziņo Padomei un Komisijai.

- Jāizvērš turpmāko operāciju izstrāde, kas apkarotu sintētisko narkotiku ražošanu un tirdzniecību. Ierosinājumi kartografēšanas izplatīšanas tīkla izveidošanai, kurus iesniedza Komisija, varētu būt kā noderīgs sākumpunkts šajā procesā.

- Pilnībā jāievieš Padomes ieteikums uzlabot tiesībaizsardzības iestāžu statistikas savstarpēju pielīdzināšanu attiecībā uz narkotiskajām vielām un dažādiem narkotisko vielu prekursoriem[33].

- Eiropas Parlamentam un Padomei iespējami drīzāk jāpieņem trešā direktīva par nelikumīgi iegūtu līdzekļu legalizēšanu.

3.5. Paplašināšanās

Lai gan paplašināšanās notika vairāk nekā astoņus mēnešus pirms perioda beigām, kuru pārklāj Narkotiku apkarošanas stratēģija, narkotiku iniciatīvas veido daļu no ES *acquis*. Visas jaunās dalībvalstis un divas kandidātvalstis brīvprātīgi ir sniegušas atbildes uz Komisijas aptaujas lapas jautājumiem[34]. Šo datu kopsavilkums tiks iekļauts atsevišķā ziņojumā.

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31 KOM(2004)448, 30.06.2004.
32 OV L 271, 24.10.2000., 4.lpp.
33 Stup 26, 30.10.2001, Stup 29, 13.11.2001.
34 See section 2.2

Sasniegumi

- PHARE programma un citas saistītās Kopienas programmas ir bijušas īpaši noderīgas, lai iepazīstinātu jaunās dalībvalstis un kandidātvalstis ar *acquis* elementiem attiecībā uz narkotiku apkarošanu.

- Gandrīz visas dalībvalstis ir sniegušas palīdzību jaunajām dalībvalstīm to centienos izskaust narkomāniju un apkarot narkotiku tirdzniecību. Dalībvalstis ir sniegušas līdzīgu palīdzību arī kandidātvalstīm.

- Visas jaunās dalībvalstis ir transponējušas *acquis* elementus attiecībā uz narkotiku apkarošanu savā nacionālajā likumdošanā un kandidātvalstis atrodas šai procesā.

- *Acquis* TI nodaļa ir uz laiku slēgta Bulgārijai un sarunas ar Rumāniju atrodas progresa stadijā.

- Vienošanās ar Bulgāriju, Rumāniju un Turciju par līdzdalību EMCDDA darbā ir aizsākta.

Jomas, kurās ir vajadzīga tālāka attīstība

- Būtu jāpastāv ciešai sadarbībai starp dalībvalstīm un kandidātvalstīm attiecībā uz to *acquis* elementu īstenošanu, kas skar narkotiku apkarošanu.

- Jaunajām dalībvalstīm būtu pilnībā jāizmanto AGIS un citas saistītās programmas, lai tiktu atvieglota sadarbība ar citām dalībvalstīm

- Vienošanās ar trim kandidātvalstīm, kas veicina to līdzdalību EMCDDA darbā, jāstājas spēkā iespējami drīz.

- PHARE programmai arī turpmāk jāsniedz palīdzība kandidātvalstīm narkotiku apkarošanas jomā.

3.6. Starptautiskā sadarbība

Sasniegumi nacionālā līmenī

- Dalībvalstis sniedz palīdzību, kas saistīta ar narkotiskajām vielām, trešām valstīm uz divpusēja pamata un/vai ar Apvienoto Nāciju Organizācijas Biroja narkotiku un noziedzības apkarošanai (UNODC) starpniecību.

- Vairākas dalībvalstis sadarbojās ar trešām valstīm, lai izveidotu un uzlabotu sistēmas, kas darbojas pret nelikumīgi iegūto līdzekļu legalizēšanu.

Jomas, kurās ir vajadzīga tālāka attīstība nacionālajā līmenī.

- Visām dalībvalstī sistemātiski jāievada datubāzē dati, kuru izveidojusi Komisija par tehniskās palīdzības projektiem kandidātvalstīm un trešām valstīm narkotiku apkarošanas jomā.

- Dalībvalstīm regulāri jāinformē Padome un Komisija par to divpusējām darbībām trešās valstīs un reģionos.

Sasniegumi ES līmenī

- Komisija koncentrē savus centienus uz diviem galvenajiem kontrabandas ceļiem uz ES.

- Komisija regulāri informē Padomi par palīdzību, kas saistīta ar narkotiskajām vielām, trešām valstīm/reģioniem un par uzlabotu integrēto procesu, kā ietvaros tiek finansēti narkotiku apkarošanas projekti trešās valstīs/reģionos.

- Eiropas kaimiņattiecību politikas kontekstā ar vairākām valstīm tiek apspriesti rīcības plāni. Plānos parasti ir iekļauta iedaļa, kurā risināti narkotiku jautājumi.

- Visas saistītās Kopienas un ES ārējās vienošanās paredz speciālus noteikumus attiecībā uz narkotiskajām vielām.

Jomas, kurās ir vajadzīga tālāka attīstība ES līmenī

- Dalībvalstīm un Komisijai turpmāk jānodrošina saskaņota ES nostāja starptautiskajos forumos, kuros risina narkotiku jautājumu, jo īpaši ANO Komisijā par narkotiskajām vielām.

- Dalībvalstīm un Komisijai jāturpina saistīta palīdzība attiecība uz narkotiskajām vielām, ko tās sniedz Centrālāzijai, Latīņamerikai un Karību reģionam un Rietumbalkānu valstīm, ar rīcības plāniem narkotiku jomā, kas pieņemti šajos reģionos. Šajā sakarā varētu apspriest piemērotus finansēšanas mehānismus.

- Ir jānodrošina saikne starp jaunu ES rīcības plānu narkotiku jomā pieņemšanu dažādiem pasaules reģioniem un resursu piešķiršanu, lai tos īstenotu.

- Dalībvalstu narkotiku ekspertiem jāturpina aktīvi piedalīties, uzsverot narkotiku jautājuma nozīmību, kad tiek veidoti/pārskatīti valstu/reģionālie programmēšanas dokumenti. Jāveido labāka koordinācija starp Teritoriāli strādājošām pusēm un horizontālo grupu narkotiku jautājumos.

- Jāpārrauga un jāņem vērā jauni neparedzēti gadījumi un tendences narkotiku lietošanā un ražošanā specifiskās valstīs/reģionos.

- Pilnībā jāizmanto pastāvošie mehānismi, tādi kā Dublinas grupa, lai īstenotu starptautiskās komunikācijas narkotiku jomā.

4. SECINĀJUMI

I Rīcības plānā noteikto darbību sasniegumu līmeņa novērtējums

- Apmēram 95% no ES rīcības plānā narkotisku jomā izklāstītajām darbībām ir īstenotas vai atrodas to īstenošanas stadijā.

- ES Narkotiku apkarošanas stratēģija un rīcības plāns tiek uzskatīts par centrālo atskaites punktu darbībai un ir nodrošinājis ar pamatu darbībām, kas saistītas ar narkotiskajām vielām un iniciatīvām nacionālā un ES līmenī.

- Gandrīz visas dalībvalstis ir pieņēmušas nacionālo narkotiku apkarošanas stratēģiju vai rīcības plānu. Starp elementiem šajās nacionālajās narkotiku apkarošanas stratēģijās un rīcības plānos pastāv kopēji modeļi ar ES pieeju, kāda iezīmēta ES Narkotiku apkarošanas stratēģijā un rīcības plānā.

II Pakāpes novērtējums, kādā mērā rīcības plāna sasniegumi atbilst narkotiku apkarošanas stratēģijas mērķiem

- Teju nav šaubu, ka rīcības plānā norādīto darbību īstenošana lielākā vai mazākā mērā ir veicinājusi 11 ES Narkotiku apkarošanas stratēģijas mērķu īstenošanas sasniegumus.

III Narkotiku situācijas ietekmes novērtējums.

- Zināmā mērā ir vērojams progress dažu ES narkotiku apkarošanas stratēģijas mērķu sasniegšanā (2. mērķis un jo īpaši 3. mērķis[35]).

- Pamatojoties uz novērtējuma instrumentiem, nav pieejami neapgāžami pierādījumi, kas apstiprinātu argumentu, ka 1. mērķis - ievērojami samazināt narkotiku lietošanas izplatību- ir sasniegts vai, ka mazāks jaunu cilvēku skaits lieto narkotikas. Tomēr aktuāla informācija liecina, ka var saskatīt vispārējās narkotiku lietošanas izplatības attīstības izlīdzināšanos, lai gan izplatība jau ir sasniegusi vēsturiski augstu līmeni.

- Līdzīgi, pieejamā informācija neliecina, ka narkotiku pieejamība ir būtiski samazināta (4. mērķis). Vienlaikus, 4. un 5. mērķis kopumā ir bijis kā katalizatori vairākām ES līmeņa iniciatīvām, kas ir stiprinājušas tiesībaizsardzības pasākumus pret narkotiku tirdzniecību un piegādi.

- Ir uzsāktas vairākas svarīgas iniciatīvas, lai cīnītos pret nelikumīgi iegūtu līdzekļu legalizēšanu (6.1. mērķis). Atsaucoties uz 6.2. mērķi, dalībvalstis piedalās vairākās svarīgās iniciatīvās cīņai ar prekursoru novirzīšanu, piemēram, Eiropas Apvienotās prekursoru apkarošanas vienībā. Ir iesniegti svarīgi priekšlikumi.

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[35] Tālākai izpētei skatīt aktuālo informāciju un tematisko dokumentu „galvenās atziņas par izmeklēšanas novērtējumu narkotiku politikas jomā Eiropas Savienībā" EMCDDA mājas lapā.

5. PRIEKŠLIKUMI

- ES nākotnes narkotiku stratēģijā jānorāda skaidri un precīzi mērķi un prioritātes, kas var tikt pārvērsti operatīvos indikatoros un darbībās turpmākajos rīcību plānos, ar skaidri definētu atbildību un īstenošanas termiņiem. Ir jāņem vērā informācijas sistēmas un novērtējuma mehānismi, kad nosaka mērķus un prioritātes.

- Ir jāturpina attīstība gan informācijas pieejamībā, kvalitātē gan salīdzināmībā, kad tiek uzraudzīta narkotiku situācija.

- Komisija 2005. gada sākumā iesniegs priekšlikumu rīcības plānam narkotiku jomā 2005.-2008. gadam. Papildus, Komisija sastādīs ikgadējo progresa pārskatu par šī rīcības plāna īstenošana un 2008. gadā organizēs ietekmes novērtējumu, lai piedāvātu otru rīcības plānu laikposmā no 2009. līdz 2012. gadam. Laikposmā no 2009. līdz 2012. gadam Komisija turpinās sastādīt ikgadējos progresa pārskatus. 2012. gadā Komisija organizēs ES Narkotiku apkarošanas stratēģijas un rīcības plāna nobeiguma novērtējumu, kuru iesniegs Padomei un Eiropas Parlamentam.

- Jaunās Narkotiku apkarošanas stratēģijas un rīcības plāna mērķi ir jāatspoguļo daudzgadīga programmā, ar kuru konsolidē brīvības, drošības un tiesiskuma reģionu.

- Primārai Padomes horizontālās grupai narkotiku jomā jākoncentrējas uz darbību, kas noteiktas nākotnes ES rīcības plānos narkotisku jomā, virzīšanu uz priekšu un īstenošanas uzraudzību, kā arī jāpilda vadošā loma, koordinējot citu Padomes grupu darbu narkotisku jomā.

- Pašreiz tiek īstenotas vairākas interesantas un noderīgas darbības narkotiku jomā. Būtu plašāk jādalās ar šo darbību rezultātiem, lai veicinātu līdzīgs aktivitātes citur. Šajā kontekstā, ir jāpārdomā ikgadēja semināra organizēšana par narkotiku politikas aspektiem, kas savienoti ar šīm aktivitātēm.

