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KOMUNIKAT KOMISJI DO RADY I PARLAMENTU EUROPEJSKIEGO

dotyczący wyników końcowej oceny strategii oraz planu działań UE w zakresie narkotyków (2000-2004)

1. STRATEGIA ORAZ PLAN DZIAŁAŃ UE W ZAKRESIE NARKOTYKÓW (2000-2004)

W 1999 r., Komisja przedstawiła komunikat dotyczący planu działań Unii Europejskiej w zakresie walki z narkotykami (2000 – 2004)[1]. W oparciu o ten komunikat, Rada Europejska w czasie posiedzenia w Helsinkach zatwierdziła strategię UE w zakresie narkotyków na lata 2000-2004[2]. Strategia wzywa do **multidyscyplinarnego i zintegrowanego podejścia** do narkotyków, w ramach którego zmniejszenie popytu na narkotyki i zmniejszenie ich podaży są postrzegane jako równie ważne i wzajemnie się wzmacniające części zrównoważonej strategii.

W czerwcu 2000 r., Rada Europejska w czasie posiedzenia w Feira przyjęła plan działań UE w zakresie narkotyków na lata 2000-2004[3]. Ten plan działań przekładał strategię UE w zakresie Narkotyków na około sto konkretnych działań do podjęcia przez Państwa Członkowskie, Komisję, Europejskie Centrum Monitorowania Narkotyków i Narkomanii (ECMN) oraz Europol.

Plan działań stwierdza, że Komisja powinna przeprowadzać odpowiednie oceny międzyokresowe oraz na zakończenie strategii UE w zakresie narkotyków na lata 2000-2004. W listopadzie 2002 r. Komisja przedstawiła komunikat dotyczący oceny międzyokresowej[4].

Komunikat ten przedstawia wyniki końcowej oceny i kładzie podwaliny pod przyszłą ewolucję polityki UE w zakresie narkotyków w oparciu o doświadczenia uzyskane w trakcie wdrażania obecnej polityki.

2. CEL I PROCES KOŃCOWEJ OCENY

2.1. Cel

Celem końcowej oceny jest określenie poziomu realizacji działań określonych w planie działań, określenie stopnia, w jakim spełnione są cele strategii w zakresie narkotyków oraz ocena oddziaływania zarówno strategii jak i planu działań w zakresie narkotyków na sytuację związaną z narkotykami w Unii Europejskiej.

Wciąż opracowuje się ocenę oddziaływana polityki w zakresie narkotyków, a brak dokładnych i wymiernych celów operacyjnych w obecnych strategii i panie działań w zakresie narkotyków nie ułatwia tego zadania. Jednakże, rozpoczęty został proces oceny oddziaływania i definiowania kluczowych wskaźników i narzędzi, które w przyszłości mogą służyć jako normy jakości przy przyjmowaniu nowych strategii i polityki.

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1 COM(1999)239 wersja ostateczna z 26.5.1999 r.
2 Cordrogue 64, Rev 3 12555/3/99 z 1.12.1999 r.
3 Cordrogue 32, 9283/00 z 7.6.2000 r.
4 COM(2002)599 wersja ostateczna z 4.11.2002 r.

2.2. Proces

Niniejsza ocena został rozpoczęta w kwietniu 2003 r., wraz z ustanowieniem grupy sterującej (złożonej z przedstawicieli Komisji, czterech Państw Członkowskich, które dzierżyły Prezydencję w latach 2003-2004, ECMN oraz Europol'u), która ma nadzorować i przewodniczyć w odniesieniu do końcowej oceny. Grupa ta spotkała się czterokrotnie celem określenia narzędzi i metod oceny oraz celem monitorowania procesu.

W listopadzie 2003 r. rozesłano kwestionariusz do ówczesnych Państw Członkowskich[5] celem uzyskania szczegółów działań z planu działań, które zostały wdrożone przez te państwa (załącznik 1). Podobną tabelę monitorującą rozesłano do właściwych służb Komisji, ECMN oraz Europol'u (załącznik 2).

ECMN oraz Komisja przygotowały serię dokumentów tematycznych, koncentrujących się na poszczególnych aspektach kwestii narkotyków[6]. ECMN wspólnie z Europol'em opracowało statystyczne streszczenie, zawierające podstawowe dane dotyczące sytuacji w zakresie narkotyków w roku 1999 oraz latach 2002-2003[7].

