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**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)**

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1. THE EU DRUG STRATEGY AND THE EU ACTION PLAN ON DRUGS (2000-2004)

Tackling drugs is a top priority for the European Union. Continued high levels of drug misuse, drugs trafficking and the damage caused to societies through drug related crime, health problems and social exclusion are evident from the reports of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. Therefore, concerted action is needed.

In 1999, the Commission presented a Communication on a European Union Action Plan to Combat Drugs (2000 – 2004)¹. Based on this Communication the Helsinki European Council endorsed in December 1999 the EU Strategy on Drugs for 2000-2004 setting out eleven general aims and six main targets for the EU in this period². The Strategy calls for a multidisciplinary and integrated approach to drugs where drug demand and supply reduction are seen as equally important and mutually reinforcing parts of a balanced strategy. This approach corresponds to that set out in the political declaration adopted during the UN General Assembly Special Session on Drugs (UNGASS) in June 1998.

The Feira European Council adopted in June 2000 the EU Action Plan on Drugs 2000-2004 (hereafter the Action Plan). This Action Plan translated the EU Drug Strategy into approximately one hundred concrete actions to be taken by the Member States, the Commission, the EMCDDA and Europol.

The Action Plan has three aims:

- (i) to provide a guide to all actors in the EU when setting priorities in the drugs area;
- (ii) to ensure that drugs receive the necessary high level support;
- (iii) to provide a solid base for the evaluation of the EU Drugs Strategy.

¹ COM (1999) 239 final of 26.05.1999.

² 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 co-operation between Member States; (f) encourage multi-agency co-operation 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 co-operation; (j) promote international co-operation, 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.

A global balanced and integrated approach to the drugs phenomenon is called for in the Action Plan. It reflects the idea that to tackle the drugs issue, it is necessary to address poverty, unemployment and social exclusion using several tools such as education, research and development. The Action Plan is divided into five sections: i) co-ordination, ii) information and evaluation, iii) drug demand reduction and prevention of drug use and drug related crime, iv) supply reduction and (v) international co-operation.

2. OBJECTIVES, SCOPE AND METHODOLOGY FOR THE EVALUATION OF THE EU ACTION PLAN

2.1. Objectives and scope

Point 2.2 of the Action Plan provides for the Commission to undertake mid-term and final assessments of the implementation of the Action Plan and to present the results to the Council and the European Parliament. The need for the evaluation of drugs policies in the European Union was also emphasised by the European Parliament in its resolution on the Commission Communication on the Action Plan³. With a view to giving an impetus to this process the Danish Presidency initiated a discussion on the EU Action Plan on Drugs and its mid-term evaluation during an informal Council of Justice and Home Affairs Ministers held in September 2002.

The Communication presented by the Commission in 2001 on the implementation of the EU Action Plan on Drugs (2000-2004)⁴ underlined that the evaluation should be performed in three stages:

- **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 Drugs Strategy;
- **Stage 3:** assessment of the impact on the drug situation.

It is not the purpose of the Commission in either the mid-term or final evaluation to make a judgement on national drugs policies. Rather the aim of the mid-term evaluation is to assess the level of achievement of the activities set out in the Action Plan (stage 1). The aim of the final evaluation is to assess the extent to which achievement of the Action Plan met the objectives of the Drugs Strategy and to assess the impact of both the Drugs Strategy and the Action Plan on the drug situation in the European Union (stages 2 and 3).

The mid-term evaluation will be a useful tool for the European Union in the run-up to the 46th session of the UN Commission on Narcotic Drugs to be held in April 2003. This session will assess the progress made in meeting the goals and targets set out in the Political Declaration adopted at the UN General Assembly Special Session on Drugs (UNGASS) held in June 1998 and examine how the obstacles encountered may be overcome.

The final evaluation of the Action Plan will be completed by the end of 2004. The evaluation tools already in place for the mid-term evaluation will be used and further tools may need to

³ Doc. A5-0063/1999 of 19.11.1999.

⁴ COM (2001) 301 final of 08.06.2001.

be developed. The final evaluation will provide the basis for the future development of EU Drugs policy from 2005 onwards.

2.2. Methodology for the mid-term evaluation

The EU Action Plan comprises actions to be undertaken by the Member States, the European Commission, the EMCDDA and Europol. To assess the level of achievement of these actors four main sources of information were used:

- i) the replies of the Member States to a questionnaire on progress at national level,
- ii) the updated follow-up table of the achievements of the Commission, the EMCDDA and Europol,
- iii) the peer evaluation of law enforcement and its role in the fight against drugs trafficking, carried out in the framework of the Council,
- iv) the initiatives taken at the EU level, either by the Commission or by Member States, and which have been adopted or which are under examination.

The assessment covered all the five main areas of the Action Plan: co-ordination, information and evaluation, reduction of demand and prevention of drug use and of drug related crime, supply reduction and international co-operation.

2.2.1. Progress at the national level

Most aspects of drug related actions fall within the competence of the Member States and one of the main aims of the Action Plan is to encourage national action. Therefore, the replies to the questionnaire sent by the Belgian Presidency, which covered the points of the Action Plan upon which the Member States were required to take action are of vital importance to the evaluation.

On the basis of the answers to this questionnaire, the Commission services prepared a working document ('the Progress Review') which presented the contributions thematically following the order set out in the Action Plan⁵. The goal was to show the progress made in the implementation of the Action Plan. It has served as the basis for the assessment of the level of achievement of the implementation of the Action Plan at national level. A summary of the answers may be found in Annex 1.

2.2.2. Progress by the Commission, the EMCDDA and Europol

Concerning the Commission, the EMCDDA and Europol, the Commission in its Communication on the implementation of the EU Action Plan on Drugs published in 2001⁴ a follow-up table containing every measure in the Action Plan requiring action by them. The follow-up table prepared in consultation with the EMCDDA and Europol aims to ensure that the measures are taken within the set time frame and that their implementation is monitored. It records the progress made, the timetable for implementation and how high a priority they are considered to be. In view of the mid-term evaluation, the follow-up table has been updated to

⁵ 'Mid-term Evaluation of the EU Action Plan on Drugs 2000-2004: Progress Review for the Member States'. Document in Europa web site (http://europa.eu.int/comm/justice_home/unit/drogue_en.htm).

accurately reflect the state of play mid-way through the period of application of the Action Plan (Annex 2).

2.2.3. The peer evaluation exercise

A further source of information has been the available national reports compiled as part of the peer evaluation conducted by the Council of the law enforcement systems in Member States. They have produced a lot of valuable data. This peer evaluation arises from the adoption by the Council in December 1997 of a Joint Action establishing a mechanism for evaluating the application and implementation at national level of international undertakings in the fight against organised crime⁶. Law enforcement and its role in the fight against drug trafficking was chosen as the subject for the second round of peer evaluations provided for by the Joint Action. This exercise is still ongoing within the Council.

2.2.4. Drug related EU instruments

The evaluation has also taken into account the different drug related EU instruments that have been decided upon or drafted and presented in the Council during the period 2000 - 2002 (Annex 3).