- Nobeiguma novērtējums būtu jāņem vērā, veidojot jauno ES Narkotiku apkarošanas stratēģija no 2005. līdz 2012. gadam.

ANNEX 1

Summary of 15 Member States responses to the questionnaire on the implementation of the EU Action Plan on Drugs (2000-2004)

1. Co-ordination

1.2.2 What steps has your country taken towards the establishment or the strengthening of the national co-ordination mechanisms since 1999? Has your country appointed a National Drugs Co-ordinator in the related period? Does your country envisage carrying out or has your country carried out an evaluation of the co-ordination mechanisms?

All Member States recognise the importance of coordinating the activities of the multiple actors involved in the drugs issue. They report to have mechanisms in place for coordinating their national drugs policies. Member States have adopted different models of coordination, depending on their national administrative structures and on the aspects of the fight against drugs they intend to focus on; some have interdepartmental committees, some have appointed national drug coordinators (e.g. France, Germany, Luxembourg, Portugal, Italy, Spain and Sweden) and/or established dedicated coordination units or bodies (e.g. Austria, Greece, Ireland, Finland). Some, however, lack coordination mechanisms that cover all aspects. Few Member States provide for evaluation of their coordination mechanisms.

1.2.4 In what way has your country ensured a balanced and multidisciplinary approach in national drugs programmes and policies and their implementation?

The importance of maintaining a multidisciplinary and balanced approach is clearly recognised by all Member States. Most have adopted a national plan or strategy on drugs (Belgium Denmark, Greece, Finland, Ireland, Luxembourg, Portugal, Spain and the UK).

1.3.2 Has your country developed a specific strategy for co-operation with civil society regarding drug abuse? Please give details.

Most Member States make provisions for involving civil society in the fields of prevention, health care and treatment, mainly at local level. Most of them also consult civil society on an *ad hoc* basis, e.g. for specific projects. Many Member States mention financial support for community groups and organisations as a way of cooperating with civil society.

Some countries (Germany, Greece, Ireland, and Sweden) have more regular contacts with the networks of NGOs, the voluntary sector, associations, etc. These countries recognise the importance of linking policy making and practice through dialogue with civil society, but also refer to the supporting work done by these organisations to influence public opinion.

1.4.2. In which way has your country encouraged the provision of funding for the prevention of drug use, the prevention of drug related crime, the reduction of the negative health and social consequences of drugs and other proactive measures?

Public expenditure on prevention and risk reduction programmes and measures are different from one country to another depending on the national administrative structure, ministerial budgets and social security systems. Some Member States (Belgium, Greece, Ireland, Luxembourg, and United Kingdom) indicate an increase of funding for drug-demand reduction.

1.5 In which way has your country shared information with other Member States on national strategies and action plans? Has your country made use of the EMCDDA database on drug laws, the Falcone and OISIN programmes or any other tools for information exchange and operational co-operation? Please describe.

Member States consider other national measures, strategies and action plans as useful examples for orienting their own national debate. Very often information exchange is made via bilateral contacts and visits. The Horizontal Drugs Group and the meetings of the national coordinators are recognised as important occasions to share information and views.

All Member States acknowledge the importance of learning from the others and quote internet as an important source of information. Most of them report regular input and consultation of the EMCDDA databases (EDDRA, ELDD).

As far as law enforcement information sharing is concerned, most Member States mention the Europol national liaison officers. All Member States were able to take part in joint projects co-financed by the Commission's OISIN and/or the Falcone programmes. Since 2003 XXX (can we give a figure??) have received funding under the new AGIS programme[36].

2. Information and Evaluation

2.1.1 and 2.1.4 Does your country fully or partly provide information on the 5 key epidemiological indicators of the EMCDDA? If your country does not fully provide information on the 5 key epidemiological indicators when do you believe you will be in a position to do so? Please give brief description of the evolution of political and financial support to implement the 5 harmonised key indicators.

All Member States have established systems for the gathering and treatment of data which will provide comparable and reliable data on the 5 key epidemiologic indicators, and most Member States are able to provide (partial) information on all indicators. In order to improve the data quality of the used sources and to alleviate the lack of information on some indicators, Member States have introduced the necessary amendments in their legislative systems, organised special workgroups composed of representatives from various Ministries, services, and NGOs specialised in the fight against drugs and actively participated in EMCDDA workshops In most Member States, political and financial support provided by the government for establishing the five indicators (particularly through the national budget to the REITOX Network) is considered sufficient.

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36 The AGIS programme (Framework programme on police and judicial cooperation in criminal matters) started in 2003 and incorporates previous Title VI programmes, such as Falcone and OISIN.

2.2.6 and 2.2.7 Which measures are used in your country to assess the effectiveness of preventing and combating organised drug related crime? What kind of crime and policy indicators has your country developed? Has your country drafted an annual assessment on the role of organised crime groups involved in drug trafficking?

No unanimity exists among member States on the methodology used to evaluate the effectiveness of preventive actions and measures to fight organised crime related to drug-trafficking, but all annual reports include statistics which illustrate the number of confiscations and their quantities, the share of dismantled clandestine laboratories, the number of arrests, the number of drug-related deaths and other indicators of repressive actions by the relevant agencies. Member States contribute to the annual EU Organised Crime report, which includes a section on drugs, in accordance with the criteria set out in Enfopol 35 Rev 2 (21.4.1997).

Some Member States undertake further research on the linkage between drug phenomena and criminal activities, e.g. Ireland's public surveys on the nature of the policing, the visibility and perception of crime, including drug related crime.

3. Reduction of Demand, Prevention of Drug Use and of Drug Related Crime

3.1.1.1 Does your country have general programmes for the prevention of both licit and illicit drug use, including poly-drug use? In which way, if any, does your country encourage the inclusion of drug use prevention in school curricula? Are there programmes set-up to assist parents? If yes, please describe briefly.

Member States underline the importance of prevention, and the need for better and accurate information campaigns and prevention programmes focused on the promotion of health as well as on the personal and social development of the young people.

Prevention programmes can involve, among many other measures, the creation of prevention centres, specific training for experts and civil society (teachers, parents, support organisations…), health professionals and even representatives of the law enforcement services, working in the school environment and among young people. The importance of regular cooperation with young people's associations, sports clubs, as well as taking preventive actions in nightclubs and major music and dance events are also stressed, in a way to promote healthy initiatives. Frequently decentralised, organised at local level in collaboration with the local autorities and the civil society, whit a short duration, they address to youngsters and other target groups.

Specific prevention projects aimed at tackling the poly-drug use and the abuse of licit substances (alcohol, tobacco, doping substances and medicinal products) are more and more implemented in all Member States.

Member States agree on the effectiveness of school based drug education programme, but only a few countries (France, Germany, Greece, Ireland, Spain, and UK) have clear references to illicit substances and their effects inscribed on the schools curriculum.

3.1.1.3 Could you describe the way your country allocated resources for positive alternatives to drugs for youngsters, in particular in socially deprived urban areas?

Member States have many projects on positive alternatives to drug use specifically targeted on older children and adolescents in disadvantaged urban areas, namely through the creation of youth consultation centres that provide recreational, sports and educational activities with job counselling.

The budget allocated to these prevention projects came from different sources: health, youth or social services, youth organisations as well as local projects supported by local authorities. Sweden gives precise details on amounts allocated.

3.1.1.4 Could you mention and describe briefly a particularly innovative approach to the prevention of the abuse of synthetic drugs developed in your country?

Member States are stressing their concern for the increasing popularity of synthetic drugs in the European Union and underline the importance of school-based programmes and information campaigns aimed at young people, but also on the internet, in all media, as well as dance clubs and music festivals. The distribution of informative material, the implementation of risk reduction measures at parties, pill testing and cooperation with owners of night clubs, medical staff and police are also mentioned.

3.1.2.1, 3.1.2.6, 3.1.2.7 Has your country developed outreach work and/or easy accessible services for drug users? Which steps were taken to increase access and availability of services designed to reach drug abusers who were not integrated or covered by mainstream services? Please describe these briefly. Which were the strategies for vaccinating drug users against hepatitis A and B?

Several Member States have adopted integrated policies for risk reduction which propose « low-threshold » services, such as programmes for syringe exchange, condom distribution, access to substitution treatments and drug consumption rooms. Certain high risk groups such as addicted pregnant women, homeless people, prostitutes and prison inmates can benefit from specific programmes. Vaccination against Hepatitis B, prevention and treatment of contagious diseases linked to intravenous drug abuse has been recognised as priorities by all Member States.

3.1.2.2, 3.1.2.3, 3.3.1 Please report briefly on any awareness raising campaigns carried out on the dangers related to drug use as well as on major programmes on the reduction of risks and consequences related to use. Do the actions target all age groups, in particular children and young people? In what sense have these campaigns been innovative and have made use of new means of communication such as, for example, the Internet?

All Member states underline the importance of information/awareness campaigns on drug related risks and organise regular campaigns in the media for the general public, as well as specific ones directed at target groups. Campaigns aimed at specific substances (cannabis, cocaine, ecstasy…) are also mentioned. The spread of hotlines on drugs and the use of internet in the field of demand reduction seem to be increasing in all countries.

Sweden gives a number of examples of messages aimed at young at young people in different campaign contexts. Finland mentionnes a specific emphasis in the use of internet in drug demand reduction.

3.1.2.4 In which way does your country ensure that enough attention is paid to drug related issues in training and education of doctors, social workers and other professionals in the health and social sector? Are they included in the curricula of the education of these professionals?

Training of teachers, social workers, health professionals, and law enforcement representatives is a priority in all Member States and budgets have been allocated for this purpose. In several countries (Ireland, France, Germany, Portugal), specialisations in addiction, alcoholism, , and new substitution treatments are organised within the context of university courses.

3.1.2.5 Has any research been carried out in your country about the effects of driving under the influence of illicit drugs and pharmaceuticals? If yes, could you please summarize the results which could be relevant for policy decisions?

Several Member States (Belgium, Denmark, France, Germany, Ireland, Italy, Spain, The Netherlands, Finland and UK) announced having undertaken research on driving under the influence of illegal substances, or in association with alcohol and/or medicines. In many cases legislation was reviewed and controls and sanctions reinforced. On the other hand, even though testing for alcohol is compulsory, testing drivers involved in accidents for narcotics is not yet systematic.

3.1.3.1 Which are the types of treatment services for drugs users, and measures to assist severely dependent individuals, including measures to reduce the health related damages provided in your country? Please describe briefly

In accordance with their national situation and legislation, Member States have diversified drug care systems, which can include day-care centres, detoxification units, therapeutic communities, substitution centres, aftercare programmes and special units in prisons. Frequently carried out at local level and in collaboration with NGO's, they are directed towards different age groups, gender specific needs and drug dependent people in different stages of dependence.

Some Member States have also underlined the existence of drug consumption rooms and programmes of medical heroin delivery (Belgium, Germany).

3.1.3.2 Which are the average waiting periods for accessing treatment in your country?

Member States indicate that, after investments in treatment services mainly at local level, there are no waiting periods for accessing treatment other than for residential treatment and substitution treatment.

3.1.3.3 Has your country defined guidelines for the standards and goals of treatment services, and ensured the evidence-based evaluation of these treatments? If yes, please briefly describe the outcome. Does your country have a national protocol on treatment assessment?

The majority of Member States has not developed models for the systematic and global evaluation of drug treatment. However, scientific research on the effectiveness of the proposed measures is undertaken using the monitoring of drug-addicts under treatment (among other indicators).

3.1.3.4 In which way does your country ensure that adequate attention is paid to the social and professional integration of former addicts? Please describe briefly the most relevant measures adopted in this area, including any projects implemented under the Community Programmes between 1999 and 2003

The professional and social integration of drug addicts, considered very important by all Member States, is promoted in co-operation with NGO's, local authorities and the business community, to provide for educational programmes, vocational training and special employment opportunities for ex-addicts. The Netherlands and UK underline the programmes aimed at tackling this issue within the criminal justice system and the measures to prepare the drug misusing offender reintegration into the labour market.

