



COMMISSION OF THE EUROPEAN COMMUNITIES

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**COMMUNICATION FROM THE COMMISSION
TO THE COUNCIL AND THE EUROPEAN PARLIAMENT**

on the implementation of the EU Action Plan on Drugs (2000-2004)

1. INTRODUCTION

Tackling drugs is a top priority of the European Union in view of the continued high levels of drug misuse and trafficking and the damage caused to our societies through drug related crime, health problems and social exclusion. EU citizens also believe that tackling drugs should be a top priority for the EU.

Significant progress has been made recently with the endorsement of the EU Drug Strategy 2000-2004 at the Helsinki European Council. The Feira European Council translated the EU Drug Strategy into a detailed EU Action Plan on Drugs (2000-2004) which sets out clearly the actions to be taken over the next five years by the EU institutions and the Member States. The measures cover both demand and supply reduction, and emphasise the need for international cooperation and effective information, evaluation and coordination at all levels. The aims of the Strategy and the Action Plan are:

- to provide a guide to all actors in the EU when setting their priorities in the area of drugs over the next five years;
- to ensure that the issue of drugs receives the necessary high level support, despite its complicated and fragmented nature; and
- to provide a solid base for the evaluations, to be carried out at mid-term (2002) and on completion by the Commission, of the anti-drugs activity of the EU over this five year period.

The Strategy sets out eleven general aims and six main targets for the EU in this period¹, and examines some of the issues involved. The Action Plan translates the aims and targets set in the Strategy into roughly one hundred concrete activities that should be implemented over the period concerned in order to ensure the implementation of the Strategy.

The objective of the Communication, which is based on contributions from the Commission, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and EUROPOL, is to ensure that the European Union will be able to meet the ambitious challenges in the Action Plan on Drugs within the timeframe. In particular the Communication:

¹ The eleven general aims of the Strategy are to: (a) ensure that drugs remains a top priority for the EU; (b) ensure that actions are evaluated; (c) continue the balanced approach to drugs; (d) give greater priority to drug prevention, demand reduction and the reduction of the adverse consequences of drug use; (e) reinforce the fight against drug trafficking and to step up police cooperation between Member States; (f) encourage multi-agency cooperation and the involvement of civil society; (g) use to the full the possibilities offered by the Amsterdam Treaty, particularly Article 31 e) on minimum rules on drug trafficking; (h) ensure collection and dissemination of reliable and comparable data on drugs in the EU; (i) progressively integrate the applicant countries and to intensify international cooperation; (j) promote international cooperation, based on the UNGASS principles; and (k) emphasise that implementation of the strategy will require appropriate resources.

The six main targets are to: (a) reduce significantly over five years the prevalence of illicit drug use; (b) reduce substantially the incidence of drug-related health damage; (c) to increase substantially the number of successfully treated addicts; (d) to reduce substantially the availability of illicit drugs; (e) to reduce substantially the number of drug related crimes, and (f) to reduce substantially money laundering and the illicit trafficking in precursors.

(i) proposes a tool in the form of a Follow-up Table for the review of progress in the implementation of the Action Plan;

(ii) outlines the method by which the Commission intends to carry out the evaluations of the Drugs Strategy and Action Plan;

(iii) outlines how the Commission intends to ensure that the applicant countries deal as effectively as possible with the problem of drugs and proposes that the Commission should maintain a database of all EU activities, funded by the Commission or Member States in applicant countries;

(iv) suggests that the EU should examine how best to reinforce the exchange of information on projects in non-applicant countries. This information should form the basis for the annual discussions on drugs-related international cooperation; and

(v) examines ways of improving coordination at EU level.

2. REVIEW OF PROGRESS IN THE IMPLEMENTATION OF THE EU-ACTION PLAN ON DRUGS

The EU Action Plan on Drugs stresses the need for a global, multidisciplinary and integrated response based on the following four key elements: (i) demand reduction, (ii) supply reduction and the fight against illicit trafficking, (iii) international cooperation and (iv) coordination at national and Union level.

The Commission has drawn up a Follow-up Table (see Annex 1) in order to monitor whether the activities foreseen in the Action Plan are executed within the deadlines and to keep progress under review. The EMCDDA and EUROPOL have jointly contributed to this. For each activity in the Action Plan which requires action by the Commission, the EMCDDA or EUROPOL, the Follow-up Table records the state of play, the timeframe for action and the priority accorded to it.

In the Commission's view the Follow-up Table should be pursued in partnership with all actors concerned in order to enable monitoring of every action foreseen in the Action Plan. The Commission therefore encourages the other actors involved in the implementation of the Action Plan, in particular the Member States, to undertake a similar exercise. Once all the Follow-up Tables have been produced the Commission will consider how best to draw them together. The Commission favours presenting a single Follow-up Table based on the contributions from the Member States which would:

- provide a flexible instrument for the recording and evaluation of progress in implementation of the EU Action Plan;

- contribute to a better allocation of human and financial resources for an effective implementation of the Action Plan; and

- help all the actors prepare for the mid term and final evaluations.

3. EVALUATION OF THE EU STRATEGY ON DRUGS

The Drugs Strategy and the Action Plan call on the Commission to organise an evaluation of the overall drug strategy and its impact. The EU Action Plan on Drugs identifies three stages to the evaluation:

- Stage 1: assessment of the level of achievement of the activities identified in the Action Plan;
- Stage 2: assessment of the extent to which achievement of the Action Plan met the objectives of the Drug Strategy; and
- Stage 3: assessment of the impact on the drugs situation, particularly in terms of the six main targets identified in the Strategy, of the actions undertaken under the Action Plan and the Strategy.