W kwietniu/maju 2004 r. przeprowadzono badanie typu Eurobarometr, które dotyczyło nastawienia do / postrzegania narkotyków wśród młodzieży[8]. Główne wyniki porównuje się z wynikami podobnego badania z 2002 r.. Ponadto, pod uwagę wzięto sprawozdanie końcowe dotyczące egzekwowania prawa oraz roli prawa w zwalczaniu handlu narkotykami[9], plany wdrożeniowe dotyczące podaży narkotyków syntetycznych[10] oraz zmniejszenia zarówno popytu jak i podaży[11], zatwierdzone przez Radę sprawozdanie z postępów we wdrażaniu powyższych planów[12] oraz inne podjęte inicjatywy (załącznik 3).

Po przeanalizowaniu danych zebranych z różnych źródeł podkreślono główne osiągnięcia w analizowanym okresie oraz obszary, w których potrzeba dalszych postępów. Danych tych użyto również do oceny poziomu realizacji działań założonych w planie działań oraz do oceny stopnia, w jakim realizacja planu działań była zbieżne z celami strategii w zakresie narkotyków. Statystyczne streszczenie stanowi również podstawę do oceny oddziaływania strategii i planu działań w zakresie narkotyków na rzeczywistą sytuacje na tym polu. Dane przekazane na potrzeby końcowej oceny obejmują okres od 1999 r. do czerwca 2004 r..

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5 Jeżeli nie określono inaczej, odniesienia do Państw Członkowskich dotyczą poprzednich 15 Państw Członkowskich

6 Dokumentu są dostępne na następujących stronach internetowych www.emcdda.eu.int, www.europa.eu.int/comm/justice_home oraz www.europa.eu.int/comm/taxation_customs

7 Dostępne na stronie www.emcdda.eu.int

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

9 Crimorg 43, Rev ,3 9615/3/03

10 Cordrogue 81, Rev 2, 12452/2/02

11 Cordrogue 40, Rev 2, 8926/2/03

12 Cordrogue 43, 10481/04

3. GŁÓWNE OSIĄGNIĘCIA ORAZ OBSZARY, W KTÓRYCH POTRZEBA DALSZYCH POSTĘPÓW

3.1. Koordynacja

Osiągnięcia na poziomie narodowym

- Od 1999, coraz więcej Państw Członkowskich przyjmuje rozwinięte narodowe strategie w zakresie narkotyków. Większość z tych strategii obejmuje cały zakres działań związanych z narkotykami.

- Wśród Państw Członkowskich zwiększyła się świadomość potrzeby multidyscyplinarnej koordynacji w zakresie narkotyków. Wszystkie Państwa członkowskie uznały, że taka koordynacja jest zasadniczym elementem polityki w zakresie narkotyków, nawet jeżeli nie ma jednej definicji terminu „koordynacja".

Obszary, w których potrzeba dalszych postępów na poziomie narodowym

- Narodową koordynację w zakresie narkotyków należy rozszerzyć na wszystkie obszary polityki narkotykowej, w tym regularne konsultacje ze społeczeństwem obywatelskim.

- Więcej wstępnej koordynacji na poziomie narodowym (np. pomiędzy władzami odpowiedzialnymi za zdrowie publiczne, stosunki zewnętrzne i budżet oraz resortami sprawiedliwości i spraw wewnętrznych) pomogłoby delegacjom w artykułowaniu swoich stanowisk w Radzie.

Osiągnięcia na poziomie UE

- Od przyjęcia planu działań, spotkania narodowych koordynatorów ds. narkotyków odbywają się dwa razy do roku.

- W 2003 r. Komisja wydała komunikat dotyczący koordynacji w zakresie narkotyków. Przedyskutowano dokument zawierający opinię Grupy Horyzontalnej ds. Narkotyków na temat tego komunikatu.

Obszary, w których potrzeba dalszych postępów na poziomie UE

- Należy zapewnić odpowiednie skutkowanie komunikatu Komisji dotyczącego koordynacji w zakresie narkotyków. Spotkania narodowych koordynatorów powinny w większym stopniu skupiać się na konkretnych sprawach.

- Komisja powinna usprawnić stosowane przez siebie mechanizmy koordynacji wewnętrznej – wymaga się bardziej widocznej i operacyjnej koordynacji wszystkich służb zaangażowanych w sprawy narkotykowe. Należy kontynuować strukturalne powiązania Komisji z ECMN.