3.2.2 Have the resources for research into the biomedical and social causes of addiction, prevention and behavioural patterns of drug consumption been modified during the reference period?

Several Member States indicate that they do not have exact figures for functions allocated to drug research, by the government departments, universities, NGOs, and research institutes. Nevertheless, they stress the importance of studies on epidemiology, public health and social sciences in achieving a better definition of public policies.

3.2.3 Has your country identified new areas where it is considered useful to implement actions at the European level to contribute to reduce drug-related harm?

New consumption trends, international and trans-border cooperation are areas generally identified as deserving greater attention within the EU.

3.3.2 How has your country addressed risk behaviour and addiction in general, including aspects of alcohol, medicine, substances used for doping in sport and tobacco use?

Member States' strategies and policies are increasingly geared towards addictions in general, linking licit and illicit drugs, with special measures concerning alcohol, tobacco, doping substances and abuse of medicinal products. Belgium also takes into account gambling and food dependency.

3.4.1.1 What programmes have been set-up in your country to promote best practices in the prevention of criminal activities linked with drugs, juvenile and urban delinquency?

The prevention of drug related crime, juvenile and urban delinquency is a priority for Member States which have allocated funds for programmes based on in-service training of police and other prevention agents, information campaigns on drugs and measures for the development of a healthy lifestyle through sports, leisure and educational activities, acquisition of specific skills, implementation of peer groups, counselling/follow up, cultural activities, and treatment/counselling activities.

In the Netherlands, the project "Communities that care", which involves civil society, aims to create a safe and liveable environment for young people.

3.4.2 and 3.4.3 Could you describe the mechanisms in place to provide alternatives to Prison (in particular for young offenders). Which measures have been foreseen to provide drug prevention and treatment services and, where appropriate, measures to reduce health damages in prisons and upon release from prison?

In several Member States(Portugal, Denmark…), depending the penal system and on the basis of the voluntary acceptance of treatment, a large spectrum of alternative measures is proposed to drug addicts in order to avoid incarceration: financial penalties and administrative sanctions, community work, vocational training and follow-up, etc.

In view of the high level of drug consumption in prisons, some countries have introduced risk reduction measures, such as vaccination programmes, needles exchange, drug free rooms, substitution treatments by methadone, etc.

3.4.4 Please mention the main examples of sharing with other Member States best practices on the handling of drugs addicts in the justice system. In what way were the results of the study prepared by the EMCDDA in this field considered by your country

Some Member States refer to sharing best practices in the treatment of drug addicts in the justice system through active participation in the European Union Crime Prevention Network (EUCPN) and the European Network Drugs Services in Prison (ENDSP), as well as cooperation with other Member States within the EMCDDA and the Pompidou Group.

The study of the EMCDDA is referred to by only few countries.

3.5.1, 3.5.2, 3.5.3 In view of the need to develop expertise in the prevention of drug use, has your country promoted the creation of co-ordinated qualification skills in this area? What has been done in order to encourage the development and implementation of a network of trainers and other professionals in the health and social sector? How have the best practices been promoted and brought to the attention of other Member States and the Commission?

Training of prevention agents is deemed paramount in all Member States, although efforts must still be made to create formal qualifications.

In the context of health promotion strategies, expert networks and specialised training centres have been established to ensure permanent training of the various prevention agents.

Several Member States underline the role of the EDDRA and EMCDDA networks, of the Pompidou Group and of the HDG in the exchange of information on prevention.

4. Supply Reduction

4.1.1.1 Please indicate which measures your country has applied to ensure a high and uniform level of security at the external borders of the EU in relation to drugs.

Within Member States the law enforcement services involved in combating drug trafficking are involved in close co-operation. This co-operation can take the form of joint groups of risk analysis, a network of "contact points" between the relevant services, special teams of police and customs officers, a "coastal-watch" programme involving police, customs and the maritime rescue service, memoranda of understanding and operational protocols between the relevant services.

In order to ensure a high level of security at the EU's external borders, Member State law enforcement services use a range of equipment such as drug detection scanners, patrol vessels, and drug detector dogs. Member States also refer to the training provided to law enforcement personnel in combating drug trafficking.

Co-operation also takes place between the law enforcement services of different Member States. For example, there are police/customs co-operation centres, joint customs operations, and participation in training courses by one Member State in those hosted by another Member State. The Convention on mutual assistance and co-operation between customs administrations (Naples II) is also seen to have potential as a tool for cross-border co-operation.

4.1.1.3 Has your country, taking into account the existing EU systems for exchange of information and working with other Member States in the relevant Council bodies, reinforced its efforts against maritime drug trafficking? Has your country organised training courses on the identification and surveillance of suspicious vessels, and have you established procedures for boarding and searching vessels? Has your country implemented the principles laid down in Article 17 of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances? If so, please describe briefly how this has been done.

A number of Member States have indicated that they are in a position to operate in accordance with the provisions of Article 17 of the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances or have incorporated Article 17 or parts of Article 17 into national law (Denmark, France, Germany, Greece, Ireland, Spain, Sweden, and the Netherlands).

Member States refer to a number of techniques used for combating maritime drug trafficking such as risk profiling, ship surveillance and vessel search techniques. Use is made of the maritime information systems such as MAR-INFO and YACHTINFO in order to exchange information on suspected drug trafficking and on drug seizures. Maritime co-operation between

Member States has led to the capture of ships which were used for drug smuggling and the seizure of illicit drugs.

Some Member States indicate that they have training courses in the field of combating maritime drug trafficking or such training is included as a part of the training provided to the relevant personnel (France, Germany, Ireland, and the Netherlands). One Member State (France) indicates that it has established a guide regarding the implementation of Article 17 of the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances.

4.1.1.4 Has your country, with the support of Europol, examined the means to combine forensic and law enforcement information in order to identify the production and trafficking of synthetic drugs and those involved in their production and trafficking? What are the results of this analysis?

At national level, Member States combine forensic and law enforcement information in order to identify the production and trafficking of synthetic drugs. In, at least, one Member State (France) a sharing of databases between the relevant law enforcement agencies containing scientific information on synthetic drugs is to be developed.

Many Member States emphasise the importance of the various EU projects aimed at identifying the production and trafficking of synthetic drugs such as CASE, Synthes-lab, EELS, EILCS, and CHEDDAR

4.1.1.5 Has the co-operation between police, customs and judicial authorities been improved in your country in the drugs field? Has your country participated in EU Third Pillar Programmes in the field of co-operation between these authorities? Please give details, in particular of the results and benefits of such programmes for your country.

Member State police and customs services participate in joint enforcement operations and investigations against drug traffickers, joint training courses and have appointed police/custom liaison officers. Some Member States have permanent joint police/customs teams (France, Germany, the Netherlands). Greece refers to its Central Anti-Drug Coordination Body with police and customs representation and the UK refers to its Concerted Inter-Agency Drugs Action Group.

Training courses and seminars aimed at improving police, customs and judicial co-operation at EU level have received funding from the European Commission under various programmes. In the Nordic Member States police and customs collaboration takes place within a specific framework PTN (Police and Customs Co-operation in the Nordic Countries).

4.1.1.6 Has your country implemented the project-based EU law enforcement strategy against transnational organised crime to combat drug trafficking? Please describe briefly.

Techniques used to combat organised crime include surveillance, infiltration and phone-taping. Investigations into the activities of trans-national organised crime groups involved in the distribution of drugs have taken place. These investigations have involved the law enforcement

authorities of several Member States. Member States also participate in relevant Europol Analysis Work Files (AWFs) such as Mustard, Cola and Genesis.

4.1.2.2 and 4.1.2.3 What measures has your country taken against money laundering? How does the analysis and exchange of information between your Financial Intelligence Unit (FIU) and other FIUs work?

All MS have transposed into national law Directive 91/308/CEE of the Council of 10 June 1991 on prevention of the use of the financial system for the purpose of money laundering and 11 (Austria, Belgium, Denmark, Finland, Germany, Ireland, Italy, the Netherlands, Portugal, Spain, and the UK) have transposed Directive 2001/97/CE of the European Parliament and of the Council of 4 December 2001 amending Council Directive 91/308/EEC. In addition, Member States have introduced new measures to reduce money laundering such as powers to oppose the execution of a transaction and increased powers for the control of travellers who import large sums of money.

Council Decision of 17 December 2000 relative to the exchange of information between the Financial Intelligence Units (FIUs) of the Member States provides a primary framework for the exchange of information between the FIUs of the Member States. 8 Member States utilise the FIU-Net as a means of exchanging information between FIUs. Individual Member States also exchange information with third country FIUs. This exchange of information often takes place under the auspices of signed Memoranda of Understanding which generally are developed in accordance with the principles of the Egmont Group. The Egmont Secure Web is also utilised as a secure communication network.

Some Member States also refer to the 40 Recommendations of the FATF (Financial Action Task Force), the Council Framework Decision on money laundering, identifying, tracing, freezing and confiscation of criminal assets and the proceeds of crime and the Council of Europe Convention on laundering, search, seizure and confiscation of the proceeds of crime.

4.1.2.6 What type of training for customs and police does your country provide in view of combating the diversion of chemical precursors, including possibly the assistance of the Commission and EUROPOL?

Law enforcement officers receive training in combating the diversion of precursors through stand alone courses or through courses related to combating synthetic drugs production and trafficking. Some Member States refer to the assistance provided by Europol in this regard.

4.2.1 Please describe the joint investigative units which have been established in your country between police, customs and other law enforcement agencies specifically responsible for tackling drug trafficking.

Some Member States have permanent joint police/customs teams. Other law enforcement authorities may be represented on these teams. In other Member States joint police/customs investigations take place as the need arises.

4.2.2 Please describe the measures your country has taken, with the assistance of Europol where appropriate, to reinforce co-operation with other Member States against drug trafficking. In particular, please mention if any joint teams with other Member States have been established when dealing with drug trafficking between Member States. If no such teams have been established, please explain why this is the case.

Co-operation between Member States against drug trafficking generally takes place through exchanges of information, joint investigations or law enforcement co-operation in border areas. Some Member States have established a joint police/customs team to combat drug trafficking on road and rail routes between them. 6 Member States (Austria, Belgium, France, Germany, the Netherlands and the UK) together with Europol are involved in a European Joint Unit to combat serious criminal activity in the field of precursor chemical diversion.

A number of Member States have transposed into national law the provisions of the Council Framework Decision on joint investigation teams and/or have ratified the EU Convention on Mutual Legal Assistance in Criminal Matters or have indicated that legislation in place already enables the setting up of such teams (Austria, Denmark, Finland, France, Germany, the Netherlands, Portugal, Spain, Sweden, and the UK). However, joint investigation teams, as provided for in the Framework Decision or the Convention, dealing with drug trafficking between Member States have not been established. Some Member States are involved in discussions with regard to forming joint investigation teams and giving their police and judicial authorities additional, more far-reaching powers to operate on each other's territories.

4.2.3 Please describe the measures your country has taken to promote regional co-operation with other Member States affected by similar drug problems.

A number of Member States (Belgium, France, Germany, Italy, Luxembourg and Spain) have created police and custom co-operation centres on their common borders. Regional systems of exchange of information have been established by, for example, a permanent liaison bureau and the appointment of joint superintendents. Police officers from one Member States participate in police officer meetings of another Member State (Belgium and the Netherlands). In addition, a number of Member States have adopted a co-ordinated regional approach to combating drug tourism (Belgium, France, Luxembourg and the Netherlands). The Nordic Member States are part of a regional law enforcement co-operation known as PTN with a significant focus on combating drug-related crime. These Member States and Germany are also part of the Task Force on Organised Crime in the Baltic Sea Region.

4.2.5 In what way does your country promote new investigation techniques, research and documentation of drug related crime?