For the first stage, the adoption of common evaluation techniques and Follow-up Tables by all involved will allow the Commission to assess the progress made in achieving the actions identified in the Action Plan. The EMCDDA is developing common methodological tools for monitoring anti-drugs activities. It would be very helpful if all the actors involved used these EMCDDA tools when evaluating their anti-drugs activities, and when completing their Follow-Up Tables. This would ensure that the results from different actors within the EU were comparable. The Follow-Up Tables should be updated at regular intervals and in particular at mid-term and on completion of the Action Plan.

The second stage will require the Commission to compare the achievement of the actions in the Action Plan to the objectives of the Drug Strategy. This will allow an assessment of the extent to which the objectives of the Drugs Strategy have been met.

The third stage will assess the impact of the actions taken on the drugs situation, and in particular on the main targets identified in the Strategy. In order to consider whether these targets have been met the Commission will need to have information on drug demand and supply trends. This should be provided by the EMCDDA and EUROPOL.

The information on which the EMCDDA and its partners will concentrate their work over the next three years, in particular regarding the first three targets, is summarised in annex 2. Together the EMCDDA and EUROPOL launched, in line with point 2.2.2 of the Action Plan, two “impact evaluation criteria” working groups to identify, drawing on the expertise of Member States, criteria and techniques which could contribute to the final impact evaluation, and to ensure consistency between the evaluation efforts of the EMCDDA and EUROPOL. EUROPOL is working on drug-related crime statistics. The EMCDDA focussed its Work Programme 2001-2003 on monitoring changes in the drug situation through the establishment of a set of epidemiological indicators and relevant core data. In order to facilitate comparison at EU level the EMCDDA has already produced guidelines for the implementation in the

Member States of the five key epidemiological indicators² which will be adopted by its Management Board in September 2001. The implementation of the key indicators will require strong commitment from the Member States, and should take place as quickly as possible.

The Commission will try to take into account the views of other parties in this stage, but will of course assume the ultimate responsibility for the content of the evaluation. The objective will be to try to assess the impact of the implementation of the Drugs Strategy and the Action Plan on the drugs situation. On the basis of this assessment the Commission will consider whether to propose any modifications to future policy on drugs.

Finally, the Commission would like to inform its partners that, given the existing lack of reliable and comparable information on the epidemiological and criminal aspects of the drug problem in the EU, it intends to limit the evaluation at mid-term (ie in 2002) to the first stage identified above. EUROPOL and the EMCDDA should be in a position to provide this information by the end of the period of application of the Strategy and Action Plan, and so all three stages outlined above will be implemented in 2004.

4. ENLARGEMENT

The Commission considers stepping up of the fight against drugs in the applicant countries as a priority.

The Pre-accession Pact on Organised Crime, which noted the importance of information and operational co-operation, committed the EU and applicant countries (CEECs and Cyprus - the Pact should be extended to Malta and Turkey) to develop each year a common annual strategy with the assistance of Europol, in order to identify the most significant threats related to organised crime, including drugs crime.

The support to the applicant countries includes the integration of the 'acquis communautaire', the development of action plans and participation in the activities of the EMCDDA. Special attention will be given to co-operation with Turkey.

The EU Drugs strategy 2000-2004 put emphasis on the fight against drug abuse and trafficking in the applicant countries. The two main aims of the EU are to enable applicant countries to implement the drugs acquis, and to bring the EU and applicant countries into closer drugs cooperation. The Commission completely shares this approach.

The joint EU/applicant countries action plan on drugs should cover the full range of demand and supply issues and should facilitate work with each applicant country in order to monitor and evaluate anti-drugs programmes. The Commission underlines the need for complementarity between the action plan and the accession negotiations.

² The key indicators are:

- the extent and pattern of drug use in the general population;
- the prevalence of problem drug use;
- the demand for treatment by drug users;
- the number of drug-related deaths and the mortality of drug users; and
- the rates of drug-related infectious diseases (HIV, hepatitis).

The Council adopted in March 2001 a decision allowing the Commission to negotiate the participation of the applicant countries in the REITOX network of the EMCDDA. The Commission considers the participation of the applicant countries in the EMCDDA a very important step in the integration of the drugs acquis and negotiations on this issue will be launched in mid-2001.

In total, €53 million have been committed under PHARE since 1992 in the area of drugs. At the end of 1999, the European Commission decided to integrate drug control into the PHARE National Programmes. Within this framework the Commission decided to provide a specific allocation of €1 million to each applicant country, with the aim of developing a specific drugs component. The main issues addressed in the 2000 PHARE national drugs projects are the institutionalisation of the national drugs information focal points in view of the future participation of the applicant countries in the activities of the EMCDDA and the strengthening of national drugs strategies and inter-ministerial coordination. Most projects are carried out as twinning projects.

A budget of €2 million has been allocated from the 1998 Phare Multi-beneficiary Drugs Programme to a joint EMCDDA/CEEC project to allow the EMCDDA to assist directly the applicant countries in preparation of their participation in the tasks of the Centre.

Furthermore, the Commission decided to set aside €10 million to implement the 2000 Phare Multi-beneficiary Drugs Programme which is aimed at strengthening the capacities for and increasing the effectiveness of regional co-operation in the supply reduction area between the applicant countries and the EU Member States, notably for the fight against synthetic drugs, strengthening law enforcement cooperation and money laundering. The Commission will also look for financing for anti-drugs cooperation with the applicant countries not covered by the PHARE programme (Malta, Cyprus and Turkey). The Commission intends in particular to strengthen its cooperation with Turkey, and intends to begin soon negotiations on an agreement between the EU and Turkey to help prevent the diversion of chemical precursors.

In order to avoid duplication and lacunae in drugs assistance to the applicant countries, the Commission proposes to establish a database of all assistance projects financed by the Member States or the Commission in the applicant countries, on the basis of information provided by the Member States on a regular basis.