- Nie ma wyraźnego podziału odpowiedzialności wśród grup roboczych Rady zajmujących się sprawami związanymi z narkotykami. Grupa Horyzontalna ds. Narkotyków powinna przyjąć

ogólną odpowiedzialność za koordynację pracy różnych grup w zakresie spraw związanych z narkotykami.

- Nie prowadzono regularnych konsultacji w ramach społeczeństwa obywatelskiego w sprawie opracowania polityki UE w zakresie narkotyków, a takie konsultacje powinny stać się regularną praktyką. Sprawa ta będzie tematem komunikatu Komisji w 2005 r..

3.2. Informacja i ocena

Osiągnięcia na poziomie narodowym

- W większości Państw Członkowskich poprawie uległy dostępność i jakość danych dotyczących sytuacji w zakresie narkotyków, jak również polityczne wsparcie konieczne do konkretnych działań związanych z informacjami i oceną.

- Wszystkie Państwa Członkowskie zgodziły się stosować pięć kluczowych wskaźników epidemiologicznych[13] oraz dostarczać dane porównawcze i skonsolidowane.

- Niektóre Państwa Członkowskie poczyniły postępy w rozwoju narzędzi do regularnej oceny efektywności swoich działań w dziedzinie narkotyków.

Obszary, w których potrzeba dalszych postępów na poziomie narodowym

- Należy poprawić systematyczne monitorowanie wdrażania narodowych strategii/planów działań w zakresie narkotyków. Potrzeba również postępów, aby zapewnić regularną ocenę ich wdrażania.

- Państwa Członkowskie powinny podejmować wysiłki w kierunku pełnego wdrożenia wskaźników epidemiologicznych.

- Dalszej poprawy potrzeba w zakresie udzielania informacji o wydatkach publicznych w dziedzinie narkotyków oraz analizy wskaźnika efektywności kosztowej prowadzonej polityki.

Osiągnięcia na poziomie UE

- Dostępność i jakość danych dotyczących sytuacji w zakresie narkotyków uległy poprawie głównie dzięki pracy ECMN oraz Narodowych Ośrodków Ogniskujących.

- Proces końcowej oceny doprowadził do rozwoju kluczowych narzędzi metodologicznych i do stworzenia grupy sterującej, która może zapewnić ramy przyszłych ocen polityki UE w zakresie narkotyków.

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[13] 1. Zakres i sposób używania narkotyków w całej populacji 2. Rozpowszechnianie używania narkotyków 3. Zapotrzebowanie na leczenie ze strony użytkowników narkotyków 4. Liczba zgonów spowodowanych narkotykami oraz śmiertelność użytkowników narkotyków oraz 5. Wskaźnik chorób zakaźnych związanych z narkotykami.

- Poprawie uległa wymiana informacji na temat pojawiających się trendów w używaniu narkotyków, co częściowo związane jest z ustanowieniem systemu wczesnego ostrzegania w ramach wspólnego działania w zakresie narkotyków syntetycznych.[14]

Obszary, w których potrzeba dalszych postępów na poziomie UE

- Istnieją braki w zakresie informacji o związanych z narkotykami przestępstwach i potrzeba więcej pracy nad odpowiednimi wskaźnikami, uwzględniając prace ECMN oraz Europol'u w tej dziedzinie.

- Należy poprawić mechanizmy monitorowania pojawiających się trendów w używaniu narkotyków. Należy kontynuować badania nad takimi trendami.

3.3. Zmniejszenie popytu

Osiągnięcia na poziomie narodowym

- We wszystkich Państwach Członkowskich istnieje świadomość potrzeby podejmowania działań zapobiegawczych już w młodym wieku. Stworzyły one globalne programy zapobiegawcze, w które włączone zostali właściwi specjaliści oraz społeczeństwo obywatelskie.

- W coraz większym stopniu wdraża się konkretne projekty zapobiegawcze zmierzające do radzenia sobie z kwestiami używania wielu narkotyków oraz nadużywania substancji legalnie dostępnych oraz nielegalnych. Kampanie informacyjne w coraz większym stopniu skierowane są do grup docelowych oraz zajmują się ogólnie zachowaniami obciążonymi ryzykiem i uzależnieniami.