Member States use investigation techniques such as controlled deliveries, undercover agents, simulated purchases in combating drug trafficking and drug related crime. Some Member States have at their disposal tools such as a specialist research centre, a national network of drug experts and a computerised system for the collection, development and analysis of data on operations against the illegal traffic in drugs. A number of Member States refer to research carried out or being carried out on drug-related crime.

5. International

5.1.3 During the reference period, which Candidate Countries has your country supported, with technical assistance and/or finance where necessary, in their efforts to counter drug abuse and drug trafficking?

Almost all Member States have provided assistance to the candidate countries in their efforts to combat drug abuse and trafficking. This assistance has taken a number of forms such as:

Participation in the PHARE programme and in particular in twinning projects under this programme;

Organisation of study visits and seminars and provision of training to law enforcement officers;

The signing of bilateral co-operation agreements in relation to internal security matters;

Funding to the Council of Europe's Pompidou Group in the framework of training in drug demand reduction interventions provided to Central and Eastern European countries;

Provision of financial assistance to drug related projects in candidate countries; and

Provision of technical assistance and equipment.

5.1.5 Has your country implemented the pre-accession pact on organised crime and extended it to all applicant countries?

A number of Member States refer to the utilisation of the PHARE programme in the implementation of the Pre-accession pact on organised crime and to the Council working group with responsibility for overseeing its implementation. In the context of the Pre-accession Pact contact points have been established.

5.2.2 and 5.2.3 How has your country co-ordinated its projects in third countries with other countries, multilateral and international organisations to enable their assessment? In this framework, has the co-operation with multilateral and international organisations been strengthened where this would increase the effectiveness of the actions carried out?

Member States provide drug-related assistance to third countries on a bilateral basis and/or through the UNODC. Some Member States (Austria, France, Germany, Sweden, and the UK) indicate that they co-ordinate their bilateral projects with other Member States, multilateral and international organisations. A number of Member States refer to the provision of information to the Commission on drug-related assistance to third countries. The Dublin Group and the "major donors group" of the UNODC are cited as primary mechanisms for co-ordination and for strengthening co-operation with multilateral and international institutions. In this regard Member States also refer to their membership of or observer status to the UN Commission on Narcotic Drugs, the Pompidou Group of the Council of Europe, CICAD and the work of the Paris Pact initiative. In the context of co-operation with Latin America and the Caribbean some Member

States refer to the Co-ordination and Co-operation Mechanism on Drugs between the EU, Latin America and the Caribbean.

5.2.4 What resources have been made available for third countries for the implementation of programmes and projects for supply reduction and demand reduction? In what way have the projects undertaken been reported to the Horizontal Drugs Group of the Council?

Many Member States provide financial assistance to demand reduction and/or supply reduction projects in third countries. Most of these countries indicate that the Commission and the Council's Horizontal Drugs Group are kept informed of their drug-related assistance to third countries.

5.2.5 Please describe in what way, in relations with non-candidate and non-European countries, all relevant Common Foreign and Security Policy (CFSP) instruments take full account of the aims of the EU-Drug Strategy.

A number of Member States (Germany, Italy, Spain, the Netherlands and the UK) affirm that in their relations with non-candidate and non-European countries in the framework of the Common Foreign and Security Policy they take account of the objectives of the EU Drugs Strategy.

5.2.6 Has your country drawn up an action plan on drugs co-operation with North Africa and implemented fully the action plans on Latin America and the Caribbean and Central Asia?

No Member State has drawn up an action plan on drugs with North Africa. With regard to the implementation of the plans with Latin America and the Caribbean and Central Asia, Member States refer to the training, technical and financial assistance they provide and law enforcement operational co-operation.

5.2.7 Please describe the measures, if any, your country has taken to help non-EU countries and regions to develop their anti-money laundering systems

A number of Member States refer to co-operation with non-EU countries to develop and improve anti-money laundering systems under the auspices of the Egmont Group (Belgium, France, and Greece) and to participation in the work of the Council of Europe's anti-money laundering programme PC-R-EV recently renamed Moneyval (Belgium and the Netherlands). Member States also refer to participation in the PHARE anti-money laundering programme and in initiatives of the FATF (Financial Action Task Force). Other assistance provided by Member States include study visits by/to non-EU Financial Intelligence Units (FIUs), participation in IMF and World Bank evaluations, financial support and observer status in FATF regional bodies.

5.2.8 Please describe the tools used to support the development of a common international set of indicators in the field of demand reduction and to promote a common standard for national reporting to international organisations

Many Member States refer to their participation in the work of the EMCDDA in the development of a common international set of indicators in the demand reduction field. Member States also

refer to the work of the Pompidou Group and the UN and to all of these bodies in the context of promoting a common standard for national reporting to international organisations.

5.2.9 Please describe the measures used by your country to integrate drugs as a cross-sectional issue into supranational co-operation schemes (particularly with the developing countries)

Member States affirm that they see drugs as being a cross-sectional issue and stress the importance of dialogue on this issue within bodies such as the Dublin Group and the UN.

ANNEX 2

IMPLEMENTATION OF THE EU ACTION PLAN ON DRUGS 2000-2004:

FOLLOW-UP TABLE FOR THE COMMISSION, THE EMCDDA AND EUROPOL [37]

Action	State of play	Comments
1. Co-ordination **1.1 To ensure that the issue of drugs is kept as a major priority for EU internal and external action (Strategy aim 1)**		
1.1.1 The European Union institutions to ensure good inter-institutional co-ordination and, in particular, each in-coming Presidency of the Council to forward its work programme in the field of drugs to the Parliament, Economic and Social Committee and Committee of Regions.	The Commission has a Coordination of anti-drugs policy unit located in DG JAI that chairs the Interservices Group on Drugs. The Commission is implementing the framework agreement signed in July 2000 by the European Parliament and Commission. Active participation of the Commission, EMCDDA and EUROPOL in the relevant working groups of the Council.	

[37] Only the actions where the Commission, the EMCDDA and EUROPOL are directly involved are analysed.

Action	State of play	Comments
1.1.2 When appropriate, and anyhow in 2002 (mid-term review) and 2004 (final evaluation) the Presidency of the Council to consider the possibility of organising a high level meeting of those involved in implementation of present plan.	At the initiative of the Commission, the Presidency of the EU and the European parliament, a conference on drugs policy in the EU was held in 2000. In 2004, a conference was organised by the Presidency entitled "EU Strategy on Drugs- the way forward", and was co-financed by the Commission under the AGIS programme.	
1.1.3 The Presidency of the Council to provide regular opportunities in principle twice a year for national drugs co-ordinators or those responsible for the co-ordination of drugs policies to meet in the framework of the Horizontal Working Party on Drugs to exchange information on national developments and to review opportunities for increased co-operation.	Since the first meeting held in Paris in November 2000 each Presidency organised a meeting of the national drug coordinators. The Commission, EMCDDA and EUROPOL participated in these meetings.	
1.1.6 The Council and the **Commission** to integrate the issue of drugs in the broader objectives of EU external relations, including development co-operation making full use of the CFSP instruments as well as trade policy instruments and technical and financial assistance.	EC cooperation with Andean countries, Central Asia, Afghanistan and Morocco includes a significant number of projects and amounts of resources devoted to demand and supply control. To a lesser extent, the Commission also finances drugs projects in other areas such as SADC, Pakistan, Burma, etc. The Commission has participated actively in Troika Drugs meetings, in the EU/Andean Community High Level Dialogue on Drugs and in the Mechanism of Coordination and Cooperation on drugs with Latin America and the Caribbean. The GSP Drugs continues to be implemented and the Commission has sought to defend its WTO compatibility.	

Action	State of play	Comments
1.1.7 The **Commission** with the assistance of the EMCDDA to organise a study to be completed by March 2001 to test whether the co-ordination arrangements that are in place could be improved and if so in what way.	The results of the EMCDDA /Commission study on the coordination arrangements in the member States was presented at the HDG in December 2002. The Commission presented a Communication on co-ordination on drugs in the EU in November 2003. A follow up to this Communication by the Council is expected by the end of 2004.	
1.2 To continue the EU global, multidisciplinary, integrated and balanced strategy, in which supply and demand reduction are seen as mutually reinforcing elements, as underlined by the United Nations General Assembly Special Session on Drugs (UNGASS) (Strategy aim 3).		

Action	State of play	Comments
1.2.3 The Council to ensure that full use is made of the EU agencies, particularly Europol and the European Monitoring Centre of Drugs and Drug Addiction, in their respective fields of competence.	The Commission, EMCDDA and Europol participated in all the HDG meetings and in Troika meetings. The Commission, EMCDDA, EUROPOL and EMEA continue to play their respective roles as provided for within the framework of the Joint Action on new synthetic drugs. Seven risk assessments of new synthetic drugs were made over the period 2000-2004, resulting in two Council decisions on Control measures: PMMA, 28 February 2002 (OJ L 63, 6 March 2002) and 2C-I, 2C-T-2, 2c-T-7 and TMA-2, 27 November 2003 (OJ L321, 6 December 2003). A proposal from the Commission regarding the reformulation of the JANSD was presented in November 2003 and is under discussion whithin the Council. A proposal for a Council Regulation regarding the recasting of the current EMCDDA Council regulation is under discussion whithin the Council. Several Council Decisions have been adopted, or are in the process of being developed, to initiate or strengthen the role of Europol.	Based upon a decision by the Council Europol has concluded Co-operation Agreements with a number of countries, the Commission, the ECB, Interpol and the UNODC. Discussions on the conclusion of further agreements are in progress.

Action	State of play	Comments
1.2.4 The **Commission**, the Council and the Member States to ensure that the balanced and multidisciplinary approach is taken into account and implemented in their drugs programmes and policies.	The Commission takes into account the balanced and multidisciplinary approach in its drugs policies and programmes. In July 2002, the Council adopted a Decision establishing a framework programme on police and judicial co-operation in criminal matters (AGIS). Among the specific topics included in the AGIS Annual Work Programme and call for applications 2003 and 2004 were measures to prevent and combat drugs trafficking and drug related crime prevention. The new Public Health Programme (2003-2008) supports activities of a transversal nature in the public health field in general, and is thus facilitating a balanced and multidisciplinary approach to drug prevention issues more specifically. The Commission's drug projects in third countries cover demand and supply reduction and alternative development.	
1.3 To encourage multi-agency co-operation and the involvement of civil society (Strategy aim 6)		
1.3.2 All Member States and the **Commission** to establish a strategy for the co-operation with civil society and community and voluntary groups from areas most affected by the problem of drug abuse.	Under the new Public Health programme, relevant actors can put forward applications for co- funding in the field of drug prevention.	The Commission is preparing a communication on the co-operation with the civil society for 2005.

Action	State of play	Comments
1.4 To provide appropriate resources for drugs related actions (Strategy aim 11) and social consequences of drug abuse.		
1.4.1 The Council and the **Commission** to study, in the light of current efforts in this field of the EMCDDA and Pompidou group, an approach to establish a list of all public expenditure on drugs.	In November 2000 the Commission put forward an overview of all the drug-related budget lines at the Horizontal Drugs Group of the Council and has provided a regular update to the HDG on its drug related assistance in third countries/ regions. EMCDDA published a report on the situation regarding the monitoring of public expenditure in the Member States in the first half of 2002. A specific chapter of the EMCDDA 2003 Annual Report has been dedicated to public expenditures on reducing demand.	

Action	State of play	Comments
1.4.2 Member States and the **Commission** to encourage the provision of appropriate funding for proactive measures, including the prevention of drug use, the prevention of drug related crime, and the reduction of the negative health and social consequences of drugs.	The Programme of Community Action on the Prevention of Drug Dependence was running from 1996 to 2002: 184 projects were supported, accounting for almost 37.5 million euros. For the years covered by the EU Action Plan on Drugs, the numbers were: 25 projects accounting for 5.5 million euros (2000), 18 projects accounting for 5.1 million euros (2001) and 17 projects accounting for 5.1 million euros (2002). The New Public Health Programme, which includes drug prevention as a health determinant, entered into force on 1 January 2003 and will run for six years. In July 2002, the Council adopted a Decision establishing a framework programme on police and judicial co-operation in criminal matters (AGIS). Among the specific topics included in the AGIS Annual Work Programme and call for applications 2003 and 2004 was drug related crime prevention. Previously, Community funding for the prevention of drug related crime was provided under the Hippocrates programme. A Eurobarometer on Urban Safety linked in particular to drug dependence was carried out in 2000.	