5. EXTERNAL ACTION

The Commission regards international co-operation as a key element in the fight against drugs. In this area, the Commission will give particular importance to the main trafficking routes supplying the EU.

The Commission currently has drugs-related projects in 100 countries with a total value of more than €100 million. The projects cover a wide range of activities, including prevention, treatment, social and professional reinsertion for drug users, epidemiology, alternative development, controls on chemical precursors, customs and police co-operation, institutional support for the development of national policies, money laundering, and drafting new legislation.

As indicated in the Action Plan, the Commission will concentrate its efforts on production and transit countries, and in particular on the two main trafficking routes to the EU: the heroin route from Afghanistan to the EU via Central Asia, Iran, Caucasus, Turkey, Eastern Europe and the Balkans; and the cocaine route from Latin America via the Caribbean. As foreseen in the reform of the external aid, the allocation of resources for drugs-related activities will be included in the multi-annual programmes. This programming will take into account the need for a global approach for each trafficking route.

Focusing on the two main trafficking routes in this way will give the Commission a coherent approach and will allow it to concentrate its efforts in the field of supply reduction on the main routes supplying more than 80 percent of the illicit drugs in Europe.

On the cocaine route, the Commission has already launched important programmes: €20 million for the Barbados Plan and €60 million for alternative development projects in Peru and Bolivia. The emphasis on alternative development which involves comprehensive efforts to facilitate modes of livelihood that are alternative to drug production and trafficking, makes EU external activity on drugs distinct from those of other partners. As far as Colombia is concerned, the Commission intends to be a key actor in the support for the peace-process, and pledged, within the framework of a comprehensive EU aid package, an amount of €105 million for this purpose. Out of this amount, €30 million will be devoted to the support for alternative development programmes. On a regional basis, the Commission is also supporting several initiatives for the benefit of the Andean countries, in the fields of money laundering, precursor control and harmonisation of legislation. In the last years, nine Latin American countries received a Commission support for prevention projects for about €2 million. The latest Community initiative was to assist the Venezuela Government in order to create a National Monitoring Centre on drugs (€2 million). In addition, one may recall that to support to their efforts in combating drugs, the Andean and Central American countries receive special treatment within the framework of the Generalised System of Preferences (Drugs GSP). Together with the MFN clause, this treatment ensures up to 80% of the Andean exports duty-free access to the EU market. The EU, the US and the UNDCP co-operate closely in the implementation of the Barbados Plan of Action which addresses the issue of drugs in the Caribbean.

On the heroin route a series of actions have already started in Central Asia and the Caucasus, Eastern Europe and Turkey, aiming at achieving a “filter system” between Afghanistan and Western Europe. They will be developed through additional programmes addressing both supply reduction and demand reduction. The EU Action Plan on Drugs for Central Asia should be signed in the near future and will provide a framework for the drugs-related activities for the whole EU in this region. The EU is also aware of the problems posed to India by the close proximity to Afghanistan and Myanmar, the two biggest producers of illicit heroin, Afghanistan and Myanmar, and of the need for further co-operation. Furthermore, the drugs issue is also discussed within the partnership and co-operation dialogue with Russia, Ukraine and Moldova, notably in the context of justice and home affairs developments. The Common Strategies on the Russian Federation and Ukraine as well as the European Union Action Plan on a Common Action for the Russian Federation on Combating Organised Crime stress, inter alia, the common interest in promoting co-operation in the fight against drug trafficking. Currently, the development of a European Union Action Plan on Justice and Home Affairs for Ukraine is under consideration. Recently, several activities to support the efforts of Belarus, Moldova and Ukraine to deal with the drugs challenge have been identified and are in the pipeline for implementation. In Iran, projects are being prepared in partnership with UNDCP to support the important Iranian efforts in the fight against drug abuse and drug trafficking. Cooperation with Turkey will take place in the framework of enlargement. In the

Balkans, the implementation of the CARDS programme in Justice and Home Affairs matters will consider drugs, and in particular drug smuggling, as a key priority that will be addressed first by enhancing the overall crime fighting capacity (legal, investigative, judicial in each country and regional co-operation) and second by giving specialized training on drugs including supporting a drug-related regional intelligence network."

As regards the Mediterranean area, one should mention the cannabis route which principally links Morocco as the main producing country and cannabis exporter, and the EU where cannabis remains the most widely available and most commonly used drug.

In the field of money laundering, the Commission supports with the US and UK in the framework of the Barbados Plan of Action a €8 million programme in the Caribbean. It has also recently launched a programme for South East Asia. Finally, preparatory work on a new programme for Ukraine, Russia, Belarus, Moldova and Kazakhstan is well advanced.

The political dialogue that the EU maintains with many regional and sub-regional groups (including Latin America, the Caribbean, the Mediterranean and various Asian partners) illustrates the firm willingness of the EU to put forth its views on drugs. Particularly important in this regard are the specialised dialogue on drugs with the Andean countries and the coordination and cooperation mechanism on drugs between the EU, Latin America and the Caribbean.

The Commission will continue to mobilise EU expertise to reinforce the European identity of the EU's external drug-related action and to support the development of relations between third countries and the EU.

The Commission is one of the major donors of UNDCP and will continue to cooperate with all competent UN agencies in the field of drugs, as well as with other donors. A new area of cooperation with the US concerns synthetic drugs.

Regarding the monitoring of drug addiction, the Commission will regard as a specific priority the development of indicators and methodologies appropriate to less developed countries.

The implementation of the drug action plan may lead to a better coordination of external drugs-related activities undertaken by the Commission and the Member States, on the basis of well-defined and agreed objectives and a clear division of responsibilities between all actors.