- Większość Państw Członkowskich zwiększyła środki na finansowanie i dostępność do usług leczniczych oraz zróżnicowała zakres wariantów leczenia.

- We wszystkich Państwach Członkowskich większą uwagę zwraca się na przestępców biorących narkotyki, co jest odzwierciedlone przez wzrost proponowanych przez społeczności rozwiązań alternatywnych do osadzania w więzieniach oraz przez zwiększony dostęp w więzieniach do środków psychospołecznych i zdrowotnych.

- Wszystkie Państwa Członkowskie podjęły badania skutków prowadzenia pojazdów pod wpływem nielegalnych narkotyków i leków, a niektóre z nich wprowadziły zaostrzone środki kontroli.

Obszary, w których potrzeba dalszych postępów na poziomie narodowym

- Należy prowadzić bardziej regularną ocenę efektywności środków leczniczych oraz środków zmierzających do zmniejszenia szkodliwości zdrowotnej uzależnienia od narkotyków.

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[14] Dz.U. L 167 z 25.06.1997, str. 1

- Państwa Członkowskie powinny opracować zestaw uznawanych kwalifikacji specjalistów w dziedzinach zapobiegania narkomanii i zmniejszania szkodliwości zdrowotnej uzależnienia od narkotyków.

Osiągnięcia na poziomie UE

- Rada przyjęła kilka uchwał w kwestiach związanych z przeciwdziałaniem narkomanii (patrz załącznik 3).

- Wspólnotowy program działania w dziedzinie zapobiegania uzależnieniu od narkotyków (1996-2002)[15] oraz nowy program w dziedzinie zdrowia publicznego (2003-2008)[16] zapewniły współfinansowanie dla projektów w dziedzinie zapobiegania narkomanii. Leczenie stosuje się w sytuacji nadzwyczajnej konieczności.

- W 2003 r. przyjęto zalecenie Rady w sprawie zapobiegania i zmniejszania szkodliwości zdrowotnej uzależnienia od narkotyków[17].

- Przyjęto program działania Wspólnoty Europejskiej w dziedzinie bezpieczeństwa drogowego[18] oraz rezolucję Rady w sprawie zwalczania wpływu stosowania substancji psychoaktywnych na wypadki drogowe[19]. Oba dokumenty obejmują wpływ alkoholu, narkotyków oraz leków na prowadzenie pojazdów.

Obszary, w których potrzeba dalszych postępów na poziomie UE

- UE powinna promować dalsze badania w dziedzinie biomedycznych, psychospołecznych i innych czynników, które wiążą się z używaniem i uzależnieniem od narkotyków, szczególnie w obszarach, w których badana są wciąż ograniczone (np. długookresowe używanie konopi indyjskich lub narkotyków syntetycznych).

- Należy poprawić rozpowszechnianie wiarygodnych i wysokiej jakości informacji oraz stosowanie dobrych praktyk.

- Komisja będzie kontynuowała prace w zakresie kluczowych punktów zalecenia Rady z 2003 r., o którym mowa powyżej.

3.4. Zmniejszanie podaży

Osiągnięcia na poziomie narodowym

- W większości Państw Członkowskich współpraca między agencjami ścigania uległa poprawie poprzez ustanowienie / wzmocnienie struktur i działań, takich jak wspólne zespoły policji i

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15 Dz.U. L 19 z 22.1.1997, str. 25
16 Dz.U. L 271 z 9.10.2002, str. 1
17 Dz.U. L 165 z 03.07.2003, str. 31
18 COM (2003) 311 wersja ostateczna
19 Cordrogue 97 z 13/11/2003

służb celnych, wspólne operacje w ramach egzekwowania prawa oraz wspólne protokoły ustaleń.

- Wydaje się, że teraz więcej Państw Członkowskich jest w stanie działać zgodnie z postanowieniami art. 17 (Nielegalny handel drogą morską) Konwencji NZ z 1988 r. przeciwko nielegalnemu handlowi narkotykami i substancjami psychotropowymi.

- Wszystkie Państwa Członkowskie przeniosły do swoich prawa narodowych pierwszą dyrektywę dotyczącą prania pieniędzy[20], a 11 z nich dyrektywę zmieniającą tę powyższą[21]. Ponadto, Państwa Członkowskie wprowadziły nowe środki ograniczania prania pieniędzy, takie jak prawa sprzeciwiania się wykonaniu transakcji oraz rozszerzone prawa kontroli podróżnych, którzy wwożą duże sumy pieniędzy.