3. RESULTS OF THE MID-TERM EVALUATION

The results of the mid-term evaluation are based on the methodology explained in section 2.2. Achievements at national and EU levels since 2000 as well as areas where further progress is needed by the completion of the Action Plan are set out for each of the five main areas of the Plan.

3.1. Co-ordination

Achievements at national level

- The issue of co-ordination of drug policy across government is clearly recognised as important by all Member States.
- A variety of co-ordination approaches have been adopted, depending on the priority given to the drug problem, the country structure and administrative organisation.
- Most Member States have adopted a national plan and/or strategy on drugs.
- Many national action plans have been developed in line with the principles of the EU Action Plan.

Areas where further progress is needed at national level

- All Member States should consider the adoption of a national drugs strategy and/or action plan and a co-ordination mechanism to ensure continuity and coherence of drug related actions at all levels.

⁶OJ L 344, 15.12.1997, p.7.

Achievements at EU level

- Three meetings of the national drug co-ordinators have taken place since the adoption of the Action Plan. The Commission, the EMCDDA and Europol have also participated in these meetings organised to exchange information and review opportunities for increased co-operation.
- The Commission and the EMCDDA will present the results of their study on national strategies and co-ordination instruments by the end of 2002. The results of this study will form an important basis to assess if and how the co-ordination arrangements in place could be improved.
- The Council ensures a global and co-ordinated approach to the drugs issue through the Horizontal Drugs Group. The role of this group has been strengthened within the last two years by in particular the inclusion of the activities of the Council Working Party responsible for political dialogue in relation to the external dimension aspects of the drugs issue.
- The Commission has a specific unit on drugs co-ordination and established in 1989 an internal 'Interservice Group on Drugs' to prepare the Commission positions on drugs issues. In 2001, the Commission set up a specific co-ordination mechanism to ensure that there is a better co-ordination among its external relations services in their co-operation with third countries and international bodies as regards the drugs issue.
- The European Parliament, the Committee of the Regions and the Economic and Social Committee have been closely involved with the development of EU drug policies and their opinion was taken into account when drafting the EU Strategy on Drugs.
- In February 2000 the Commission organised, together with the Council and the European Parliament, the Committee of the Regions and the Economic and Social Committee, the second Conference on European Drug Policies⁷. Many NGOs working in the drugs field were also involved in this conference. This Conference proved to be useful in the context of the preparation of the EU Action Plan on Drugs.

Areas where further progress is needed at EU level

- Based on the study on national strategies and co-ordination instruments carried out by the Commission and the EMCDDA, the Commission intends to present its views on how best the results of this study may be brought forward.
- Better co-ordination of law enforcement activities at EU level in the field of drugs should take place.
- Inter-institutional co-ordination should be improved, in particular in relation to the final evaluation of the Action Plan. The strengthening of the inter-institutional co-ordination is also important in relation to high level international meetings dealing with the drugs issue, e.g. the Ministerial Segment of the 46th session of the UN Commission on Narcotic Drugs to be held in April 2003.

⁷ The first conference took place in December 1995.

- A strategy for strengthening co-operation with civil society in the field of drugs should be developed.

3.2. Information and evaluation

3.2.1. Information

Achievements at national level

- The availability and the quality of data on the drug situation have increased at Member State level.
- All Member States are working towards providing comparable and reliable data on five key epidemiological indicators⁸ mentioned in the Action Plan using the guidelines endorsed by the Council in its December 2001 Resolution⁹. Most of them have adopted a structured approach with special working groups and participation in the EMCDDA working groups on these indicators.
- Member States also consider that they provide appropriate funding for the implementation of the indicators.

Areas where further progress is needed at national level

- Member States should endeavour to improve the availability and quality of information on the drugs situation, in order to achieve a better comparability of data at EU level.
- There is a need to ensure further high level political support for the provision by Member States of comparable and reliable data on the five key epidemiological indicators and of adequate resources.
- Member States are invited to support the evaluation process, in particular by enriching the 1999 baseline data¹⁰, by providing similar information in 2004 (for the year 2003), and by providing in due time for the final evaluation information on their evaluation mechanisms, methods and results.

Achievements at EU level

- The availability and quality of data and information on the drug situation at EU level have increased. An annual report on the drugs situation in the European Union is produced by the EMCDDA. Europol produces the annual “Situation Report on organised crime in the European Union” and the “EU situation report on drug production and drug trafficking”. These reports are available at the web sites of these agencies and through the Office for Official Publications of the European Communities.

⁸ The five 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).

⁹ Cordroque 67 (not published).

¹⁰ EMCDDA and Europol report “Presentation of the first baseline for an evaluation of the European Union Strategy on Drugs (2000-2004). Cordroque 72.

- The EMCDDA and Europol have produced for the first time baseline data referring to the year 1999¹¹ in the fields of demand for and supply of drugs to be used in the final evaluation of the Action Plan.
- The EMCDDA has, together with the Member States, developed guidelines for the implementation of the five key epidemiological indicators as well as guidelines for outreach work and prevention. The guidelines on the implementation of the five key epidemiological indicators were formally adopted by the EMCDDA Management Board and were also incorporated in the Council Resolution of December 2001 mentioned above. At the end of 2001, the Commission and the EMCDDA set up an informal working group to ensure the concrete implementation of these guidelines and to avoid any overlap with existing or future Community programmes in this area.
- A lot of useful information has been obtained in the compilation of the Progress Review prepared by the Commission on the basis of the contributions of the Member States on the implementation of the EU Action Plan at national level during 2000 – 2002 (see section 2.2.1).
- Information on Member States' drug legislation was also collected by the Commission during the preparation of the 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 trafficking¹².
- The Action Plan has also resulted in a number of databases that have been developed or are under the process of being developed. There is a database on the development projects the Member States and the Community have in third countries as well as another one for projects in the candidate countries. These databases contain information on the goals of the projects, on the partners involved, budgets and timeframes. They have been created and are managed by the Commission services to help in avoiding duplication and overlapping in project planning and implementation by the Commission and the Member States.
- More information on emerging trends on drugs will be available as a result of a project based on Council Conclusions¹³. This recently started project with eight Member States participating, is co-financed through the Community Programme on Drug Prevention.
- According to item 2.1.6 of the Action Plan, the Commission in consultation with the EMCDDA launched in Spring 2002 an Eurobarometer survey on "Youth and Drugs" covering the population of the 15 EU Member States aged 15-24. The report on this survey will be available on the Europa web site by the end of 2002.

Areas where further progress is needed at EU level

- Following the Council Resolution of December 2001 on the implementation of the five key epidemiological indicators, Member States and the Commission, in close co-operation with the EMCDDA, should continue to examine the best ways and means to support

¹¹ 1999 is the last year before the start of the Action Plan. 1999 data will be compared with data for 2003 in order to measure the impact of the Action Plan.