6. STRENGTHENING COORDINATION

Good coordination between the EU institutions and all the actors involved is an essential requirement in the fight against drugs, given the complicated and fragmented nature of the drugs issue. Coordination has therefore been a key consideration for the EU since the adoption of the second EU Action Plan on Drugs in 1995.

Point 1.1.7 of the latest Action Plan asks the Commission, with the assistance of the EMCDDA, to report on existing coordination arrangements and possible improvements to them. In March 2001 the EMCDDA provided the Commission with its contribution to the report on coordination arrangements within the Member States. The Commission intends to bring forward its report, on the basis of the work of the EMCDDA, in the near future.

For financing drugs-related activities, the Commission does not have a centralised budget line, but can draw on a large number of different budget lines. The Action Plan itself does not create any new financial obligations. A summary of the budget lines and amounts available in November 2000 is attached in annex 3, and the Commission intends to update this information every year. Point 1.4.1 of the Action Plan calls on the Council and the Commission to study, on the basis of the current efforts in this field of the EMCDDA and the Pompidou Group, an approach to establish a list of all public expenditure on drugs. When the EMCDDA and the Pompidou Group bring forward their recommendations on how to classify expenditure, the Commission will try to adapt its budgetary information to reflect the recommendations. The Commission would encourage the Member States to examine this issue and to share whatever information they can as soon as possible, and in any case in time for the mid-term evaluation.

The Commission will contribute to the annual debate on all EU assistance drugs projects and continue to provide appropriate information on its anti-drugs co-operation projects with third countries and applicant countries.

However, there is a need for enhanced co-ordination of the external action between Member States and the Commission. Special attention should be given to the co-ordination of the EU action on the two main trafficking routes, which are fuelling the EU and the applicants countries. Cooperation with multi-lateral or international organisations should also be subject to a strengthened co-ordination.

Although the Commission and the Member States have to inform each other of all projects in third countries, no modalities have been established. As a result, exchange of information does not really function. The Commission will make proposals at the level of the Horizontal Drugs Group of the Council for agreeing practical modalities.

7. CONCLUSION

The Commission

- encourages all the other actors in the EU Drugs Strategy and the Action Plan on Drugs for the period 2000-2004, and in particular the Member States, to prepare and regularly update Follow-up tables similar to the one prepared by the Commission, the EMCDDA and EUROPOL;
- asks the European Parliament and the Council to endorse the principle of a single Follow-up table covering the whole range of activities mentioned in the Action Plan;
- urges the European Parliament and the Council to consider the method by which the Commission intends to carry out the evaluations of the Drugs Strategy and Action Plan, and to comment on it;
- asks the other actors involved, in particular the Member States, to provide as complete and accurate information as possible on their implementation of the Strategy and Action Plan, particularly at mid-term and on completion, so as to allow the Commission to conduct thorough evaluations;

- recommends that the Member States use the monitoring and evaluation criteria and techniques prepared by the EMCDDA and its national partners when evaluating their activities, so as to ensure that the results are comparable;
- invites the Parliament and the Council to take note of and support its approach to drugs and the enlargement of the EU;
- requests the Member States to provide it with information on all their assistance projects with the applicant countries, so that the Commission can maintain an accurate and up to date matrix; and
- suggests that the Parliament and the Council take note of coordination arrangements now in place at EU level and that all EU institutions take appropriate initiatives to enhance the current inter-institutional coordination.