- 10 Państw Członkowskich przeniosło postanowienia decyzji ramowej Rady w sprawie wspólnych zespołów dochodzeniowo-śledczych[22] i/lub ratyfikowało Konwencję NZ o wzajemnej pomocy prawnej w sprawach karnych[23] lub wykazało, że dane ustawodawstwo umożliwia już tworzenie takich zespołów.

- 10 Państw Członkowskich ratyfikowało Konwencję o pomocy wzajemnej i współpracy między administracjami celnymi (Neapol II)[24]. 14 Państw Członkowskich ratyfikowało Konwencję w sprawie wykorzystania technologii informatycznych dla potrzeb celnych (CIS)[25].

Obszary, w których potrzeba dalszych postępów na poziomie narodowym

- Te Państwa Członkowskie, które nie zgłaszają posiadania formalnych struktur współpracy między narodowymi agencjami ścigania powinny rozważyć ustanowienie takich formalnych struktur jako odpowiednie.

- Państwa Członkowskie powinny zapewnić, że posiadają konieczne, sprawne procedury umożliwiające działanie zgodne z postanowienia art. 17 Konwencji NZ z 1988 r. i powinny rozważyć stworzenie przewodnika dotyczącego jej wdrożenia.

- Państwa Członkowskie, które do tej pory tego nie uczyniły, powinny przenieść do swoich praw drugą dyrektywę dotyczącą prania pieniędzy[26], decyzję ramową Rady w sprawie wspólnych zespołów dochodzeniowo-śledczych oraz/lub ratyfikować Konwencję NZ o wzajemnej pomocy prawnej w sprawach karnych i ratyfikować II Konwencję Neapolitańską oraz Konwencję CIS.

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20 Dyrektywa 91/308/EEC, Dz.U. L166 z 28.06.1991, str. 77
21 Dyrektywa 2001/97/CE , DZ.U. L 344 z 28.12.2001, str. 76
22 Dz.U. L 162 z 20.06.2002, str.1
23 Dz.U. C197 z 12.07.2000, str. 1
24 Dz.U. C 24 z 23.01.1998, str. 2
25 Dz.U. C 316 z 27.11.95, str. 34
26 Patrz przypis 21

Osiągnięcia na poziomie UE

- Współpraca między agencjami ścigania na poziomie UE uległa poprawie poprzez ustanowienie/wzmocnienie struktur, działania podejmowane przez Europol i Eurojust oraz takie działania jak wspólne dochodzenia, wspólne operacje celne, współpraca morska, wspólne zespoły oraz centra współpracy policji i służb celnych.

- Rozpoczęto i kontynuuje się kilka projektów UE (np. CASE, EELS oraz EILCS), które skierowane są na wykrycie produkcji narkotyków syntetycznych i handlu nimi.

- Od 2000 r., pięć substancji stało się przedmiotem rozszerzonych środków kontroli UE na podstawie wspólnego działania w zakresie narkotyków syntetycznych.

- Programy finansowania UE, takie jak AGIS[27], odgrywają ważną rolę w ułatwianiu współpracy między organami ścigania Państw Członkowskich.

- Osiągnięto polityczną zgodę co do ramowej decyzji Rady ustanawiającej minimalne przepisy w zakresie elementów składowych aktów i sankcji karnych w dziedzinie nielegalnego handlu narkotykami[28]. Spodziewane jest, że jej formalne przyjęcie zgody nastąpi wkrótce.

- Przyjęto rozporządzenie Parlamentu Europejskiego i Rady w sprawie prekursorów narkotykowych (handel wewnątrzwspólnotowy).[29] Komisja przedstawiła wniosek dotyczący rozporządzenia Rady w sprawie handlu zagranicznego prekursorami narkotykowymi[30].

- Program OLAF ułatwił ważną wymianę informacji związanych z ryzykiem przenikania prekursorów oraz w dalszym ciągu wspiera systemy Yachtinfo i Marinfo.

- Prowadzi się dyskusję na temat dalszego rozwoju stałej Jednostki Koordynacji Operacyjnej, która ma wspierać wspólne operacje celne.