¹² Conclusions of Professor De Courrière, available in the Europa web site:
http://europa.eu.int/comm/justice_home/unit/drogues/rapport_maitre_en.pdf

¹³ Council Conclusions on networking information on emerging trends and patterns in drug abuse and poly-drug use and the associated risks (OJ C17, 19.01.2001).

implementation of these indicators within the framework of Community public health indicators, and to take appropriate steps.

- The EMCDDA together with Europol and in co-operation with the Member States should continue to develop, in particular, supply side indicators as requested in section 2.1.3 of the Action Plan.
- The EMCDDA and Europol should compare 2003 data with the 1999 baseline data in the field of drugs in connection with the final evaluation of the Action Plan.
- There are some areas where further comparable information at EU level is needed such as on drug related budgetary spending and the application of drug laws¹⁴.
- More information is required on emerging trends in drug use patterns, as well as on new drugs coming to the drugs markets. This information is especially needed as regards synthetic drugs, where new trends may arise and new substances may turn up very fast.
- The possibility of developing an inventory of drug related research projects at national and EU level should be further explored.
- The Eurobarometer survey on “Youth and Drugs” covering the population of the 15 EU Member States aged 15-24 should be repeated in 2004 in view of the final evaluation of the Action Plan.

3.2.2. Evaluation

Achievements at national level

- Work is in progress in some countries to establish effective monitoring and assessment of actions. The issue of the difficulty in assessing actions in this area has been raised by several Member States. However, there are cases where it has been possible to establish specific indicators for monitoring changes in the field of drugs.

Areas where further progress is needed at national level

- Evaluation of all drug related activities needs to be regularly carried out in all Member States.

Achievements at EU level

- The Commission has launched the external evaluation of the European Community legislation on chemical precursors and of the Joint Action on new synthetic drugs. Reports for both evaluations have been produced and are currently being examined by the Commission.
- The Commission carried out the mid-term evaluation of the Community Programme on Drug Prevention. This evaluation was useful for the preparation of the new Public Health Programme.

¹⁴ The EMCDDA has produced a study on drug related budgetary spending and another on the prosecution of drug users in the EU. More information is available at <http://www.emcdda.org>.

- The Community financial programme "North-South co-operation in the campaign against drugs and drug addiction" with developing countries has also been evaluated by external independent consultants. The Commission is examining how best to address its conclusions.
- The information network (Reitox) of the European Monitoring Centre for Drugs and Drug Addiction was the subject of an external evaluation. Proposals for improving efficiency of the Reitox network will be submitted to the Management Board of the EMCDDA in January 2003.
- The Council for its part is carrying out a peer evaluation of the drug law enforcement systems in the Member States (see section 2.2.3).

Areas where further progress is needed at EU level

- Evaluation of all drug related activities should be further promoted and implemented on a regular basis. Appropriate evaluation tools should also be further developed by the EMCDDA and Europol in co-operation with the Member States.

3.3. Demand reduction, prevention of drug use and of drug related crime

3.3.1. Demand reduction and prevention of drug use

Achievements at national level

- Member States have to a large degree given greater priority to prevention and treatment and followed the lines set out in the Action Plan. The development of comprehensive demand reduction programmes is considered important in all Member States and implementation is often performed locally in collaboration with civil society and NGOs.
- All Member States view the development of comprehensive prevention programmes covering both licit and illicit drugs as important and school-based prevention is a priority.
- Action to provide adequate leisure-time activities as alternatives to drugs especially target vulnerable groups in deprived urban areas.
- A wide variety of low threshold facilities, outreach work and mobile units target those drug users who are most difficult to reach and are seen as an important gateway to reduce drug related harm such as infectious diseases and overdose.
- Information and awareness rising are part of demand reduction strategies in all Member States. It is generally recognised that it is appropriate to complement mass media campaigns with direct contact with target groups.
- A wide range of treatment services is provided by all Member States, including drug-free and medically assisted treatment.
- Needle exchange and methadone substitution treatment feature particularly prominently amongst the measures in place in Member States in view of reducing the risks associated with drug dependence.

- Treatment for drug addicts in prisons is also being taken seriously. Drug-free sections in prisons are becoming more common.
- Member States have also been active in setting up mechanisms for providing alternatives to prison for drug addicts. Innovative ideas, such as creating specialised drug courts, are being implemented to tackle the issue more effectively.
- With regards to research, all Member States have studies or research programmes in place and often specific research institutes have been set up for this purpose.
- Member States are undertaking considerable research into driving under the influence of illicit drugs.

Areas where further progress is needed at national level

- More effort should be made to develop innovative prevention programmes. The results should then be disseminated more effectively using European channels like the EMCDDA database on drug demand reduction programmes (EDDRA).
- The evaluation shows that development of specific drug related training courses and networks for healthcare, education or youth professionals has been slow. Common standards for training modules, exchange of personnel and best practices should be more actively developed using the relevant Community Programmes available such as Leonardo, Socrates or Youth.

Achievements at EU level

- On the initiative of the Spanish Presidency the Council adopted a Resolution on the incorporation of drug prevention programmes in school curricula¹⁵. The Council and the Representatives of the Member States adopted also a Resolution on the prevention of the recreational use of drugs¹⁶.
- Many drug prevention projects and networks have been funded through the Community Programme on Drug Prevention. By 2003 the Public Health Programme (2001– 2006)¹⁷ will replace the Community Programme on Drug Prevention and will continue to include drugs as an issue to be covered.
- In May 2002 the Commission presented a proposal prepared in consultation with the EMCDDA for a Council Recommendation on the prevention and reduction of risks associated with drug dependence¹⁸. The proposed Recommendation specifically addresses the second public health target of the EU Drugs Strategy to reduce substantially over five years the incidence of drug related health damage using risk reduction measures that have been shown to be successful. The proposal covers information and counselling, outreach-work, peer involvement, emergency services, networking agencies, integration between health and social care and training and accreditation of professionals. The Recommendation is expected to be adopted by the Council before the end of 2002.

¹⁵ CORDROGUE 4 REV 3 – 08.05.2002.

¹⁶ CORDROGUE 2 REV 3 – 15.04.2002.

¹⁷ OJ L 271, 09.10.2002, p. 1

¹⁸ COM (2002) 201 final of 08.05.2002.

- Within the 6th Framework Programme for Research and Technological Development the Commission is proposing to finance research e.g. on amphetamine type stimulants and more general research on synthetic drugs. Continued research is also proposed on the effects of drugs on the brain. Possibilities for further drug related research funded by the 6th Framework Programme also exist in many parts not specifically drug related (e.g. in Genomics & Biotechnology for Health).
- The EU Working Party on ‘Alcohol, Drugs, Medicine and Driving’ has made a number of recommendations regarding the issue of driving under the influence of illicit drugs. These recommendations are notably in relation to the adoption of a harmonised procedure to test for illicit drugs, supporting research activities to develop roadside testing, and training programmes.