ANNEX 1

IMPLEMENTATION OF THE EU ACTION PLAN ON DRUGS (2000-2004): FOLLOW-UP TABLE FOR THE COMMISSION, THE EMCDDA AND EUROPOL

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	Commission services intend to implement the framework agreement signed in July 2000 by the European Parliament and Commission. Active participation of the Commission services to the relevant working group of the Council. Europol and the EMCDDA co-operate on a regular basis.	Continuous process	The Commission should play an active role in ensuring such an inter-institutional coordination. Europol and the EMCDDA co-operate on a regular basis: - Through annual co-ordination meetings at directorate level; - In the framework of the Joint Action on new synthetic drugs; - Through the exchange of information relating to the production of synthetic drugs in general; - By making use, on a reciprocal basis, of relevant information that is available in either organisation, to be included in bulletins, situations reports etc. - In developing a harmonised database on drug seizures in the Member States. Discussions are underway to conclude a Co-operation Agreement between Europol and the EMCDDA. Where appropriate, Europol and OLAF co-operate, for instance: - In developing a European Union Training Course for trainers on the combating of illicit synthetic drug laboratories. - In the framework of the global (UNINCB) monitoring initiative on Acetic Anhydride. Europol contributes to the PHARE programme:
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.		<u>2002 and 2004</u>	The Commission should appoint a representative for this high level meeting.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	First meeting held in Paris, November 2000. The Swedish Presidency organised the second meeting in March 2001.	<u>Twice a year</u>	The Commission and the EMCDDA participated in these two meetings. Europol was present at the meeting in Paris.
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.	(Ongoing discussion between relevant Cabinets and services.)	Continuous process	The global and balanced approach to drugs should be taken into account, where possible, in all external activities.
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.	A draft contribution from the EMCDDA was presented at the meeting of the Drugs coordinators in March 2001.	<u>March 2001</u>	The Commission and the EMCDDA will present the final result of their study for the end of the year.
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 as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	Several Council Decisions have been adopted, or are in the process of being developed, to initiate or strengthen the role of Europol, e.g. - The extension of the Europol mandate; - Joint investigative teams; - Co-operation with Eurojust and the European Police Chiefs Task Force; - Combating drug-related crime committed via the Internet and other forms of modern technology; - The profiling of synthetic drugs. EMCDDA, in cooperation with the Commission, EUROPOL and EMEA, implements the Decisions of the Council in the framework of the Joint action on new synthetic drugs (art. 3 and 4)		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.		Continuous process	To be monitored through the Interservice Drugs Group.
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.		Continuous process.	A very comprehensive and complex task. Involves all kinds of services. Both demand reduction and supply reduction approaches. To be elaborated.
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.	This process will be useful for the mid-term and final evaluation of the EU Action Plan.	It would be useful to have regular follow up from the EMCDDA and Pompidou Group on the drug expenditure of Member States. Information on public expenditure on drugs in Member States shall be collected regularly in a comparable format prepared by the EMCDDA.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	Council and Parliament approved the extension of the Drug Prevention programme(2001-2002) in January 2001. The Commission put forward a proposal for the creation of a new program on crime prevention (Hippokrates). Two Eurobarometers on Urban Safety linked in particular to drugs dependence were carried out by the Commission in 1996 and in 2000. The results of the 2000 Eurobarometer have been made available in March 2001.	Continuous process	This is a major concern also of the European Parliament and the Council.
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)	EMCDDA 2001 annual report is being finalised; EMCDDA 2001-2003 work programme adopted; EMCDDA guidelines for data collection in Member States have been provided to REITOX Focal Points		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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)	EMCDDA guidelines finalised and transmitted to the members of its Management Board in Member States. Formal adoption of the guidelines by EMCDDA Management Board by September 2001. Questionnaire from the President of Management Board to Member States on national situations regarding support for implementing the 5 key indicators		The Commission is considering the best way to support the implementation of the five key indicators.
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.	Conceptualisation and definition process launched under EMCDDA 2001 Work Programme		
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.	Annual financial contribution from EMCDDA to REITOX Focal Points; External evaluation of REITOX to be achieved (2001).		
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.	A meeting on this issue will be organised by the first semester 2001 between the concerned services and EMCDDA.	End of 2002 and 2004	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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 drug prevention programme and Research and Development Framework Programme	End 2004	Such a system will need a regular follow up and this implies the necessity of adequate human and financial resources.
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.	In co-operation with experts of volunteering Member States and the EMCDDA, the parameters of a harmonised database system on drug seizure statistics have been developed and agreed upon. An inventory takes place with a view to identifying the appropriate system for handling data in accordance with the agreed parameters.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
2.2 To ensure that actions against drugs are evaluated (strategy aim 2).			
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, EMCDDA and Europol as well as Member States should carry out their own evaluations, on the basis of a list of criteria prepared by the Commission with the help of EMCDDA and approved by the Council. The Commission to draft a global evaluation at mid term and completion of the Action Plan.	End 2002 and 2004	This is a major concern also of the European Parliament and the Council.
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.	EMCDDA produced a preliminary set of bench marks applicable on the basis of its data analysis process. Preliminary contacts have been made with Europol and selection of Member States (REITOX Focal Points and Europol National Units) with a view to draw a complete list of potential bench marks covering the EU Action Plan.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	A peer evaluation on drugs trafficking will be completed by the end 2001. A final evaluation of the Drug Prevention Programme is expected to be completed in 2003	End 2003	The Commission to be assisted by the EMCDDA in identifying best practices in the field of demand reduction (EDDRA database)
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 will launch in the first semester of 2001 with the help of EMCDDA and Europol a global assessment of the effectiveness of the Joint Action on synthetic drugs.	End 2001	
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.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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 'Situation Report on Organised Crime in the European Union'. This report is based on contributions by the Member States, also 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 as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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 Drug Prevention Programme (2001-2002) has been extended until the adoption of the new Public Health Programme	Continuous process	The Commission will support comprehensive programmes and disseminate the best practices and results with the support of the EMCDDA (EDDRA Database).
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.		Continuous process	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 Drug Prevention Programme	Continuous process	Selection of projects of innovative character in this area
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)			
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 Drug Prevention Programme.	End 2002	Internet could also be used for such campaigns.
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 Drug Prevention Programme	Continuous process	
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.		Continuous process	The Commission should continue to study this issue and if appropriate to bring forward proposals. The recommendations of the Working Party on 'Alcohol, Drugs, Medicine and Driving' should be taken into account. It is proposed to include this issue in the Research and Development Framework Programme for 2002-2006.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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 Commission adopted on 16 th May 2000 a proposal on the future public health programme. This proposal is currently under discussion in the Council and the EP.	2002	
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.	Three projects were funded under the current Research and Development Programme. The second round of application is now under evaluation.	Continuous process	
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.		Continuous process	To be elaborated on the basis of existing Community programmes on training and drug prevention and on contribution from the EMCDDA
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 Drug Prevention Programme aims at all age groups, in particular young people.	Continuous process	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	Recommendation on prevention and reduction of drug related risks is under preparation. Parliament and Council have agreed on a Joint Text for tobacco directive.	2002/2003	
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)			
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.	The Commission put forward a proposal for the creation of a new program on crime prevention (Hippokrates) on 29.11.2000. Currently under discussion in the Council and the EP, a French-Swedish initiative to create a Crime Prevention Network, whose priorities are urban, juvenile and drug-related crime.	Continuous process	This is also one of the priority of the Tampere European Council (Conclusion 42).
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.	Contribution of EMCDDA foreseen in the framework of its 2001 working programme.	2002	Crime and policy indicators should be defined in order to assess progress in the prevention and control of crime.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	The EMCDDA has finalised the study in March 2001.	End of 2001	The Commission to consider follow-up to the EMCDDA study.
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 Drug Prevention Programme.	Continuous process	The Leonardo da Vinci Programme could be used for this purpose on the basis of projects presented by Member States. To further encourage a closer co-operation between the networks set up in this field .
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.		Continuous process	EDDRA Database
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)			