- Komisja przyjęła wniosek dotyczący trzeciej dyrektywy dotyczącej prania pieniędzy[31].

- Przyjęcie decyzji Rady[32] w sprawie wymiany informacji między Jednostkami Wywiadu Finansowego zapewnia lepsze ramy współpracy.

- Kilka Państw Członkowskich jest zaangażowanych w dyskusje na temat utworzenia wspólnych zespołów oraz przekazania swoim władzom policyjnym i sądowym dodatkowych, daleko idących uprawnień do działań na terytoriach tych państw.

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27 Dz.U. L 203 z 01.08.2002, str. 5
28 COM (2001) 259 wersja ostateczna
29 Dz.U. L 47 z 18.02.2004, str. 1
30 COM (2004) 244 wersja ostateczna
31 COM (2004) 448 z 30.06.04
32 Dz.U. L 271 z 24.10.2000, str. 4

Obszary, w których potrzeba dalszych postępów na poziomie UE

- Państwa Członkowskie powinny ustanowić wspólne zespoły dochodzeniowo-śledcze do radzenia sobie z handlem narkotykami pomiędzy tymi państwami, przewidziane we wspomnianej ramowej decyzji Rady oraz Konwencji.

- Dyskusji należy poddać dalszy rozwój wspólnych działań miedzy agencjami ścigania Państw Członkowskich. Rozpoczęcie i wyniki takich operacji należy relacjonować Radzie oraz Komisji.

- Zbadać należy dalsze postępy operacji związanych z produkcją narkotyków syntetycznych i handlem nimi. Użytecznym punktem wyjścia w tym procesie mogłoby być przedstawienie przez Komisję sugestii dotyczących ustalenia sieci dystrybucji.

- W całości należy wdrożyć rozporządzenie Rady w sprawie dostosowania statystyki w zakresie egzekwowania prawa oraz rozpowszechnionych prekursorów[33].

- Parlament Europejski i Rada powinny przyjąć trzecią dyrektywę dotyczącą prania pieniędzy tak szybko jak to możliwe.

3.5. Rozszerzenie

Pomimo że rozszerzenie miało miejsce osiem miesięcy przed końcem okresu objętego strategią w zakresie narkotyków, inicjatywy związane z narkomanią stanowią część dorobku UE. Wszystkie nowe Państwa Członkowskie oraz dwa kraje kandydujące dobrowolnie odpowiedziały na kwestionariusz Komisji[34]. Streszczenie tych danych zostanie zawarte w oddzielnym sprawozdaniu.

Osiągnięcia

- Program PHARE oraz inne właściwe programy wspólnotowe pozostają szczególnie użyteczne w zapoznawaniu nowych Państw Członkowskich oraz krajów kandydujących z elementami dorobku z zakresie narkotyków.

- Prawie wszystkie Państwa Członkowskie służyły pomocą nowym Państwom Członkowskim podejmującym wysiłki w zakresie radzenia sobie z nadużywaniem narkotyków oraz handlem nimi. Państwa Członkowskie świadczyły podobną pomoc krajom kandydującym.

- Wszystkie nowe Państwa Członkowskie przeniosły elementy dorobku związane z narkotykami do swoich narodowych ustawodawstw, a kraje kandydujące są w trakcie procesu transpozycji.

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33 Stup 26 z 30.10.2001, Stup 29 z 13.11.01

34 Patrz sekcja 2.2

- Rozdział WSISW dorobku został warunkowo zamknięty w przypadku Bułgarii, a negocjacje z Rumunią postępują.

- Rozpoczęto umowy z Bułgarią, Rumunią i Turcją dotyczące uczestniczenia w pracach ECMN.

Obszary, w których potrzeba dalszych postępów

- Powinna istnieć bliska współpraca z nowymi Państwami Członkowskimi oraz krajami kandydującymi we wdrażaniu elementów dorobku związanych z narkotykami.

- Nowe Państwa Członkowskie powinny w pełni wykorzystać program AGIS i inne właściwe programy ułatwiające współpracę z innymi Państwami Członkowskimi.

- Umowy z trzema krajami kandydującymi umożliwiające im uczestnictwo w pracach ECMN powinny wejść w życie tak szybko jak to możliwe.

- Program PHARE oraz inne programy wspólnotowe powinno się kontynuować, aby zapewnić pomoc krajom kandydującym w zakresie narkotyków.