Areas where further progress is needed at EU level

- It is important that the Commission, as well as Member States, actively inform the various networks and professionals in the drugs field on the possibilities to contribute towards the achievement of the objectives of the Public Health Programme. This will enable them to make full use of its potential for assistance in the drugs field.
- The possibilities of funding under the 6th Framework Programme for Research and Technological Development should be fully explored by all the actors involved. The EMCDDA could play an active role in disseminating information on research opportunities and results.
- The exchange of best practice in relation to all aspects of drug prevention, demand reduction and the reduction of risks associated with drug dependence should be encouraged.
- The recommendations of the EU Working Party on ‘Alcohol, Drugs, Medicine and Driving’ should be followed up by the Commission and the Council. In this context, the Commission has proposed to include the issue of driving under the influence of illicit drugs in the 6th Framework Programme on Research and Development.

3.3.2. Prevention of drug related crime

Achievements at national level

- The police play an important role in this area in all Member States. Information campaigns through schools are also carried out in Member States.

Areas where further progress is needed at national level

- There should be more emphasis at national level by all the relevant actors on the prevention of drug related crime.
- Increasing the involvement of civil society in the prevention of drug related crime should be further explored.
- More research in this area should be carried out.

Achievements at EU level

- The European Crime Prevention Network (ECPN) was officially established by a Council Decision of 28 May 2001¹⁹. The aim of this Network is to contribute to developing the various aspects of crime prevention at Union level and to supporting crime prevention activities at local and national level. Although covering all types of crime, the Network pays particular attention to the fields of juvenile, urban and drug-related crime.

Areas where further progress is needed at EU level

- There should be a further exchange of experience and best practices using, in particular, the ECPN as a tool.

3.4. Supply Reduction

Achievements at national level

- Member States devote considerable resources to combating the supply of and trafficking in drugs.
- Co-operation between police, customs and border control authorities takes place through mechanisms such as local agreements, Memoranda of Understanding and formal joint teams.
- Co-operation between the law enforcement authorities of different Member States has been intensified to fight transnational drug trafficking more effectively. Examples of such co-operation include Hazeldonk²⁰, regional networks to combat maritime drug trafficking, joint surveillance operations, profiling of drug traffickers at major international airports and joint teams.
- Various initiatives have been implemented to combine forensic and law enforcement data to tackle the production and trafficking of synthetic drugs.
- With regard to money laundering national co-ordination mechanisms have been reinforced and new structures have been put in place.

Areas where further progress is needed at national level

- Co-operation between police, customs and border control authorities at national level should be intensified.
- The creation of joint investigative teams has an important role to play in combating drug trafficking between Member States. Member States should ratify the EU Convention on Mutual Assistance in Criminal Matters²¹, which allows for the creation of these teams and take the necessary measures to comply with the provisions of the Framework Decision on joint investigation teams.

¹⁹ OJ L 153, 08.06.2001, p. 1.

²⁰ Regional mechanism for consultation, planning and operational co-operation to combat the cross border trade in illicit drugs and drugs tourism involving France, Belgium, the Netherlands and Luxembourg.

²¹ OJ C 326, 21.11.2001, p. 1.

- Member States should take the necessary measures to comply with the provisions of the Framework Decision on the European Arrest Warrant²² and the surrender procedures between Member States, which will contribute to improving judicial co-operation in combating drug trafficking.
- The establishment of formal mechanisms for co-operation between national law enforcement agencies should be considered where these do not already exist. Mechanisms for co-operation which do exist must be made to work in practice.
- Council legal instruments against money laundering should be fully implemented at national level, in particular Directive 2001/97/EC on the prevention of the use of the financial system for the purpose of money laundering²³.

Achievements at EU level

- Community financing Programmes such as OISIN and FALCONE have played an important role in facilitating co-operation between the Member States' law enforcement authorities.
- The Council Decision establishing a framework programme on police and judicial co-operation in criminal matters including the prevention on drug related crime (AGIS)²⁴ will contribute to the general objective of providing EU citizens with a high level of protection in an area of freedom, security and justice. Actions in relation to tackling the drugs issue form an integral part of this programme. For the period 2003 to 2007 € 65 million has been allocated to the programme.
- In 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 trafficking²⁵. The aim of the proposed instrument is to target illicit trafficking, which is the source of supplies of narcotic drugs and psychotropic substances in our societies. Illicit drug trafficking often involves several Member States, so action by the European Union can contribute real added value to national policies. The adoption of this Framework Decision would represent a step forward in European Union action against drug trafficking.
- In its 2002 Communication entitled "Towards integrated management of the external borders of the Member States of the European Union" the Commission recommends certain short and medium term actions in the development of a common policy for management of the external borders of the European Union. The implementation of these actions has the potential to further inhibit drug trafficking into the Union.
- The Joint Action on new synthetic drugs of June 1997 is a useful mechanism for the exchange of information on synthetic drugs and for the control of such drugs throughout

²² Based on the principle of mutual recognition of court judgements, the Commission had proposed a European Arrest Warrant designed to replace the current extradition system by requiring each national judicial authority to recognise, *ipso facto*, and with the minimum of formalities, requests for the arrest and surrender of a person made by the judicial authority of another Member State. This proposal has been adopted by the Council in 2002.

²³ OJ L 344, 28.12.2001, p. 76.

²⁴ OJ L 203, 01.08.2002, p. 5.

²⁵ COM (2001) 259 final.

the EU. Since 2000 five synthetic drugs²⁶ have been examined using its provisions. Two of them (4-MTA and PMMA) have been made subject to EU wide control measures. Council conclusions in relation to GHB and Ketamine were also adopted, recommending that Europol and the EMCDDA closely monitor the misuse of both substances over a period of one year.

- Various initiatives have been taken to explore the possibility of combining forensic and law enforcement information with a view to tackling the production and trafficking of synthetic drugs. For example, the CASE (Comprehensive Action against Synthetic Drugs in Europe)²⁷ project is an important instrument for co-operation within the Union and its implementation is viewed as a priority by Member States. Other projects include the SMT project (Development of a harmonised method for the profiling of amphetamines) and the CAPE project (Central Analysis Program Ecstasy).
- Europol has evaluated and upgraded its LOGO²⁸ system relating to the collection, assessment and dissemination of law enforcement and ballistic data on ecstasy seizures, involving all Member States.
- With regard to preventing the diversion of chemical precursors, co-operation with the chemical industry has been improved and made more consistent across the Community. A set of Guidelines for the chemical industry has been produced by the Commission. These aim at improving their understanding of the legislation, their co-operation with the national competent authorities and raising their awareness of new trends and chemicals being used in the illicit manufacture of synthetic drugs. A reference to the Guidelines and the list of chemicals for voluntary monitoring is made in the Community precursor legislation.
- Commission proposals for the modification of 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 have been adopted. This legislation has been amended to take account of changes to the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (there are presently 23 scheduled precursor chemicals) and to clarify references to mixtures and pre-export notifications.
- A proposal for a Regulation of the European Parliament and of the Council to replace current Directive 92/109/EEC on the manufacture and placing on the market of certain substances used in the illicit manufacture of narcotic drugs and psychotropic substances has been prepared and adopted by the Commission²⁹. This proposal provides for the strengthening of the existing rules on a number of substances used in the production of some illegal drugs. It would also include rules on licensing, customer declarations, labelling and a monitoring procedure.
- An agreement on precursor control between the Community and Turkey has been concluded and will be signed shortly. This agreement is aimed at improving co-operation

²⁶ MBDB, 4-MTA, GHB, Ketamine and PMMA.