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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 Cybercrime. The Council Working Party on Drug Trafficking has developed proposals to enhance actions against drug-related offences through the use of Information and Communication Technology, including the Internet. The Council has been invited to adopt the proposals, which give a co-ordinating role to Europol.	2002	
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.	In June 2000, the Portuguese authorities organised a conference on maritime trafficking, which resulted in several recommendations. An action plan for their implementation should be drafted, with emphasis on operational activities.	Continuous process	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	Based on a Swedish proposal, the Council and the Parliament are considering a Council Decision establishing a system for the special forensic profiling analysis of synthetic drugs. The outcome should result in an EU-wide co-ordination by Europol of law enforcement and forensic information.	2001	A second Swedish proposal is currently under discussion at Parliament and Council level concerning the transmission of samples of illegal narcotic substances.
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.	A proposal for the extension until 2002 of the existing programmes has been put forward by the Commission. A discussion on the Third Pillar Programmes from 2002 onwards is taking place.	End 2002	The creation of the European Judicial Network creates a new framework for action. The possibility to link it to Europol should be further analysed.
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. Further implementation may take place in other forms of international law enforcement and judicial co-operation, e.g. joint investigative teams.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
4.1.2.To reduce substantially over five years money-laundering and illicit trafficking of precursors (Strategy target 6)			
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.	The Commission proposed on 14.07.1999 an extension and update of the '91 Directive. The mandate of Europol has been recently extended to money laundering.	Continuous process	Money laundering is also one of the priorities set up by the Tampere European Council (Conclusions 51-58).
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.		Continuous process	Commission should study the possibility to enhance the cooperation with industry and the conclusion of precursor control agreement with more risk countries.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	The Commission has put forward: 1. A proposal for the modification of the Council Regulation (EEC) No 3677/90 of 13 December 1990 laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances. 2. A new draft of the proposal for the modification of the Council Directive 92/109/EEC of 14 December 1992 on the manufacture and the placing on the market of certain substances used in the illicit manufacture of narcotic drugs and psychotropic substances	By the end of 2001 the proposals for the modification of the Regulation and the Directive should be approved by the Parliament and the Council.	Guidelines have been produced to assist chemical industry. These have been disseminated to Member States and will sent out to the chemical industry shortly. They have also been made available to the candidate countries through the Phare Program.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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 organised 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.	Continuous process	
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 two Recommendations to the Member States in respect of: - requests made by Europol to initiate criminal investigations in specific cases; - Europol's assistance to joint investigative teams set up by the Member States.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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 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 study was completed in March 2001. The Commission will put forward a proposal by April/May 2001.	1st semester of 2001.	This is also one of the Tampere Conclusions (n° 48)
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 Centres of Excellence Directory, which contains information on expertise and best practises. The system contains sources of information relating to new investigative techniques. In addition, the Europol Drugs Group collects and stores documentation on drug-related crime. Relevant information is being disseminated through regular Drug Intelligence Bulletins.		
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)			

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.		2001	The Commission proposes to discuss the idea of an Action Plan on drugs for Candidate Countries with the Member States during the Swedish Presidency.
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.	The Council adopted the negotiating mandate in March 2001.	1 st semester 2001	Negotiations should start as soon as possible.
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 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€ has been made available for drug control activities within the Phare Program for 2000. Financed from the Phare Multi-beneficiary Drugs Programme 1998 a 2 M€ have also been allocated to a joint EMCDDA-Phare project.	Continuous process	The commitment of the Phare Program should be maintained. Phare Regional Drugs Programme 2000 of 10M€ has been adopted by the Phare Management Committee in October 2000. Attention will be paid to synthetic drugs, money laundering, and diversion of precursors. Resources for the non-Phare candidate countries will be made available. Activities to be closely coordinated with those under point 5.2.1.
5.1.4 The Council to have an annual debate on all EU assistance projects in the candidate countries in the field of drugs.		Annual debate	Commission should be able to provide global information. Commission will organise a Conference focusing on drugs issue with the candidate countries in April 2001.
5.1.5 The Commission and Member States to implement the Pre-accession pact on organised crime and extend it to all applicant countries.	Ongoing discussion within the Pre-accession Pact Expert Group.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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)			
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 produce drugs or through which drugs transit on their way to the EU.	Actions already undertaken on the heroin route in Central Asia, Caucasus, Iran, Balkans, and are under preparation for Belarus, Moldova, Russia and Ukraine. Important action undertaken in the Caribbean to counter cocaine trafficking	Continuous process	Commission to develop an overall strategy covering the two main trafficking routes fuelling EU (heroin route from Afghanistan to Europe via Central Asia, Iran, Caucasus, Turkey, Balkans; cocaine route from Latin America via the Caribbean). Activities to be closely co-ordinated with above point 5.1.3.
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.	Coordination is ongoing for some actions in the Caribbean	Continuous process	The Commission and Member States to consider extension of certain aspects of this co-ordination model to cover the trafficking routes.
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.	Member States and the Commission are considering how best to co-operate with these organisations	Continuous process	Effectiveness of EU co-operation with multilateral and international organisations to be increased by better co-ordination and earlier involvement in programme and projects design.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.		Continuous process	<u>Resources:</u> Drugs to be incorporated in the multi-annual programming, inter-regional characteristic of the trafficking routes will be taken into account. <u>Mutual information:</u> The Commission and the Member States should consider how best to collect information on planned and ongoing projects and present EU action in an operational, synthetic and analytic form so as to provide an overall vision of EU international action against drugs.
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.	Implementation of the Caribbean part of the LAC action plan well advanced. EU Central Asia Action Plan should be formally adopted by the countries of the region under the Swedish Presidency. Commission has appointed an EU Drugs-Coordinator for the region. Activities are starting in Iran. Support to ECO co-ordination is strengthening.		Central Asia Action Plan should be extended to cover neighbouring regions. Co-ordination of the actions implemented in the framework of the regional action plans should be strengthened (see 5.2.2).
5.2.7 The Commission and Member States to help non-EU countries and regions to develop their anti-money laundering systems.	Ongoing activities in the Caribbean and ASEAN countries, and under preparation for Russia, Ukraine and Moldova. Activities are under preparation for Belarus and Kazakhstan	Continuous process	Countries should be assisted in developing their anti-money-laundering activities through budget lines EDF, North-South cooperation in the fight against drugs and TACIS.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	EMCDDA and UNDCP reached an agreement on the indicators to be used in third countries.	Continuous process	Commission to develop methodologies adapted to less advanced countries through the pilot project in Venezuela
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).		Continuous process	Drugs to be incorporated in the multi-annual programming process and inter-regional coordination to be ensure.
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.	Ongoing Alternative development project in Morocco and Latin America.	Continuous process	To strengthen complementarity of these projects with action on the main trafficking routes.