Action	State of play	Comments
2. Information and evaluation **2.1 To ensure collection, analysis and dissemination of objective, reliable and comparable data on the drugs phenomenon in the EU with the support of EMCDDA and Europol (Strategy aim 8)**	In November 2002, the Commission presented its Communication on the mid term evaluation of the EU Action Plan on Drugs. Since 2001, in addition to the hard copy, the EMCDDA Annual Report on the state of the drug problem in the EU, is available electronically on the Centre's website. National reports are also published on the website, including the ones of the 3 candidate's countries. Europol drafts an annual 'European Union Situation Report on Drug Production and Drug Trafficking', in addition to ad-hoc reports on drug-related matters, Catalogues, Manuals and the annual 'Organised Crime Report'.	

Action	State of play	Comments
2.1.1. The Member States according to technical tools and guidelines provided by EMCDDA to give reliable information on the five key epidemiological indicators in a comparable form drawn up by the EMCDDA and adopted by the Council: 1. extent and pattern of drug use in the general population 2. prevalence of problem drug use 3. demand for treatment by drug users 4. drug-related deaths and mortality of drug users 5. drug-related infectious diseases (HIV, hepatitis)	Methodological work has been completed to formalize data collection and reporting structure for the 5 key indicators by EMCDDA and its partners. The EMCDDA guidelines on the 5 key indicators were formally adopted by the EMCDDA Management Board and incorporated into a Council resolution in December 2001. Regarding the implementation of the 5 key indicators, regular technical meetings have taken place.	Consolidated data from different Member States now allows new analysis to be conducted that were previously infeasible. The existence of agreed and high quality reporting standards has facilitated integration of the new member states into the EU reporting system.

Action	State of play	Comments
2.1.3. The EMCDDA to develop indicators on drugs related crime, the availability of illicit drugs (including at street level) and drug related social exclusion.	*Drug-related crime: 2 meetings were organised in 2002 and 2003 to establish a definition of 'drug-related crime' and review potential methods to assess its different components. The EMCDDA is to report to the HDG on the state of play in relation to its work on drug related crime, before the end of 2004. *Drug availability: an expert group was set up in 2002 and has met every year since then to develop a module of questions on drug availability to be included in the European Model Questionnaire (EMQ) for population surveys; *Drug-related social exclusion: a detailed structure on the various issues related to social exclusion and drugs was developed and a Key Issue on drug-related social exclusion was published in the EMCDDA 2003 Annual Report.	A meeting on crime and supply data foreseen in 2004 should allow reviewing and improving standards to collect and analyse data on drug law offences in the EU. A meeting on crime and supply data foreseen in 2004 should allow to review and improve standards to collect and analyse data on drug availability (seizures, price, purity, tablets' contents) in the EU. Further conceptualising work is needed for developing indicators of drug-related social exclusion at EU level.
2.1.4. The Member States and the EMCDDA, within existing financial limits, to ensure that the National Focal Points have the necessary political and financial support to implement the five harmonised key indicators.	The results of the external evaluation on the REITOX network were examined by the EMCDDA Management Board and taken into account in its day to day work. EMCDDA annual financial contribution to REITOX focal points was indexed in 2002.	Ongoing efforts are still required to ensure comparable data are available from all countries.

Action	State of play	Comments
2.1.6 The **Commission**, in co-operation with the Monitoring Centre, to launch a Eurobarometre study on attitudes of the public, especially youth, to drugs throughout the EU every two years.	Eurobarometers on attitudes and opinions of young people in the European Union on drugs have been carried out in 2002 and in 2004.	The Commission will take into account the results in the final evaluation of the EU Action Plan.
2.1.7 The **Commission** to promote the establishment of a European system to assess and to encourage Member States to develop a network of national expert centres in the field of toxicological analysis as well as clinical database and experimental, clinical or epidemiological studies.	Continuous promotion of European networks through relevant Community programmes, in particular the new Public Health Programme (and formerly the Programme of Community Action on the Prevention of Drug Dependence) and Research and Development Framework Programme.	Under the 6th Research and Development Framework Programme, a project on Genomics and mechanisms of addiction has been selected for funding in the Second Call for Proposals and negotiations will take place in 2004. The aims of this are (i) identification of genes involved in the development and mediation of addiction to various drugs (including nicotine, alcohol and polydrug exposure), (ii) functional genomics of newly identified genes, (iii) developing and establishing suitable animal models of addiction.
2.1.8 Europol and the EMCDDA to develop a standardised database on drug seizures, to be introduced in all Member States and based upon harmonised criteria and indicators.	Europol, in co-operation with volunteering Member States and the EMCDDA, developed the Collection Model for a harmonised database system on law enforcement drug seizure statistics. This has resulted in a Council Recommendation, in which Member States and, within their respective mandate the Commission, Europol and the EMCDDA are recommended to use the Model.	
2.2 To ensure that actions against drugs are evaluated (strategy aim 2).		

Action	State of play	Comments
2.2.1 The **Commission** to organise appropriate evaluations at mid-term and completion of the Drugs Strategy (2000-2004) on the basis of the present Action Plan, and to present the reports to the Council and the Parliament.	The Commission presented a communication on the mid term evaluation of the EU drugs action plan in November 2002. The Commission intends to present a communication on the final evaluation of the EU Drugs Strategy and the EU Drugs Action Plan 2000-2004 in October 2004. For the evaluation process, the EMCDDA and EUROPOL have produced a snapshot on the evolution of the drugs situation over the period. In addiction, the EMCDDA has produced a selection of thematic papers to assist the Commission in the final evaluation process.	
2.2.2 Work should be taken forward by EMCDDA/Europol drawing on expertise from Member States to underpin the EU drugs strategy with measurable targets so that assessments can be made of progress in achieving objectives. This work could be completed, if possible by the end of 2000.	In 2001 EMCDDA and EUROPOL, working closely with their national partners, produced a report designed to identify criteria, to help underpin the Commission's evaluation of the Union's 2000-04 drugs strategy. The assessment criteria have been adopted by the Horizontal Working Party on Drugs and have been used by the Commission for the Mid-term evaluation of the Drugs Strategy (2000-2004) and are also being used for the Final Evaluation.	

Action	State of play	Comments
2.2.3 The Council, on the basis of the work done by the Horizontal Working Party on Drugs to identify best practices of the Member States and the **Commission** in the field of drugs in co-operation notably with the Drug Trafficking group, the Multidisciplinary group on organised crime and the Health group.	The final report on the second round of evaluation - law enforcement and its role in fighting drug trafficking was noted by the Council in 2003. Europol has created and maintains a Knowledge Management Centre, which handles information on expertise and best practises. A final evaluation of the Programme of Community Action on the Prevention of Drug Dependence is expected to be completed in 2004. The Commission to be assisted by the EMCDDA in identifying best practices in the field of demand reduction, with a view to submitting uniform information for the EMCDDA annual report.	

Action	State of play	Comments
2.2.5 The **Commission** to organise an appropriate assessment of : - the effectiveness of the Joint Action on synthetic drugs of June 1997 taking into account the evaluation by the EMCDDA of the early warning system. - Community legislation and its implementation in the field of control of the trade in chemical precursors.	The Commission launched in 2002 an external assessment of the effectiveness of the Joint Action on synthetic drugs, and on the bases of this external assessment, the Commission adopted in October 2003 a proposal for a Council Decision on information exchange, risk assessment and control of new narcotic drugs and new synthetic drugs. This proposal is under discussion at the HDG. The evaluation on the precursors legislation was completed in October 2002 by an external consultant engaged by the Commission for this purpose. The report from the Consultant was submitted to the Drug Precursors Committee. On the basis of the recommendations made in this evaluation, the Commission made a proposal for a new Council Regulation laying down rules for the monitoring of trade in certain substances used for the illicit manufacture of narcotic drugs and psychotropic substances. A regulation of the European Parliament and the Council (273/2004) relating to the intra-community trade in precursors was adopted on 11 February 2004.	The aim of the new Council Decision is to wider the scope of the JASD, covering drugs of natural origin, imposing deadlines for providing information, carrying out risks assessments of the new substances and introducing control measures. The aim of the Council Regulation includes to strengthen import controls for synthetic drug precursors, to strengthen customs controls on precursors at the external border, to strengthen export authorisation requirements, and to strengthen controls on intermediary activities. This Regulation will strengthen the control regime for the intra community trade in drug precursors, whilst enhancing the transparency for enterprises and the legitimate trade in chemicals.

Action	State of play	Comments
2.2.6 Member States and Europol, assisted by scientists, to assess the effectiveness of preventing and combating organised drug-related crime and to develop crime and policy indicators.	Europol and the Commission have carried out a study on the prevention of organised crime, including organised drug-related crime. The study contains proposals for a strategy on preventive measures against organised crime.	
2.2.7 Member States and Europol, assisted by scientists, to draft an annual assessment on the role of organised crime groups involved in drug trafficking.	Europol produces the annual 'Organised Crime Report', based on contributions by the Member States and taking into account reports received from countries outside the European Union. One aspect of the report covers the activities of organised crime groups involved in drug trafficking. A Contact and Support Network of Member States' representatives, some of whom have a scientific background, assists in the drafting of the report.	
3. Reduction of Demand, Prevention of Drug use and of Drug Related Crime **3.1 To give greater priority to drug prevention and demand reduction, particularly new recruitment to drug use, as well as the reduction of the adverse consequences of drug use (Strategy aim 4)**		
3.1.1 to reduce significantly over five years the prevalence of drug use, as well as new recruitment to it, particularly among young people under 18 years of age (Strategy target 1)		

Action	State of play	Comments
3.1.1.1 Member States and the **Commission** to develop comprehensive prevention programmes for both licit and illicit drugs and also covering poly-drug use. (…)	The Programme of Community Action on the Prevention of Drug Dependence ran from 1996 to 2002. The new Public Health Programme was adopted on 23 September 2002 and implemented on 1 January 2003. It will run until 31 December 2008. One of the general objectives of the Public Health Programme is to promote health and prevent disease through addressing health determinants (incl. drugs) across all policies and activities. The EMCDDA supports, with the assistance of the Commission, the disseminating of best practices and results including in the field of drug prevention and poly- drug use, through the EDDRA database.	Drugs in Focus No. 5 relates to "Drug Prevention in EU Schools" and No. 10 relates to "Drug Use among Vulnerable Young People".
3.1.1.2 The **Commission** to ensure that full use is made of the existing Community programmes to counter social exclusion and urban delinquency, and foster social reintegration.	The European Social Fund and the URBAN programme are used for these purposes.	
3.1.1.4 Member States and the **Commission** further to develop innovative approaches to the prevention of the abuse of synthetic drugs, taking into account the specificities of synthetic drug users.	Included among the activities undertaken in the Programme of Community Action on the Prevention of Drug Dependence, continued under the framework of the New Public Health Programme. Among the tasks provided for in the Sixth Framework Research and Development Programme.	A specific suggestion for a Network of Excellence will be put to the Horizontal Group on Drugs for the FOURTH and final Call for Proposals by DG RTD.
3.1.2 to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis, TBC, etc.) and the number of drug-related deaths (Strategy target 2)		

Action	State of play	Comments
3.1.2.2 Member States and the **Commission** to plan and implement innovative awareness raising campaigns on the dangers related to drug use and programmes on the reduction of risks and adverse consequences related to drug use. These campaigns must be well targeted and implemented in co-operation with the target groups.	Among the actions in the framework of the Programme of Community Action on the Prevention of Drug Dependence, continued in the framework of the New Public Health Programme.	
3.1.2.3 Member States and the **Commission** to make use of new means of communication (eg the internet) to provide objective, reliable and accessible information on drugs and the dangers associated with them.	Among the activities in the framework of the Programme of Community Action on the Prevention of Drug Dependence, continued in the framework of the New Public Health Programme. Special references to the use of new means of communication are made both in the Public Health Programme and in the 2004 Work Plan.	