3.6. Współpraca międzynarodowa

Osiągnięcia na poziomie narodowym

- Państwa Członkowskie świadczą pomoc związaną z narkotykami krajom trzecim na zasadzie dwustronnej i/lub poprzez Biuro Narodów Zjednoczonych ds. Narkomanii i Przestępczości (UNODC).

- Kilka Państw Członkowskich współpracuje z krajami trzecimi celem opracowania i poprawienia systemów zwalczania prania pieniędzy.

Obszary, w których potrzeba dalszych postępów na poziomie narodowym

- Wszystkie Państwa Członkowskie powinny systematycznie uzupełniać bazę danych stworzoną przez Komisję, a dotyczącą projektów pomocy technicznej związanych z narkotykami w krajach kandydujących i krajach trzecich.

- Państwa Członkowskie powinny regularnie informować Radę i Komisję o podejmowanych przez nie działaniach dwustronnych w krajach i regionach trzecich.

Osiągnięcia na poziomie UE

- Komisja koncentruje swoje wysiłki na dwóch głównych trasach przemytu do UE.

- Komisja regularnie informuje Radę o pomocy związanej z narkotykami udzielanej krajom/regionom trzecim oraz o ulepszonym zintegrowanym procesie, poprzez który finansuje ona projekty w zakresie narkotyków w krajach/regionach trzecich.

- W kontekście europejskiej polityki sąsiedztwa, pod dyskusję poddano plany działań z kilkoma krajami.

- Wszystkie właściwe umowy wspólnotowe i zewnętrzne (poza UE) zawierają konkretne postanowienia dotyczące narkotyków.

Obszary, w których potrzeba dalszych postępów na poziomie UE

- Państwa Członkowskie i Komisja powinny utrzymywać skoordynowaną pozycję UE w ramach międzynarodowych platform zajmujących się kwestią narkotyków, w szczególności w ramach Komisji NZ ds. Narkotyków.

- Państwa Członkowskie i Komisja powinny kontynuować łączenie pomocy związanej z narkotykami, jaką świadczą krajom Azji Środkowej, Ameryki Łacińskiej i Karaibów oraz Zachodnich Bałkanów, z planami działań w zakresie narkotyków przyjętymi w tych krajach. W tym względzie, rozważyć można odpowiedni mechanizm finansowania.

- Istnieje potrzeba powiązania przyjmowania nowych planów działań UE w zakresie narkotyków dla różnych regionów świata z alokacją zasobów na ich wdrożenie.

- Specjaliści ds. narkotyków w Państwach Członkowskich powinni w dalszym ciągu aktywnie uczestniczyć w podkreślaniu znaczenia kwestii narkotykowych, gdy opracowuje/rewiduje się krajowe/regionalne dokumenty programowe. Powinna istnieć lepsza koordynacja pomiędzy Geograficznymi Zespołami Roboczymi i Grupą Horyzontalną ds. Narkotyków.

- Należy monitorować i poddać pod rozwagę nowe konieczności i trendy w używaniu i produkcji narkotyków w konkretnych krajach/regionach.

- Należy w pełni wykorzystać istniejące mechanizmy międzynarodowej koordynacji w dziedzinie narkotyków, takie jak Grupa Dublińska (*Dublin Group*).

4. WNIOSKI

I. Ocena poziomu realizacji działań określonych w planie działań

- Około 95 % działań określonych w planie działań UE w zakresie narkotyków zostało wdrożonych lub jest na etapie wdrażania.

- Strategia oraz plan działań UE w zakresie narkotyków rozpatrywane są jako centralny punkt odniesienia dla dalszych działań oraz stanowią ramy dla działań i inicjatyw związanych z narkotykami na poziomie narodowym i UE.

- Prawie każde Państwo Członkowskie przyjęło narodową strategię/y lub plan działań w zakresie narkotyków. Wśród elementów tych narodowych strategii i planów działań, są wspólne wzory zawierające podejście UE, nakreślone w strategii i planie działania UE w zakresie narkotyków.

II. Ocena stopnia, w jakim realizacja planu działań była zbieżna z celami strategii w zakresie narkotyków

- Nie można mieć raczej wątpliwości, że wdrożenie działań z planu działań przyczyniło się do osiągnięcia, w mniejszym lub większym stopniu, 11 celów strategii UE w zakresie narkotyków.