ANNEX 2

EMCDDA Indicators and core data and their links to the evaluation of the EU Drug Strategy (2000-2004)

EU strategy Target(s) of reference	EMCDDA Indicator (ki) or core data (cd)	Potential performance or impact bench marker
1. To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.	Drug use in general population (ki)	1. Prevalence in general population and school surveys: – Recent use (Last Year, Last Month) – Cannabis and (less precision) cocaine, amphetamines 1999-2004 comparison possible only in some countries 2. Initiation to drug use (incidence): – Age first use of cannabis (very limited data on other substances) In a few countries only. Planned but not yet available in others. Age ranges to be monitored - General Population surveys: 15-24 years - School surveys: 15-16 years
	Prevalence of problematic drug use (ki)	1. Prevalence estimates of numbers of ‘problematic drug users’ per 1000 population aged 15-64 2. Changes over the time in other indirect indicators that may reflect the prevalence or incidence of problem drug use (will vary between MS depending on the availability and quality of existing data).
	Primary prevention in schools (cd)	1. Number of countries where prevention is included in school curricula 2. Number of schools covered by prevention programmes 3. Number and degree of detail of available programme material 4. Number of minimally evaluated programmes with their outcomes
	Primary prevention in local communities (cd)	1. Number of minimally evaluated programmes with their outcomes 2. Degree of conceptualisation of “community programme”
2. To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.	Drug related infectious diseases (ki)	1. Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs) from different sources (e.g. IDUs in drugs treatment, prisons, low-threshold services, street-recruited samples) 2. AIDS incidence rates related to injecting drug use in the general population

	Drug related deaths and mortality (ki)	1. Acute Drug-related Deaths (numbers, rates, proportional change relative to index year) in - General Mortality Registries - Special Registries In some MS by substance and age In general with 1-3 years delay in reporting 2. Mortality rate (all causes, and by cause of death) among groups of drug users. In some cities or countries
	Outreach Work (cd)	1. Concepts and approaches existing in MS 2. typology of on-site pill testing interventions
	Needle exchange (cd)	1. estimations of syringes distributed 2. mode of distribution
	Early health responses (cd)	1. Availability and typology of secondary prevention interventions.
3. To increase substantially the number of successfully treated addicts.	Demand for treatment (ki)	Key Indicator does not provide a straightforward performance indicator for this target. Conceptual work on definition of successful treatment is at starting point with REITOX partners. Some useful sub indicators (not readily available) could be: - Proportion of problem drug users admitted to treatment. - Retention of clients in treatment - Compliance of clients with some treatment outcomes (decreased illicit drug use, reduced criminal behaviour, improved labour status, etc.) Sub indicators based on the Key indicator: • Annual number of admissions to drug treatment • Annual number of new admissions (“first treatments”) to drug treatment • Profile of clients starting treatment (age, gender, drug, injection) Annual numbers are based on variable coverage of treatment centres. Careful monitoring of changes is needed.
	Availability of treatment facilities (cd)	1. Services offered and their characteristics, 2. Objectives, 3. Admission criteria, 4. Co-ordination between services. 5. Evaluation of treatment services 6. EDDRA and QED entries

4. To reduce substantially over five years the availability of illicit drugs.	Global availability of illicit drugs (cd) Availability of illicit drugs at street level (cd)	Potential measures to be defined on basis of conceptualisation and definition of core data (in conjunction with NFPs)
	Interdiction measures (cd)	Pending on future discussions with EU and international partners
5. To reduce substantially over five years the number of drug related crime.	Drug-related petty crime (cd)	Potential measures to be defined on basis of conceptualisation and definition of core data (in conjunction with NFPs)
	Drug-related social exclusion (cd))	Potential measures to be defined on basis of conceptualisation and definition of core data (in conjunction with NFPs)
	Prevention of drug related crime (cd)	1. Characteristics of urban security policies. 2. Availability and characteristics of alternatives to prison interventions. 3. Availability and characteristics of prevention, treatment and harm reduction interventions in prison.
	Social rehabilitation and reintegration (cd)	1. Organisation, 2. Accessibility, 3. Education, 4. Employment, 5. Housing, and, 6. Evaluation of Social Rehab services
6. To reduce substantially over five years money-laundering and illicit trafficking of precursors.	Drug related financial flows (cd)	Pending on future discussions with EU and international partners
	Flow of diverted chemical precursors (cd)	Pending on future discussions with EU and international partners
	Anti money laundering measures (cd)	Pending on future discussions with EU and international partners
	Measures against the diversion of chemical precursors (cd)	Pending on future discussions with EU and international partners

Complementary bench marks		
	National Strategies and Co-ordination arrangements in Member States.	State and description of National Strategies and Coordination systems
	Legislation and practice	State and description of drug-related laws and judicial practices
	Public expenditure on drugs.	Overview and breakdown of public expenditure on drugs.