²⁷ A pilot project launched by Sweden in relation to impurity profiling of amphetamines.

²⁸ Europol's Ecstasy Logo System allows for non-personal data and photographs of synthetic drugs arising from drug seizures reported by the Member States to be processed by Europol to facilitate the identification of matches and links.

²⁹ COM (2002) 494 final.

and enhancing the controls on trade between the Member States and Turkey in the scheduled precursor chemicals.

- An evaluation of the European Community precursor legislation has been undertaken and the final report has been produced.
- At the UN Commission on Narcotic Drugs in 2001 the European Commission introduced a Resolution aimed at mobilising the international community to take more action aimed at preventing the diversion of precursors used in the illicit manufacture of synthetic drugs. This was followed by a major international meeting on amphetamine-type stimulant precursors in June 2002 in Washington partly funded by the Commission and where a Task Force to take the work forward was established.
- A number of Member States and the Commission have been particularly active in two important ongoing international operations to prevent the diversion of chemical precursors, namely Operation Purple and Operation Topaz. Operation Purple is a voluntary international initiative to track individual shipments of potassium permanganate in international trade to prevent diversion into illicit trafficking for the manufacture of cocaine. Operation Topaz is a comparable initiative for acetic anhydride in order to prevent diversion into the illicit manufacture of heroin.
- Directive 2001/97/EC on the prevention of the use of the financial system for the purpose of money laundering was adopted in December 2001. This has enlarged the scope of Directive 91/308/EEC of the Council on money laundering³⁰ by widening the definition of money laundering and extending the range of bodies to be designated under anti-money laundering legislation.
- The Council Decision of 17 October 2000³¹ provides the basis for the exchange of information between the Financial Intelligence Units of the Member States (FIUs) in relation to tackling money laundering.
- A pilot project on developing the automatic electronic exchange of information between Financial Intelligence Units has also been implemented (the FIUNET project) and its further development is under discussion within the Council and the Commission services.
- The Council Framework Decision of June 2001 on money laundering³² requires Member States to have in place legislation and procedures so that the proceeds of crime may be confiscated at the request of another Member State.
- With regard to judicial co-operation, the EU Convention on Mutual Assistance in Criminal Matters of May 2000 and its 2001 Protocol should be ratified by all EU Member States by the end of 2002. This Convention allows for the creation of joint investigative teams. Furthermore, a Framework Decision on joint investigative teams was adopted by the Council in June last³³. A number of other important initiatives have been taken to promote

³⁰ OJ L166, 28.06.1991, p. 77.

³¹ OJ L 271, 24.10.2000, p. 4.

³² OJ L 182, 05.07.2001, p. 1.

³³ OJ L 162, 20.06.2002, p. 1.

judicial co-operation and which are relevant to the drugs area: the European Judicial Network³⁴, Eurojust³⁵ and the European Arrest Warrant.

- The Convention on mutual assistance and co-operation between customs administrations (Naples II)³⁶ provides the legal basis for the provision of mutual assistance and co-operation between Member States customs authorities and other authorities with jurisdiction for implementing its provisions with the aim of (a) preventing and detecting infringements of national customs provisions and (b) prosecuting and punishing infringements of Community and national customs provisions. This Convention may also be used to enable the establishment of joint investigative teams.

Areas where further progress is needed at EU level

- Co-operation between Member States law enforcement agencies dealing with drug trafficking should be further intensified, both at EU and bilateral levels, including co-operation with Europol.
- The various initiatives which have been referred to in the Progress Review by the Member States and which involve more than one Member State should be examined as a basis for further work in this area.
- All legal instruments which provide for the creation of joint investigative teams should be fully utilised in order to provide fresh impetus to the establishment of joint teams between Member States.
- The introduction and use of profiling of drug traffickers at the main international airports in order to bring about their arrest and to obtain intelligence to assist in dismantling the organised crime groups involved should be promoted and further developed.
- Joint surveillance operations should focus on priority routes for priority drugs, with an emphasis on obtaining intelligence on the groups behind the trafficking and with the full involvement of Europol.
- Co-operation between the drug liaison officers of the Member States should be intensified. The possibility of having drug liaison officers common to several Member States, both within the EU and in third countries, should also be explored.
- Following the evaluation of the Joint Action on new synthetic drugs changes to the legislation will be introduced to enhance action against synthetic drugs.

³⁴ On the basis of the 1997 action plan to combat organised crime the Council adopted in June 1998 a Joint Action on the creation of a European Judicial Network. This Network was officially inaugurated on 25 September 1998. It provides legal and practical information on mutual legal assistance to practitioners and, generally, works to improve co-ordination of judicial co-operation between Member States. The work of the network is carried out by contact points, identified by each Member State.

³⁵ To reinforce the fight against serious organised crime, Eurojust was established in March 2002. It is composed of national prosecutors and magistrates, detached from each Member State. Eurojust has the task of facilitating the proper co-ordination of national prosecuting authorities and of supporting criminal investigations in organised crime cases. It also co-operates closely with the European Judicial Network, in particular, in order to simplify the execution of letters rogatory.

³⁶ OJ C 24, 23.01.1998, p. 2.

- The feasibility of incorporating into national legislation generic classification of specific groups of synthetic drugs should be examined in order to facilitate consideration by and co-ordination between Member States in this regard.
- Following the evaluation of the European Community precursor legislation the Member States will be consulted in relation to possible changes to the legislation, guidelines and working practices.
- Further to the major international meeting on amphetamine-type stimulant precursors held in Washington in June 2002 at which a Task Force on amphetamine-type stimulant precursors was set up, a meeting is planned for December 2002. At this meeting working groups will be charged with taking certain actions forward and reporting back to the Task Force. This should result in concrete actions to further prevent the diversion of amphetamine-type stimulant precursors.
- The possibility of setting up a common database on precursors of synthetic drugs should be explored.
- Co-operation and the exchange of information between law enforcement agencies engaged in combating money laundering should be increased.

3.5. International

3.5.1. Enlargement

Achievements at national level

- All Member States are active and devote significant resources to co-operation with almost all the candidate countries.

Areas where further progress is needed at national level

- Member States need to continue and improve their co-operation with the candidate countries.

Achievements at EU level

- The importance of the EU Drugs Strategy and Action Plan as a model for national global, balanced and integrated drug policies in the candidate countries was emphasised in a Joint Declaration by the Member States, the Commission and the Candidate Countries which was signed on 28 February 2002³⁷. This Declaration emphasised the importance of developing sufficient administrative capacity and co-ordination between relevant authorities to tackle the drugs problem.
- The Joint Declaration was followed by a meeting between the members of the Council Horizontal Working Party on Drugs with the candidate countries in June 2002. After this meeting an EU - Candidate Countries conference on drugs was held in Madrid.