Action	State of play	Comments
3.1.2.5 The **Commission** and Member States to undertake research into the effects of driving under the influence of illicit drugs and pharmaceuticals.	Le programme d'action européen pour la sécurité routière "Réduire de moitié le nombre de victimes de la route dans l'Union européenne d'ici 2010: une responsabilité partagée (COM(2003) 311 final du 2 juin 2004), ainsi que la Résolution du Conseil du 27 novembre 2003 relative à la lutte contre la consommation de substances psychoactives associée aux accidents de la route (JO C97 du 22.4.2004) reprennent de façon générale les recommandations du groupe d'experts de la Commission "Alcool, drugs, medicines and driving". In 2002 the Commission launched a joint study with the US Administration to assess the performance and use of roadside drug-testing equipment. The findings of this study are expected to be available in 2005. La Commission a participé a la conférence sur la sécurité routière organisée par le groupe Pompidou en 2003 qui a mis en évidence l` évolution des législations des Etats Membres et de certains pays tiers et a permis l` échange des résultats des travaux entre les participants. Une Recommandation de la Commission du 21 octobre 2003 (Commission Recommendation of 21 October 2003 on enforcement in the field of road safety (2004/345/EC) (OJ L 111 of 17.4.2004 pp. 75-82 and corrigendum in OJ L 120 of 24.4.2004, P. 65)) relative à l'application de la réglementation dans le domaine de la sécurité routière prévoit que les Etats membres transmettent à la Commission des informations sur l'impact de la consommation de drogues sur les accidents. The Recommendation will be evaluated before April 2007 (3 years after its publication).	Research on the influence of alcohol, drugs and medicines on driving is included in the call for proposals (29.06.2004) for indirect RTD actions in the area of sustainable surface transport.

Action	State of play	Comments
3.1.3 to increase substantially the number of successfully treated addicts (Strategy target 3)		
3.2. To make full use of the new possibilities offered by the Treaty, particularly the articles on health protection and research (Strategy aim 7)		
3.2.1 The **Commission** to ensure that drug prevention is identified as a key component of the future public health programme.	The New Public Health Programme was adopted on 23 September 2002, and entered into force on 1 January 2003. Drug prevention is identified as a key component in the programme (reference is made to the general objective stated in Article 2, 2, c, and the Annex 3.1).	
3.2.2 Member States and the **Commission** to provide adequate resources for research into the biomedical and social causes of addiction, the prevention and origins of addiction, and behavioural patterns of drug consumption. The **Commission** to support the inclusion of this area of research as a priority in the Community Programme for Research and Development.	Section 2.6, task 8 of the Scientific support for policies" part of the Six Framework Research and Development programme, specifically relates to drugs research. Other possibilities for drug research exist in chapters such as the chapters 1.1.1 "Genomics & Biotechnology for Health", as well as under 2. "Strengthening the Foundations of the European Research Area" of the programme. Three drug research projects have been financed under the current programme to date.	

Action	State of play	Comments
3.2.3. The Commission and Member States to identify new areas, such as the spread of best practice, training and networking, where action at the European level could help reduce drug related harm.	A Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence was adopted on 18 June 2003. Under the New Public Health Programme, activities in the field of drug related harm can be financed.	
3.3 To adopt a comprehensive approach		
3.3.1 The **Commission** and the Member States to develop and implement preventive actions and strategies for all age groups, particularly children and young people.	The Programme of Community Action on the Prevention of Drug Dependence was aimed at all age groups, in particular young people. The New Public Health Programme aims at all age groups. In the Annex (3.1) it is stated that actions on health determinants, among other actions, should include age-specific strategies.	

Action	State of play	Comments
3.3.2 The **Commission** and Member States within their respective competences to address in this connection and when appropriate, risk behaviour and addiction in general, including aspects of alcohol, medicine, substances used for doping in sport, and tobacco use.	A Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence was adopted on 18 June 2003. A Directive on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products, was adopted on 18 July 2001. A Directive on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products, was adopted on 20 June 2003. A Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control, was adopted on 25 January 2003.	
3.4 To prevent crime linked to drugs, notably juvenile and urban delinquency		
3.4.1 to reduce substantially over five years the number of drug related crimes (Strategy target 5)		

Action	State of play	Comments
3.4.1.1 The **Commission** and Member States to set up programmes to promote best practice in the prevention of criminal activities linked among other issues to drugs, juvenile and urban delinquency.	In July 2002, the Council adopted a Decision establishing a framework programme on police and judicial co-operation in criminal matters (AGIS). Among the specific topics included in the AGIS Annual Work Programme and call for applications 2003 and 2004 were preventing urban crime, drug related crime and juvenile delinquency. Previously, Community funding for the prevention of drug related crime was provided under the Hippocrates programme. In May 2001, the Council established the European Crime Prevention network (EUCPN). The secretariat of the EUCPN is located whithin the Commission.	
3.4.1.2 The Council and the **Commission** to develop a common comparable definition of the term drug related crimes on the basis of work by Europol and EMCDDA in order to enable a serious comparison of the number of drug related crimes.	EMCDDA and Europol presented on 3 November 2003 a joint proposal for a common definition of the term drug-related crime to the HDG. The HDG took note of this proposal and invited the EMCDDA to develop its current work in this field and to report on the state of implementation of this work before the end of 2004.	The EMCDDA organised a 1st expert meeting in 2002 to review various definitions of drug-related crime and agree on a consensual definition. A definition was then developed and discussed with Europol in order to make a joint proposal at the Horizontal Working Party on Drugs. A 2nd expert meeting was organised by the EMCDDA in 2003 to review potential indicators of drug-related crime. However, as mentioned above under 2.1.3., further conceptualising work is needed to develop indicators of specific aspects of drug-related crime.

Action	State of play	Comments
3.4.4 The **Commission** and Member States to consider the results of a study by the EMCDDA into the law and practice in the EU Member States on the handling of drug addicts in the justice system, including issues such as identification of drug addicts following arrest, alternatives to prison, and treatment facilities within the penal system. On this basis, the **Commission** and Member States to consider how to share best practice in the area of handling of drug addicts in the justice system.	EMCDDA published the study on criminal proceedings linked to drug use in March 2001. The EMCDDA collects and analyses information on assistance to drug users in prisons in cooperation with the European Network on Drug Services in Prisons (ENDHSP).	Drug use in Prisons was a selected issue in the 2002 EMCDDA Annual Report and Alternatives to prison will be in the 2004 EMCDDA Annual Report. The publication Drugs in Focus Nº. 7 was on "Treating Drug Users in Prison".
3.5 Training and Interchange of experience in the prevention of drug use		
3.5.2 Member States and the **Commission** to develop and implement a network of trainers and professionals in the health and social sector who work with drug users.	Several European networks of professionals are established in Europe, co-financed by the Programme of Community Action on the Prevention of Drug Dependence. Financing continues under the New Public Health Programme.	
3.5.3 Member States to promote the exchange of best practice in the area of prevention and to ensure that all successful programmes are brought to the attention of other Member States and the **Commission**.	Among the activities within the new Public Health Programme and within the ongoing work programme of EMCDDA.	Publication of Drugs in Focus Nº 5 "Drug Prevention in EU Schools", Nº 10 "Drug Use among Vulnerable Young People". Several publications on successful school prevention and selective prevention available on the EMCDDA Website.

Action	State of play	Comments
4. Supply Reduction **4.1 To reinforce the fight against organised crime, illicit drug trafficking and related organised crime as well as other drug-related crime, and to step up police, customs and judicial co-operation between Member States (Strategy aim 5)**		
4.1.1 To reduce substantially over five years the availability of illicit drugs (Strategy target 4)		
4.1.1.1 Member States to ensure a high an uniform level of security at the external borders of the EU, and where appropriate, to establish joint control teams, including for example, police, customs immigration and border guards	The Commission presented a proposal for a Council Regulation establishing the European Agency for the Management of Operational at the external Borders of Members States of the European Union in November 2003. JHA Council reached political agreement on the Commission proposal in March 2004. Formal adopting pending.	The European Agency for the Management of Operational Co-operation at the External Borders of the Member States of the EU should be operational from 2005.
4.1.1.2 The Council and the **Commission**, with the assistance of Europol, to prepare EU guidelines for combating illicit drugs activities via new technologies and in particular the internet.	The Commission put forward a Communication on Cyber crime.	Europol, in co-operation with the Member States, launched a project on High Technology Crime, including drug-related offences, with the intention to establish a High Technology Centre at Europol.

Action	State of play	Comments
4.1.1.3 Member States, with the assistance of Europol, taking into account the existing EU systems for exchange of information, to work together in the relevant Council bodies, to reinforce their efforts against maritime drug trafficking, including the provision of training on the identification and surveillance of suspicious vessels and establishing procedures for boarding and searching vessels where appropriate. Member States should recognise the importance of implementing the principles laid down in Article 17 of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances.	Between 2000 and 2004, several joint customs operations on drugs trafficking (including maritime trafficking) have been organised, with Community co-financing, involving in many cases all customs administrations of the EU.	

Action	State of play	Comments
4.1.1.4 Member States, with the assistance of Europol, to further consider the possibilities of combining forensic and law enforcement information, with a view to identifying the production and trafficking of synthetic drugs, the composition of such drugs, and those involved in their production and trafficking. To that extent, Member States' forensic laboratories should exchange information on the analysis of samples taken from synthetic drugs seizures. If appropriate the results should be made available to relevant health authorities in the Member States.	A number of EU projects in this field exist, such as: Comprehensive Action against synthetic drugs in Europe (CASE), European Joint Unit in precursors (EJUP), and European Illicit Laboratories Comparison System (EILCS). EUROPOL and the Commission presented a report on these projects to the HDG in December 2003. In April 2004, the Commission presented to the HDG suggestions for possible further improvements of the methods of mapping distribution networks of synthetic drugs in the EU. Europol has evaluated and upgraded the Europol Ecstasy Logo System (EELS) relating to the collection, assessment and dissemination of law enforcement and ballistic data on ecstasy seizures, involving all Member States.	A Council recommendation regarding guidelines for taking samples of seized drugs was adopted in the first semester of 2004. In line with a Council Resolution adopted in November 2002, a Commission questionnaire on the generic classification and emergency list approach to synthetic drugs was forwarded to the Member States. The results of this questionnaire were presented by the Commission to the Council's Horizontal Drugs Group (HDG) in June 2003. Work is still ongoing on this issue and the Commission hopes to be in a position to provide a further report to the HDG before the end of this year.