III. Ocena oddziaływania na sytuację związaną z narkotykami

- Do pewnego stopnia przynajmniej, poczyniono postępy w osiąganiu niektórych celów strategii UE w zakresie narkotyków (Cel 2 i, w szczególności, Cel 3)[35].

- Opierając się o narzędzia oceny, nie ma silnych dowodów wspierających zaprzeczenie stwierdzenia, że osiągnięto Cel 1, aby znacząco zmniejszyć rozpowszechnianie używania narkotyków, lub że mniej młodych ludzi bierze narkotyki. Jednakże, streszczone dane sugerują, że można zaobserwować ogólne wyhamowanie rosnącego trendu w rozpowszechnianiu używania narkotyków, nawet jeżeli trend ten znajduje się w punkcie, który można uznać za historyczny szczyty.

- Podobnie, dostępne informacje nie wskazują, że dostępność narkotyków została znacznie ograniczona (Cel 4). Jednocześnie, ujęte razem Cele 4 i 5 stały się katalizatorem kilku inicjatyw na poziomie UE, które wzmocniły środki egzekwowanie prawa skierowane przeciwko handlowi narkotykami i ich rozprowadzania.

- Podjęto kilka ważnych inicjatyw, aby przeciwdziałać praniu pieniędzy (Cel 6.1). W zakresie Celu 6.2, Państwa Członkowskie uczestniczą w kilku inicjatywach skierowanych na zwalczanie przenikania prekursorów, takich jak Wspólna Europejska Jednostka ds. Prekursorów. Przedłożono ważne wnioski dotyczące zmiany ustawodawstwa wspólnotowego w dziedzinie kontroli handlu prekursorami.

5. PROPOZYCJE

- Przyszła strategia UE w zakresie narkotyków powinna zawierać jasne i dokładne cele i priorytety, które można przełożyć na wskaźniki i działania operacyjne przyszłych planów działań, z jasno określonymi odpowiedzialnością i nieprzekraczalnymi terminami dotyczącymi ich wdrożenia. Przy wyznaczaniu tych celów i priorytetów należy uwzględnić systemy informacji oraz narzędzia oceny.

- Należy kontynuować postępy w zakresie dostępności, jakości i porównywalności informacji dotyczących monitorowania sytuacji związanej z narkotykami.

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[35] Dalsze informacje znajdują się na stronie internetowej ECMN, w streszczeniu i dokumencie tematycznym „Najważniejsze doświadczenia z badania oceny polityki w zakresie narkotyków w Unii Europejskiej”.

- Na początku 2005 r. Komisja przedłoży wniosek dotyczący planu działań w zakresie narkotyków na lata 2005-2008. Ponadto, Komisja będzie sporządzać roczne przeglądy z postępu prac we wdrażaniu tego planu działań, a w 2008 r. zorganizuje ocenę oddziaływania, mając na względzie zaproponowanie drugiego planu działań na okres 2009-2012. W latach 2009-2012, Komisja będzie w dalszym ciągu sporządzać roczne przeglądy z postępu prac. W 2012 r. Komisja zorganizuje całościową ocenę strategii i planów działań UE w zakresie narkotyków, która zostanie przedstawiona Radzie i Parlamentowi Europejskiemu.

- Cele nowych strategii i planów działań w zakresie narkotyków powinny zostać odzwierciedlone w wieloletnim programie umacniającym obszar wolności, bezpieczeństwa i sprawiedliwości.

- Prace powołanej prze Radę Grupy Horyzontalnej ds. Narkotyków powinny przede wszystkim koncentrować się na rozwoju i monitorowaniu wdrażania działań określonych w przyszłych planach działań UE w zakresie narkotyków, jak również na posiadaniu wiodącej roli w koordynacji prac innych grup Rady nad kwestiami związanymi z narkotykami.

- Wdraża się wiele interesujących i pożytecznych działań w dziedzinie narkotyków. Wyniki tych działań należy przekazywać na szerzą skalę, tak aby promować podobne działania gdzie indziej. W tym kontekście, należy rozważyć organizowanie corocznego seminarium na temat aspektów polityki w zakresie narkotyków związanych ze wspomnianymi działaniami.

- Niniejszą końcową ocenę należy uwzględnić przy opracowywaniu nowej strategii UE w zakresie narkotyków na lata 2005-2012.

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

[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.

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.

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