³⁷ Joint declaration on drugs of the Ministers of the European Union in association with the European Commission, and the Candidate Countries (Cordroque 07 REV 2/2002 of 15.02.2002).

- The drugs elements of the Justice and Home Affairs Chapter of the EU acquis have been closed for ten candidate countries in the framework of the accession negotiations.
- The Commission has launched formal negotiations with the candidate countries in view of their participation in the work of the EMCDDA.
- The founding Regulation of the EMCDDA was amended to enable the transfer of know-how to the candidate countries³⁸.
- The PHARE programme has been especially useful in progressively familiarising the candidate countries with the EU acquis on drugs. It has allowed intensified co-operation with these countries in both supply and demand reduction. The twinning projects, where experts from a Member State assist the candidate country in a particular area, have played an important part. In total, € 20 million has been made available for drug control activities under the PHARE 2000 programme. A further € 2 million has been allocated to a joint EMCDDA-PHARE project to prepare the candidate countries for their participation in the work of the EMCDDA.
- The pre-accession financial assistance provides financial assistance to Cyprus, Malta, and Turkey in order to familiarise them with the drugs elements of the Justice and Home Affairs Chapter of the EU acquis. This pre-accession financial assistance will also provide funding in view of helping these countries to participate in several Community programmes and agencies, such as the activities of the EMCDDA or the 6th Framework Programme for Research and Technological Development.
- The Commission has recently started a project for setting up a Focal Point in Turkey for the collection of information on the drug situation in view of its participation in the information network (Reitox) of the EMCDDA.
- There is a database created by the Commission services on the technical assistance projects the Member States and the Community have in the candidate countries. This database was created and is managed by the Commission services to help in avoiding duplication and overlap in project planning and implementation by the Commission and the Member States.

Areas where further progress is needed at EU level

- There should be close co-operation, at the political and technical levels, with the candidate countries in the implementation of the Joint Declaration on Drugs and of the drugs elements of the Justice and Home Affairs Chapter of the EU acquis.
- Negotiations for participation of the candidate countries in the work of the EMCDDA should be finalised.
- Especially at the political level the EU should continue to encourage the candidate countries to give political support to creating stable institutional and legal bases for operative work in the field of drugs and to establishing effective contacts and co-operation with the EMCDDA, Europol and other relevant bodies. Candidate countries need to be encouraged to strengthen their overall capacities, including their administrative capacity

³⁸ OJ L 253, 07.10.2000, p 1.

and their multi-agency co-operation, especially in the field of synthetic drugs and precursors.

- The present Phare and the pre-accession financial assistance drug projects should be completed. Future assistance should be on a co-financing or other awareness raising basis to create an effective political commitment in the beneficiary countries in the drugs field.
- The database on the technical assistance projects the Member States and the Community have in the candidate countries should continue to be updated.

3.5.2. International co-operation

Achievements at national level

- Member States devote considerable resources to drug projects in third countries, in particular in Latin America and the Caribbean and Asia.
- Co-operation with the TACIS countries and with Iran and Afghanistan has been strengthened by Member States. Furthermore the United Kingdom is taking the lead role in co-ordinating international efforts to assist the Afghan Government to tackle drugs as decided at the Geneva donors meeting in April last. Germany is taking the lead role in developing the capacities of the Afghan law enforcement services. Italy has assumed the same role in relation to the development of the judicial system.
- The ODCCP³⁹ remains a major international partner of the Member States both as a source of expertise and as an implementation agency for co-operation projects in third countries.

Areas where further progress is needed at national level

- With regards to action in the international sphere Member States supplied far less information than for many other areas of the Action Plan. This may indicate that Member States choose to devote resources to regions on the basis of criteria other than those related to tackling the drugs issue. The development of co-ordinated international action in the drugs field may be inhibited as a result.

Achievements at EU level

- As indicated in the Action Plan and in its 2001 Communication, the Commission is concentrating its efforts on producing and transit countries and regions, 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.
- 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. The Action Plan on drugs between the EU and Central Asia has been endorsed by the EU and by four Central Asian Republics. Pakistan has been recently added to the list of countries that benefit from trade preferences linked to the promotion of export and income-generating activities that provide an alternative to drug production and trafficking [the Generalised System of Preferences (GSP) Drugs regime].

³⁹ UN Office for Drug Control and Crime Prevention.

- The Commission is actively working in Afghanistan to develop an effective rehabilitation programme, which would provide alternative economic opportunities and credit systems in rural areas, general improvement and strengthening of infrastructure and social welfare at the central and provincial levels, thus laying the ground for long term sustainable development. It is estimated that in 2002 almost € 40 million worth of European Union projects were located in the poppy dependent areas of Afghanistan and in those areas providing seasonal labour for the harvesting season.
- 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) and second by giving specialised training on drugs including supporting a drug-related regional intelligence network.
- In Latin America and the Caribbean, the EU and Member States continue to be particularly active in terms of political dialogue, the financing of co-operation projects and the granting of trade preferences in the form of the “GSP Drugs regime” for Andean and Central American countries. A number of consultation mechanisms are being used for strengthening co-operation and co-ordination, such as the Co-ordination and Co-operation Mechanism on Drugs between the EU, the Latin American and the Caribbean Countries and the High Level Dialogue between the EU and the Andean Community on Drugs. The Commission is programming in 2002 a regional action with the Andean region to prevent the diversion of precursors. In relation to the Caribbean and in order to give continuity to the undertakings of the Barbados Plan of Action, drug control will be one of the areas supported by the 9th EDF Caribbean regional programme (2002-2007).
- As far as the Mediterranean countries are concerned, all the association agreements with these countries (Israel, Tunisia, Morocco, Jordan, Egypt, Lebanon, Algeria and Syria⁴⁰) established in the framework of the Euro Mediterranean Partnership, contain an article on drugs, covering both supply and demand reduction. The implementation of these agreements will contribute to enhancing co-operation with the Mediterranean countries also in the field of drugs. A regional co-operation programme in justice and home affairs which was launched at the 2002 Euro-Med Ministerial Conference in Valencia, identifies the fight against drugs as a top priority for co-operation between both regions. A project on the training of police officers to improve operational co-operation in police matters, including drugs trafficking is under consideration.
- EU international efforts should also comprise those third countries that produce drugs or are transit countries for drugs entering the EU, such as Russia, Ukraine, Moldova and Belarus. The EU Action Plan on common action for the Russian Federation on combating organised crime identifies drugs as a priority area for judicial co-operation and law enforcement co-operation in the fight against organised crime. The EU Action Plan on Justice and Home Affairs concerning Ukraine foresees assistance against drug trafficking and drug abuse in particular in the field of prevention and rehabilitation. The Belarus, Ukraine, Moldova anti-drug programme (BUMAD) aims at strengthening the legal and administrative structures and to support these countries' efforts to combat drug trafficking.