Action	State of play	Comments
4.1.1.5 The **Commission** to support, as appropriate, efforts by Member States to improve police, customs and judicial co-operation, notably through exchange and training programmes, taking advantage of the experience and results of the existing third pillar programmes.	In July 2002, the Council adopted a Decision establishing a framework programme on police and judicial co-operation in criminal matters (AGIS). Among the specific topics included in the AGIS Annual Work Programme and call for applications 2003 and 2004 was drug related crime prevention and measures to prevent and combat drugs trafficking. Covering the period 2002/2007, the AGIS programme extends the work of the programmes that formally operated under Title VI TEU and incorporates the activities previously funded under budget heading 18 07 02 "Preparatory actions for a programme to combat drug "trafficking".	
4.1.1.6 Member States and Europol to implement the project-based EU law enforcement strategy against transnational organised crime to combat drug trafficking.	The strategy is being implemented by Europol and the Member States in the framework of Analysis Work Files as provided for by the Europol Convention. Within these AWFs the Target Oriented Approach (TOA) and Regional Approach (RA) are being applied, whereby within individual sub-projects different criminal groups are being targeted by those Member States that have a direct interest in the investigations. Further implementation may take place in other forms of international law enforcement and judicial co-operation, e.g. joint investigative teams.	
4.1.2. to reduce substantially over five years money-laundering and illicit trafficking of precursors (Strategy target 6)		

Action	State of play	Comments
4.1.2.1 The **Commission** to report regularly to the Council on the control of money laundering in the EU, actions undertaken in the previous year, and proposed action in the year to come.	A second anti-money laundering Directive, extending and updating the 1991 Directive, was adopted in December 2001. A proposal for a third anti-money laundering directive was adopted by the Commission in June 2004. A Protocol to the Europol Convention has extended the mandate of Europol to all money laundering irrespective of whether Europol has also mandate in connection with the predicate offence. However, only a handful of Member states have ratified and the Protocol has not therefore entered into force.	Agreement was reached on a Framework Decision concerning the confiscation of the instrumentalities and proceeds of crime and a protocol to the Convention on Mutual Assistance in Criminal Matters of 29 May 2000, relating specifically to financial crime. A Council Decision was adopted in October 2000 to ensure and facilitate co-operation between Financial Intelligence Units. A draft Framework Decision on the laundering of Crime Related Proceeds received political agreement in December 2002. A Framework Decision on the mutual recognition of orders freezing property and evidence was adopted in July 2003. A draft Framework Decision on the mutual recognition of confiscation orders received political agreement in April 2004.

Action	State of play	Comments
4.1.2.4 The **Commission** to report regularly to the Council on the control of the diversion of illicit chemical precursors, actions undertaken in the previous year, and proposed action in the year to come.	The Commission has put forward: 1. A proposal for a new Council Regulation laying down rules for the monitoring of trade in certain substances used for the illicit manufacture of narcotic drugs and psychotropic substances. This proposal is currently under discussion at Council level. 2. A new Regulation, 273/2004 was adopted on 11 February 2004, replacing the Council Directive 92/109/EEC. This Regulation will strengthen the control regime for the intra community trade in drug precursors, whilst enhancing the transparency for enterprises and the legitimate trade in chemicals. A precursors agreement with Turkey has been concluded; it was ratified by the Turkish Grand National Assembly on 21 April 2004 and enter into force on 1st August 2004. Bilateral joint follow-up group meetings with USA and Andean Countries have recently taken place. The negotiations of further precursors agreements with third countries is being considered (for instance with the ASEAN countries)	A draft Commission Regulation to implement the new proposal for a Council Regulation is currently under discussion in the Drugs Precursors Committee. The Commission organized a Conference (through TAIEX) focused on Control of Precursor Chemicals in September 2001.
4.1.2.5 The **Commission** to establish, in co-operation with the Member States, a procedure for the voluntary monitoring of the non-scheduled chemical precursors of synthetic drugs in co-operation with the chemical industry.	Commission guidelines and a list of non-controlled chemicals subject to voluntary monitoring measures have been produced to assist the chemical industry. These have been disseminated to Member Stares and have been sent out to the chemical industry.	

Action	State of play	Comments
4.1.2.6 Member States, with the assistance of the **Commission** and Europol where appropriate, to provide training for customs and police in combating the diversion of chemical precursors.	Europol, in co-operation with Member States' experts and the Commission, has developed and organises on a regular basis a European Union Training Course for trainers on the combating of illicit synthetic drug laboratories. As a result, trained trainers organised courses in two Member States, (with the assistance of Europol) for police, customs officers, forensic experts and members of the fire brigade.	
4.2 To make full use of the new possibilities offered by the Treaty of Amsterdam, particularly the articles on drug control, police co-operation and judicial co-operation as well as the common minimum standards in legislation (Strategy aim 7)		
4.2.2 Member States, with the assistance of Europol where appropriate, to reinforce their co-operation against drug trafficking and in particular to establish, within the appropriate legal framework, joint teams when dealing with drug trafficking between Member States.	The council has adopted a Recommendation to the Member States on requests made by Europol to initiate criminal investigations in specific cases and a Framework Decision on Joint Investigation Teams. Some Member States are in the process of initiating joint teams with Europol participation**.** 6 Member States have created the European Joint Unit on Precursors (EJUP), which is financed by the Commission, located at Europol and supported by Europol through an Analysis Work File (AWF).	

Action	State of play	Comments
4.2.3 Promote regional co-operation where MS are effected by similar drug problems	The AGIS framework programme allows for co-financing of regional co-operation drug projects. Such projects have also previously received Community funding.	
4.2.4 The **Commission**, having consulted the EMCDDA and taken account of existing, relevant sources of information, to launch a study into the definitions, penalties and practical implementation of laws by the courts and law enforcement agencies for drug trafficking within the Member States. On the basis of that study, the **Commission** is to propose measures establishing minimum rules relating to the constituent elements and penalties for illicit drug trafficking in accordance with the relevant provisions of the TEU. The study should be completed by the end of 2000 and proposals should be brought forward by 31 March 2001.	The Commission study was completed in March 2001. The Commission presented a proposal for a Council Framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking in May 2001. Political agreement on this proposal was reached at the Council in November 2003. The European Parliament delivered its first opinion on the proposal in April 2002 and after reconsultation delivered its second opinion in March 2004.	
4.2.5 Member States and Europol to promote new investigation techniques and research and documentation of drug-related crime.	Europol has created and maintains a Knowledge Management Centre, which handles information on expertise and best practises. The centre also contains sources of information relating to new investigative techniques. In addition, the Drugs Unit of Europol collects and stores documentation on drug-related crime. Relevant information is being disseminated through regular Drug Information Bulletins.	

Action	State of play	Comments
4.2.6 The Chief Police Officers Task Force to consider to include drug trafficking among its priority areas of work, in particular examining how police co-operation on drug trafficking could be improved and what policing priorities should be in this area.		Combating drug trafficking is a task of the Chief Police Officers Task Force.
5. International **5.1 To progressively integrate the candidate countries and to intensify international co-operation with other countries and international organisations (Strategy aim 9)**		
5.1.1 The **Commission** and the Council to ensure that the candidate countries adopt the Community acquis and best practice in the field of drugs, and that their implementation is satisfactory. The Member States and the **Commission** to draw up an action plan on drugs with the candidate countries which set out the ground they need to cover to meet the acquis as soon as possible.	The Justice and Home Affairs Chapter, including the drugs elements, of the EU acquis has been provisionally closed for Bulgaria and negotiations with Romania in relation to closure of this Chapter are progressing.	
5.1.2 The **Commission** to negotiate with the candidate countries to allow them to participate in the work of the European Monitoring Centre for Drugs and Drug Addiction. The **Commission** to propose to the Council a draft mandate for these negotiations as soon as possible.	Negotiations with Romania, Bulgaria and Turkey have been concluded; the agreement with Romania has been initialled and the agreements with Bulgaria and Turkey will be initialled very shortly.	

Action	State of play	Comments
5.1.3 The **Commission** and the Member States to continue to support, with technical assistance and finance where necessary, the candidate countries in their efforts to counter drug abuse and drug trafficking. Particular attention should be given, including under PHARE, towards the development of national strategies, national drugs units, focal points for the EMCDDA and effective controls on drugs entering the EU and candidate countries. For countries not covered by PHARE, assistance mechanisms should include provision for counter-drugs work. The **Commission** should seek out, within existing ceilings, new sources of funding for co-operation with Turkey and include co-operation on drugs issues in the forthcoming drafting of the Accession Partnership. Consideration should also be given to targeted drugs twinning, and making available specialist pre-accession drugs advisers.	In total 20M€ was made available for drug control activities within the Phare Program In addition, 2 M€ was allocated to a joint EMCDDA-Phare project "Co-operation EMCDDA-CEECs, Feb. 2002- Sept 2002" and € 500,000 to a joint EMCDDA-Phare Project "Participation of candidate CEECs´s in the EMCDDA" Dec 2002-June 2004". The Phare programme is also a source of assistance for Bulgaria and Romania. Financial pre-accession assistance is provided to Turkey under Regulation 2500/2001. Twinnings to establish the National Drugs Focal Point began with Bulgaria and Romania in 2001. A twinning with Turkey will begin in 2004 entitled "Sustaining the National Drugs Focal Point". This twinning will also support the development of a revised National Drugs Strategy.	The Phare Regional Drugs Programme had two components: 10M€ was used to finance the Multi-Beneficiary Drugs Programme; 10M€ was allocated to drug twinnings (1M€ per country). Projects focused on two major areas: capacity building to enable beneficiaries to participate in EMCDDA work, and drug law enforcement, money laundering, synthetics drugs and precursors' diversion. These projects concluded in Spring 2004. However, the performance of the National Focal Points, supported by the twinnings in Bulgaria and Romania, is not satisfactory.
5.1.4 The Council to have an annual debate on all EU assistance projects in the candidate countries in the field of drugs.	Commission has been unable to retrieve information from Member States in this regard.	
5.1.5 The **Commission** and Member States to implement the Pre-accession pact on organised crime and extend it to all applicant countries.	Candidate countries: Implementation of regional measures is underway.	

Action	State of play	Comments
5.2 To promote international co-operation, integration of drug control into EU development co-operation and to support the efforts of the United Nations and of UNDCP in particular to develop international co-operation, based on the principles adopted at the UNGASS in June 1998 (Strategy aim 10)		

Action	State of play	Comments
5.2.1 The **Commission** and the Council to give priority in the international efforts to counter the drug problem to the candidate countries and those regions of the world that either produces drugs or through which drugs transit on their way to the EU.	Most of the EC resources devoted to the fight against drugs are focused on the countries and regions along the heroin (Afghanistan, Central Asia, Caucasus, Eastern Europe) and cocaine (Andean region and the Caribbean) routes. All cooperation agreements with developing countries contain a drug-fighting cooperation clause. The EU-Ukraine JHA Action Plan provides for activities concerning drugs. The Commission is implementing the Belarus, Ukraine and Moldova Anti-Drug programme (BUMAD) aimed at reducing drug trafficking and drug abuse. In the context of the European Neighbourhood Policy, Action Plans are currently under discussion with Ukraine, Moldova, Jordan, Israel, the Palestinian Authority, Tunisia, Morocco. These draft Action Plans (except for the Palestinian Authority) include a section dealing with drugs. Implementation of the EU-Russia Action Plan against Organized Crime and of the EU-Ukraine Action Plan on Justice and Home Affairs which both include fight against drugs and discussions taking place with Moldova and Ukraine on the European Neighbourhood Policy Action Plans and with Russia on an Action Plan/Road Map for a EU-Russia Common Space on Freedom, Security and Justice.	

Action	State of play	Comments
5.2.2 Member States and the **Commission** to co-ordinate their projects in third countries and regions to enable joint assessment and implementation of their action.	The Commission and Member States have a regular dialogue within the Horizontal Drugs Group of the Council, as regards the actions undertaken by the Commission. For a better coordination among Member States and with the Commission, information on all Member States' projects is needed.	
5.2.3 Member States and the **Commission** to strengthen co-operation with multilateral and international organisations, where this would increase the effectiveness of their actions.	The UNODC and UNDP have implemented/continue to implement EC projects in Russia, Iran, Central Asia, Southern Caucasus and South Africa. The Commission maintains regular contacts with the UNODC and the UNDP. It continues to be an UNODC Major Donor and a member of the Dublin Group, thus participating actively in two of the most important international co-ordination mechanisms in the area of drugs.	