ANNEX 3

November 2000

Overview of the programmes and actions in the fight against drugs and the budget lines which can be drawn upon

Type of action	Budget Line	Amount / Financial Year	Remarks
<i>Internal activities</i>			
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	B5-830N	8,25 M€ in 2000 8,75 M€ in 2001	The 0.5 M€ placed in reserve at the request of the Parliament will be unblocked after the implementation by the EMCDDA of a convincing plan for internal reform
Health aspects of drug abuse	B3-4302 (pour 2000) B3-4308 (pour 2001)	5,6 M€ in 2000 5,7 M€ in 2001	A proposal to extend this programme was adopted by the Commission and sent to the Parliament and the Council for consideration.
Training, exchange and cooperation programmes in the fields of JHA	B5-820		In the framework of the OISIN programme (cooperation between law enforcement authorities) and the FALCONE programme (cooperation against organised crime) 13 drugs projects worth 0,8 M€ were financed in 1999.

Preparatory Actions in the fight against drug trafficking	B5-831	Commitment 1M€ in 2001	New budget line for actions to prepare for a possible programme against drug trafficking.
5th research framework programme (1999/2002): - quality of life and management of living resources - competitive and sustainable growth	B6-6111 B6-6131	The sub-rubrik health / drugs has a budget of roughly 2,5 M€ per year ±10M€ in the period 1999/2002 for projects concerning development of methods of measurement and the detection of prohibited substances. The amounts actually allocated depend on the quality of the projects presented in response to calls for tender.	In 1999 three projects with a total budget of 2,5M€ were selected. A first project of 1M€ on the development of methods to measure endogenous hormones has been financed. Negotiations are underway for support to the accreditation of laboratories of the CIO (1M€) and for the financing of the activities of the world anti-doping agency (0,84M€)

External activities

The projects selected in the framework of cooperation with third countries do not in general reflect a sectoral choice but instead depend on the priorities of the beneficiary countries. As a result it is not possible to predict the amounts that will be available for any given sector and country and so the information concerning 2001 is purely indicative.

Assistance to partner countries in Eastern Europe and Central Asia	B7-520	Central Asia : - Drugs coordinator (1M€ financed from the 1997 and 1998 budgets) - control of ports and airports (1M€ financed from the 1997 and 1998 budgets) - drugs information network (1M€ financed from the 2000 budget) - projects still to be identified (±1,5 M€ from the 2001 budget) Southern Caucasus: - supply reduction (1,5M€ financed from the 1998 budget) - demand reduction (0,5M€ financed from the 2000 budget) - judicial assistance and a police information system (1,5M€ from the 2001 budget) Ukraine, Moldova, Belorussia: - 1,5M€ under preparation from the 2001 budget	Implementation 2000-2002 Implementation 2000-2002 Implementation 2001-2003 Implementation 2002-2003 Implementation 2001-2002 Implementation 2001-2003 Implementation 2002-2003 Implementation 2002-2003
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Economic aid to the associated countries of central and eastern Europe	B7-030	- drug information system (2M€ from the 1998 budget) - PHARE regional drugs programme (10M€ from the 2000 budget) - PHARE national drugs programmes (1M€ / beneficiary country with a total of 10M€ from the 2000 budget)	Implementation 2000-2001 / implementation of the project passed to the EMCDDA Implementation 2000-2004 Implementation 2001-2002 (or 2001-2003) according to the beneficiary countries.
Preaccession strategy for Malta	B7-040		New budget line
Preaccession strategy for Cyprus	B7-041		New budget line
Preaccession strategy for Turkey	B7-050		New budget line with just a pm
Latin America	B7-310 and B7-311	Bolivia Alternative development project of 30M€ Andean Region Assistance project in the area of precursors, legislation and money laundering with a total of 0,65M€ Peru Alternative development project of 28M€ Colombia Alternative development project of 8M€	Projet signed in 1997, with a duration of 6 years Projet signed in 1998, with a duration of 3 years Projet signed in 1999, with a duration of 6 years Projet signed in 1999, with a duration of 4 years

Africa	7 th EDF	- West Africa (PAAD) 5,1M€	This programme covers 16 countries in West Africa. Financing will stop in 2001.
	7 th EDF	- Nigeria 5M€	Drug control programme which is under preparation and which should be completed by Spring 2001.
	B7-320 (EPRD) and 7 th EDF (regional indicative programme)	- Southern Africa SADC regional programme on drug control: ±4M€	Financed more or less equally through budget line B7-320 and the regional indicative programme
Caribbean	7 th EDF	- demand reduction programmes: 5,5€ - fight against money laundering 4M€ - forensic laboratoires 1,2M€	The national indicative programmes of the Caribbean countries foresee that 10 percent of the budget available should be used for projects to reduce drug addiction.
Mediterranean	B7-410 (MEDA)		The commentary on this budget line states that amongst other things the funds allocated can be used to pay for preparatory actions and pilot projects to improve information and training in particular in the field of drugs.

Iran	B7-432	2 projects in cooperation with the UNDCP are being considered (assistance to establish a drugs coordination unit in the Economic Cooperation Organisation and support for the development of a programme on drug control)	These two projects, of 0,5M€ each, are foreseen for 2001
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North / South Cooperation in the fight against drugs	B7-6210	Projects underway: - Venezuela: national drugs observatory (2M€) - Caribbean: . PMO (1,3 M€) . epidemiological survey 1M€ . prison reform 1M€ . EC Drugs Control Office (ECDCO) 1M€ . system of regional customs cooperation (CCCLEC) 0,7 M€ . treatment and rehabilitation 0,7M€ Programming for 2000 5,2M€ are available in 2000	Project signed in 2000, financed under the 1999 budget, with a duration of three years.
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