⁴⁰ The Association Agreements with these countries have been all signed, apart from the one with Syria which is currently under negotiation.

- The bulk of the Commission's projects against drugs are financed from geographic budget lines. Expenditure on drugs projects under these budget lines is complemented by expenditure under Budget Line B7-6310 (North-South Co-operation in the campaign against drugs and drug addiction) which is a global and thematic instrument for developing pilot projects on a regional level in the field of drugs.
- Approximately half of the number of drug projects (and about 80% of the financing for these projects) implemented by the EU and its Member States in developing countries concern Latin America and the Caribbean. The amount involved in these regions is about € 241 million. The other half concerns projects implemented on the heroin route (which has received a financing of about € 22 million from the EU) and other projects in different Asian and African countries to which the EU has given support in the fight against drugs (€ 40 million).
- There is a database created by the Commission services on the technical assistance projects the Member States and the Community have in third countries in the field of drugs. This database was created and is managed by the Commission services to help in avoiding duplication and overlap in project planning and implementation by the Commission and the Member States.
- The Commission considers the ODCCP to be a relevant international partner in the context of drugs related activities. It wishes to examine further fields of co-operation and to continue its financial co-operation with the UNDCP⁴¹. Other UN bodies (e.g. UNESCO and UNDP) are implementing EU projects that are focused on drugs or where drug concerns are an important component.
- The EU Member States and the Commission play an active role in the work of the UN Commission on Narcotic Drugs and in preparing EU positions for its meetings.
- The Dublin Group provides an informal mechanism for the European Union and its Member States to discuss policy issues regarding drugs with a number of important international partners. In addition to discussing specific policy issues, this group reviews the drugs problem in specific regions on the basis of regional reports prepared by the regional Dublin Group chairs.

Areas where further progress is needed at EU level

- International action could be improved through a more effective co-ordination of action in third countries at EU level. In this regard, clear geographic priorities for the Union's approach to the fight against drugs in third countries must be developed.
- The goals of the European Union, as part of the wider international community, in relation to Afghanistan should be to assist the Afghan Government to eliminate opium poppy cultivation and to dismantle networks, to end the economic and social dependence on opiates and to reduce demand for opiates and other drugs within Afghanistan and throughout the South West Asia region. In this regard international assistance to the counter narcotics effort in Afghanistan must be co-ordinated.

⁴¹ UN Drug Control Programme.

- Budget Line B7-6310 (North-South Co-operation in the campaign against drugs and drug addiction) has recently undergone an external evaluation. The amount available under this line has been recently reduced. The Commission is examining the way to address both the conclusions and recommendations of the evaluation and the decision of the budgetary authority.
- The EU and its Member States should continue to develop EU positions in international fora dealing with the drugs issue, in particular the UN Commission on Narcotic Drugs.
- The database on the technical assistance projects the Member States and the Community have in the third countries should continue to be updated.

4. CONCLUSIONS AND PROPOSALS

Since the adoption of the EU Drugs Strategy in December 1999 and of the Action Plan in June 2000, considerable progress has been made in implementing the Action Plan by all the actors involved and in all areas covered:

- The EU Drugs Strategy and Action Plan on Drugs 2000-2004 have been taken as a central reference point for action by all those involved in their implementation. They provide a framework for all drug-related activities and initiatives in the Member States as well as at EU level.
- The Action Plan is comprehensive and covers the full range of activities in the drugs field.
- Many initiatives have been adopted by the Council on the basis of the EU Drugs Strategy and Action Plan and a number of important proposals from the Commission or Member States are under discussion (see Annex 3).
- Balanced national action plans have been developed by many Member States in line with the principles of the EU Action Plan.

At the same time much work remains to be done as the analysis made in Chapter 3 of this Communication demonstrates. Certain issues in particular should be noted:

- The issue of synthetic drugs must remain a top priority for the European Union and its Member States, as emphasised by the Justice and Home Affairs Ministers of the EU meeting in Denmark in September 2002.
- The evaluation of drug policies and drugs activities at national and EU levels should be further developed. In this regard research has an important role to play in enabling an evidence based approach to be taken.
- There should be close co-operation with the candidate countries in the implementation of the Joint Declaration on Drugs and of the drugs elements of the Justice and Home Affairs Chapter of the EU acquis.
- A more effective co-ordination of action in third countries at EU level is needed, with a focus on the main producing and transit countries.

In order to take work forward on the implementation of the EU Action Plan on Drugs and in preparation for the final evaluation the Commission proposes that:
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(a) Specific priorities among the activities set out in the Action Plan should be established in order to focus on key activities in the Action Plan. Deadlines where appropriate to achieve these priorities should also be set. A mechanism should be put in place to monitor progress in achieving them.

(b) A steering group, to include representatives from the Commission, the Council Presidency, Europol and the EMCDDA, should be established in 2003 by the Presidency and the Commission. The European Parliament is invited to appoint its representative to this group. This steering group could oversee and provide guidance in relation to the preparation of the final evaluation to be carried out by the Commission. It could in particular provide guidance on the methodology and the evaluation tools to be used for this evaluation. This steering group could also ensure continuity among the Council Presidencies that will be involved in the evaluation process.

(c) Initiatives in the field of drugs brought forward during the remaining lifespan of the Action Plan should be primarily focused on achieving the actions set out in this Plan. The steering group could assist in ensuring that there is continuity in these initiatives.

(d) The EMCDDA and Europol should compare 2003 data in the field of drugs to be provided by the Member States with the 1999 baseline data in connection with the final evaluation of the Action Plan.

(e) A conference could be organised in 2004 to involve civil society in the future development of EU Drugs policy.

(f) On the basis of contributions from the Member States, the EMCDDA, Europol and the Commission itself, the Commission will prepare a Communication on the final evaluation of the Action Plan by the end of 2004.

(g) The European Council of Copenhagen endorses this mid-term evaluation and its conclusions and proposals.

ANNEX 1

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

Introduction

As part of the process of the mid-term evaluation of the Action Plan Member States replied to a questionnaire covering the points of the Action Plan on which they were required to take action. The Commission Services prepared a working document (**‘the Progress Review’**) which presented the contributions of the Member States thematically following the order set out in the Action Plan. The reply of each Member State is set out for each of the relevant action points contained in the Plan. This annex contains a summary of the replies under each action point. A copy of the full Progress Review is available on Europa Website.

1. Coordination

1.2.2 To ensure coordination/appointment of a coordinator

The issue of coordination of drug policy across government is clearly recognised as important by all Member States. A variety of approaches have been adopted, depending on the country structure. In certain cases, such as in France, Portugal, Sweden, Luxembourg, Italy, Spain and UK an individual national coordinator has been appointed. In other cases a ministry plays the role of the national coordinator (Ireland). Also in several countries an inter-ministerial committee has been established in order to coordinate the drugs issue (Austria, Greece).