Action	State of play	Comments
5.2.4 The **Commission** and the Member States to continue to make available adequate resources for the implementation of programmes and projects for supply reduction (for example combating drug trafficking and supporting alternative development) and demand reduction. Member States and the **Commission** to report annually to the Council (Horizontal Working Party on Drugs) on all assistance projects undertaken in third countries in the field of drugs, and for a matrix to be kept up to date. The **Commission** and the Member States to inform each other of all assistance projects for third countries in the field of drugs, whenever possible and necessary already in the preparatory process.	List of ongoing projects financed by the Commission and Member States in third countries prepared by the Commission and presented to the HDG in November 2001. Since then, the Commission has been unable, as yet, to produce a consolidated list of all EU projects, due to insufficient information from Member States. Nonetheless, it has continued to inform Member states of its own activities and projects in third countries and has submitted to the HDG its annual matrix of projects.	
5.2.6 The Member States and the **Commission** to draw up action plan on drugs co-operation with North Africa, and to implement fully the action plans on Latin America and the Caribbean and Central Asia.	EU Central Asia Action Plan on drugs was adopted by the countries of the region. Commission has appointed an EU Drugs-Coordinator for the region. Commission has continued to implement actions foreseen in the Panama Action Plan and in the Central Asia Action Plan. The draft Action Plans with Tunisia and Morocco under European Neighbourhood Policy are currently under discussion, they include a section dealing with drugs. The Commission is also taking a major initiative on cannabis in Morocco.	

Action	State of play	Comments
5.2.7 The **Commission** and Member States to help non-EU countries and regions to develop their anti-money laundering systems.	An EC project to assist Asian ASEM partner countries is under implementation. In 2004, a twinning with Turkey will be devoted to strengthening the fight against money laundering. In Ukraine, TACIS is supporting a project to strengthen the Financial Analytical Units (FAU). Commission/Member States have encouraged regional co-operation to combat money laundering in Western Balkans through adoption of regional measures to combat money laundering at JHA Ministerial November 2003 and through CARDS programme. The European Neighbourhood Policy draft Action Plans envisages anti-money laundering activities.	
5.2.8 Member States and the **Commission** to support the development of a common international set of indicators in the field of demand reduction, and to promote a common standard for national reporting to international organisations.	The Commission has supported CND initiatives in this regard. EMCDDA and UNDCP worked together on this issue.	Data structures reflect agreed international standards of good practices and facilitate dialogue with non EU member States, regional and international organisations
5.2.9 The **Commission** and the Member States to integrate drugs as a cross-sectional issue into their supranational co-operation schemes (particularly with the developing countries).	Drug fighting is a priority for the Commission in cooperation with those countries and regions where drugs pose a major challenge to sustainable development.	
5.2.10 The EU will continue its support for national efforts to eliminate illicit cultivation of drug crops, according to the principle of shared responsibility.	The GSP Drugs scheme and Commission alternative livelihoods /alternative development projects are important initiatives in this regard.	

ANNEX 3

Instruments of the European Union in the field of drugs (2000 – 2004).

A. Instruments of the EU adopted during the period 1 January 2000 – 31 July 2004.

- Council Resolution on cannabis. CORDROGUE 59 – 07.07.2004

- Progress report in relation to the Implementation Plans on Demand and Supply Reduction of Drugs and the Supply of Synthetic drugs – CORDROGUE 43 – 14.06.2004

- Council Recommendation regarding guidelines for taking samples of seized drugs. CORDROGUE 26 - 30.03.2004

- Regulation (EC) no 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors. OJ L 47, 18.02.2004 - P.1

- Council Decision 2003/847/JHA of 27 November 2003 concerning control measures and criminal sanctions in respect of the new synthetic drugs 2C-I, 2C-T-2, 2C-T-7 and TMA-2, OJ L 321,06.12.2003 - P. 64

- Resolution of the Council on combating the impact of psychoactive substances use on road accidents. CORDROGUE 97 – 13.11.2003

- Council resolution on the posting of liaison officers with particular expertise in drugs to Albania. CORDROGUE 95 - 13.11.2003

- Council Resolution of 17 December 2003 on training for drug law enforcement officers. CORDROGUE 96 – 12.11.2003

- Council Resolution on the importance of the role of the families in preventing drug abuse by adolescents. CORDROGUE 94 – 12.11.2003

- Communication from the Commission to the European Parliament and the Council on coordination on drugs in the European Union. COM/2003/0681 final - 12.11.2003

- Resolution of the representatives of the governments of the Member States meeting within the Council, for the development of education curricula on substance misuse disorders for medical and other care students and professionals and their inclusion in university studies. CORDROGUE 57 - 19.06.2003

- Resolution of the representatives of the governments of the Member States meeting within the Council for the integration of the effective management (diagnosis, brief intervention, referrals) and medically assisted treatment for opiate dependent patients within the national health care. CORDROGUE 56 - 19.06.2003

- Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence. OJ L 165, 03.07.2003 P.31

- Resolution of the Council on the importance of early intervention to prevent drug dependence and drug related harm among young people using drugs. CORDROGUE 58 – 13.06.2003

- Implementation paper on demand and supply reduction to deliver the EU Drugs Action Plan. CORDROGUE 40 – 27.05.2003

- Action Plan on Drugs between the EU and Countries of Western Balkans and Candidate Countries (Bulgaria, Romania and Turkey). CORDROGUE 3 REV 2 - 23.05.2003

- Agreement between the European Community and the Turkish Republic on precursors and chemical substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances. OJ L 064, 07.03.2003 - P.30

- Resolution of the Representatives of the Member States meeting within the Council on the treatment of drug abusers in prisons. CORDROGUE 54 REV 4 – 28.11. 2002

- Implementation plan on actions to be taken in regard to the supply of synthetic drugs. CORDROGUE 81 REV 2 – 26.11.2002

- Council Resolution on the generic classification of specific groups of new synthetic drugs. CORDROGUE 64 REV 4 – 11.11. 2002

- Communication from the Commission to the Council and the European parliament on the mid-term evaluation of the EU action plan on drugs. (2000-2004). COM(2002)599, 04.11.2002

- Council Decision of 30 September 2002 adopting a specific programme for research, technological development and demonstration: 'Integrating and strengthening the European Research Area (2002-2006). OJ L 232, 29.10.2002 – P.1

- Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008). OJ L 271, 09.10.2002 - P.1

- Action plan on Drugs between the EU and Central Asian republics (Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan). CORDROGUE 78 - 25.09.2002

- Council Decision of 22 July 2002 establishing a framework programme on police and judicial cooperation in criminal matters (AGIS). OJ L 203, 01.08.2002 - P.5

- Commission Regulation (EC) No 1232/2002 of 9 July 2002 replacing the Annex to Council Regulation (EEC) No 3677/90 laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances and amending Regulation (EEC) No 3769/92 . OJ L 180, 10.07.2002 - P.5

- Council Framework Decision of 13 June 2002 on joint investigation teams. OJ L 162, 20.06.2002 - P.1

- Council Regulation (EC) No 988/2002 of 3 June 2002 amending Regulation (EEC) No 3677/90 laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances OJ L 151, 11.06.2002 - P.1

- Resolution of the Council on the incorporation of drug prevention in school curricula. CORDROGUE 4 REV 3 - 08.05. 2002

- Council Recommendation of 25 April 2002 on improving investigation methods in the fight against organised crime linked to organised drug trafficking: simultaneous investigations into drug trafficking by criminal organisations and their finances/assets. OJ C 114, 15.05.2002 - P.1

- Council Recommendation of 25 April 2002 on the need to enhance cooperation and exchanges of information between the various operational units specialising in combating trafficking in precursors in the Member States of the European Union. OJ C 114, 15.05.2002 - P.3

- Resolution of the Council and of the Representatives of the Member States on the prevention of the recreational use of drugs. CORDROGUE 2 REV 3 – 15.04. 2002

- Council Decision of 28 February 2002 concerning control measures and criminal sanctions in respect of the new synthetic drug PMMA. OJ L 063, 06.03.2002 - P. 14

- Joint declaration on drugs of the Ministers of the European Union in association with the European Commission, and the Candidate Countries. CORDROGUE 7 REV 2 – 15.02 2002

- Council Regulation (EC) No 2501/2001 of 10 December 2001 applying a scheme of generalised tariff preferences for the period from 1 January 2002 to 31 December 2004. OJ L 346, 31.12.2001- P.1

- Directive 2001/97/EC of the European Parliament and of the Council of 4 December 2001 amending Council Directive 91/308/EEC on prevention of the use of the financial system for the purpose of money laundering - Commission Declaration. OJ L 344, 28.12.2001- P. 76

- Council Resolution on the implementation of the five key epidemiological indicators on drugs, developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). CORDROGUE 67- 15.11.2001

- Council Act of 16 October 2001 establishing, in accordance with Article 34 of the Treaty on European Union, the Protocol to the Convention on Mutual Assistance in Criminal Matters between the Member States of the European Union.OJ C 326, 21.11.2001 - P.1

- Council Decision of 28 June 2001 establishing a programme of incentives and exchanges, training and cooperation for the prevention of crime (Hippokrates). OJ L 186, 07.07.2001 - P. 11

- Council Framework Decision of 26 June 2001 on money laundering, the identification, tracing, freezing, seizing and confiscation of instrumentalities and the proceeds of crime. OJ L 182, 05.07.2001 - P. 1

- Council Decision of 28 June 2001 establishing a second phase of incentives, exchanges, training and cooperation for law enforcement authorities (Oisin II) – OJ L 186, 07.07.2001 – P.4

- Council Regulation (EC) No 1116/2001 of 5 June 2001 amending Regulation (EEC) No 3677/90 laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances. O J L 153, 08.06.2001 - P. 4

- Council Decision of 28 May 2001 setting up a European crime prevention network. OJ L 153, 08.06.2001 - P.1

- Council Decision of 28 May 2001 on the transmission of samples of controlled substances. O J L 150, 06.06.2001 - P.1

- Council recommendation on the alignment of law enforcement drug and diverted precursors statistics. STUP 26 – 30.10.2001 and STUP 29-13.11.2001

- Council conclusions on networking information on emerging trends and patterns in drug abuse and poly-drug use and the associated risks. O J C 017, 19.01.2001 - P. 2

- Initiative of the Kingdom of Sweden with a view to adopting a JHA Council Decision establishing a system of special forensic profiling analysis of synthetic drugs. OJ C 10, 12.01.2001 - P. 1

- Council Decision of 17 October 2000 concerning arrangements for cooperation between financial intelligence units of the Member States in respect of exchanging information. OJ L 271, 24.10.2000 - P. 4

- Council Regulation (EC) No 2220/2000 of 28 September 2000 amending Regulation (EEC) No 302/93 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction. OJ L 253, 07.10.2000 - P.1

- Council Decision of 28 September 2000 on the conclusion of an agreement between the European Community and the Kingdom of Norway on the participation of Norway in the work of the European Monitoring Centre for Drugs and Drug Addiction. OJ L 257, 11.10.2000 - P.23

- Commission Regulation (EC) No 1610/2000 of 24 July 2000 amending Regulation (EEC) No 3769/92 implementing and amending Council Regulation (EEC) No 3677/90 laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances. JO L 185, 25.07.2000 - P.30

- Convention established by the Council in accordance with Article 34 of the Treaty on European Union, on Mutual Assistance in Criminal Matters between the Member States of the European Union. JO C 197, 12.07.2000 – P-3

B. Pending EU instruments.

- Proposal for a Directive of the European Parliament and of the Council on the prevention of the use of the financial system for the purpose of money laundering, including terrorist financing. COM (2004) 448 – 30.06.2004

- Proposal for a Council Regulation laying down rules for the monitoring of trade between the Community and third countries in drug precursors". UD 81, CORDROGUE, COMER 120, 30.06.2004

- Proposal for a Council Regulation on the European Monitoring Centre for Drugs and Drug Addiction (recast). COM (2003) 808 (01) - 19.12.2003

- Draft Council Recommendation on the monitoring of the chemical composition of narcotics, in order to improve investigation results in the fight against transnational drug trafficking within the European Union. CORDROGUE 82-13.11.2003

- Proposal for a Council Decision on the information exchange, risk-assessment and the control on new narcotic drugs and new synthetic drugs. COM(2003)0560 final - 03.10.2003.

- Initiative by the Kingdom of Spain for the conclusion of a Convention on the suppression by customs administrations of illicit drug trafficking on the high seas. JO C 45, 19.02.2002

- Proposal for a Council framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking. COM (001) 259 final 23.05.2001. OJ C 304 E, 30.10.2001 - P.172