1.2.4 Ensure a balanced/coordinated approach

Most of the countries adopted a national plan or strategy on drugs, such as, for example, Denmark, Finland, Greece, Ireland, Luxembourg, the Netherlands, Portugal, Spain and the UK. Encouragingly certain Member States have developed balanced national action plans that mirror the EU Action Plan. However this is not the case for all Member States.

1.3.2 Community/local engagement

Member States’ action plans include provisions for involving local communities in the fight against drugs, particularly in urban areas. As such there seems to be a general recent trend of decentralisation with responsibility for drugs often being devolved to the local level, mainly regarding prevention issues. Within this framework residents/parents/community or solidarity groups have been very involved in various fields of activity on a voluntary basis.

1.4.2 Providing appropriate funding for prevention

There are different ways for the allocation of resources, depending on the national administrative organisation (national, federal or local level). Some countries, such as Luxembourg, Greece and the UK, mention a recent increase of the resources allocated, sometimes due to the implementation of the respective national drugs action plans.

1.5 Information sharing

Member States focus their activities in this area on the use of the EMCDDA and the Falcone and OISIN programmes. Certain countries have engaged in bilateral initiatives with each other and third countries. Occasional operational cooperation has taken place.

2. Information/Evaluation

2.1.1 Information on the 5 key indicators

All Member States are working towards providing comparable and reliable data on the five key indicators. A structured approach is in place in most cases featuring specialised working groups.

2.1.4 Appropriate political and financial support

Member States consider that they are providing appropriate funding for the delivery of information on the 5 key indicators.

2.2.6 Evaluation of actions against drug-related crime

Work is in progress in some countries to establish effective monitoring and assessment of these actions. Evaluation is not yet systematically carried out in all countries. Some countries (Belgium and France for example) raised the issue of the difficulty of assessing actions in this area due to the complexity and number of different aspects that should be taken into account. Greece and Ireland have however been able to establish specific indicators. Italy makes an interesting comment concerning the need to improve indicators, making them comparable at Community and international level.

2.2.7 Studies on the role of organised crime groups in drug trafficking

A variety of projects are in place involving police forces and universities.

3. Reduction of Demand

3.1 Give greater priority to prevention/demand reduction

3.1.1. Reduce prevalence of drug use

3.1.1.1. Develop prevention programmes (including schools)

All Member States view the development of such programmes as important. In general, the implementation of these programmes is undertaken in a decentralised way and local communities, in collaboration with actors from civil society (teachers, parents, etc.), are heavily involved, such as in Denmark. Alcohol and tobacco are often covered as well as illicit drugs. The UK and Germany give details of interesting specific projects being undertaken.

3.1.1.3. Provide resources for alternatives to drugs

Action in this area is usually implemented at local level and Member States tend to target vulnerable groups in deprived urban areas, often with the help of volunteers. Sports is one commonly used alternative. The Netherlands give details of the exact budget allocated to providing alternatives to drugs.

3.1.1.4. Develop innovative approaches to preventing the use of synthetic drugs

In general Member States see the problem of synthetic drugs as a growing one. Specific programmes are often in place involving information campaigns through the Internet and in night-clubs, education through schools, and research.

3.1.2 Reduce drug related health damage and deaths

3.1.2.1. Outreach work and other services for drug users

A wide variety of treatment programmes are in place in the Member States, including needle exchange and substitution treatment, counselling, and outreach work. NGOs are often involved in the implementation of such programmes. Efforts are on the whole being made to target those who are more difficult to reach, and certain countries such as Sweden, Portugal and the UK have recently increased efforts or resources dedicated to this area. Several countries have noted that more services need to be provided in this area.

3.1.2.2. Innovative awareness raising campaigns

Programmes are in place in all Member States for specific target groups such as young people in deprived areas, nightclubbers or alcohol addicts. It is recognised that the mass media is often not the best tool for these campaigns and that it is appropriate to complement them with direct contact with target groups.

3.1.2.3. Make use of new means of communication for information campaigns

In all Member States both telephone helplines and the Internet are used. In some cases such as in the UK several websites may co-exist, targeting different issues (health aspects, prevention) or target groups (youth, clubbers...).

3.1.2.4. Due attention is paid to drug issues in the training of doctors, social workers, health professionals

Training is considered a priority in all countries, for generalist doctors, prison doctors, nurses and pharmacists amongst others. In Ireland specific university courses have been developed. In some cases new training on substitution treatment is being implemented although this is still in the planning stages in many Member States. In some countries, training programmes are regularly and systematically reviewed and improved.

3.1.2.5. Undertake research into the impact of driving under the influence of illicit drugs

A lot of work is being carried out in this area (universities as well as government agencies participate), for example in Germany and the UK, although not all Member States are involved. In some cases legislation on driving under the influence of illicit drugs already exists. Checks for illicit drugs in those killed in road accidents are commonly carried out across the EU.

3.1.2.6. Strategies to increase access to treatment of hard to reach drug abusers

This is considered important by all countries. Approaches tend to include outreach and low-threshold programmes, drop-in centres (including needle exchange and methadone substitution treatment), all of which are coordinated at local level.

3.1.2.7. Vaccination against Hepatitis A and B

Another area viewed as important by Member States for harm reduction. The implementation of such ideas however varies greatly from one country to another and in some cases practical problems persist (for example treatment is not always free of charge, prisoners moving prisons often do not finish their vaccinations). Hepatitis B seems to be the priority.

3.1.3 To increase substantially the number of successfully treated addicts

3.1.3.1 To provide a wide variety of treatment services for drug users

A wide range of treatment services is provided by all Member States. Some feature across all Member States such as methadone substitution treatment. The treatment offered depends on the target group (children, pregnant women). NGOs are often involved in the implementation phase of the treatment. Greece's response is particularly informative.

3.1.3.2 To allocate adequate resources to treatment

Funding for treatment programmes is locally managed in most Member States. This funding is often being recently increased with the aims of reducing existing waiting lists and further diversifying the types of treatment available.

3.1.3.3 To define guidelines for standards of treatment and for treatment programmes to be evaluated (scientifically). Use of Community programmes.

Evaluation is carried out systematically only in some Member States (Denmark, Greece, Ireland, Luxembourg, Netherlands, United Kingdom) even if sometimes without a coordinated approach of evaluation. Substantial monitoring of drug abusers undergoing treatment does however exist in all Member States and efforts are being developed to improve the assessment of treatments. Guidelines also exist in some, but not all countries.

3.1.3.4 Adequate attention to social and professional rehabilitation and reintegration of addicts

This is considered to be very important by all Member States. Rehabilitation often takes place both during and after treatment with vocational training (particularly in prisons) as well as mentoring programs playing central roles. Funds from the European Social Fund (for example, programmes like Urban, Integra, Equal, etc.) are frequently used for this purpose.

3.2 Make use of the possibilities of the Amsterdam Treaty, particularly in the areas of health protection and research.

3.2.2 Provide adequate resources for research into addiction and its prevention

All Member States have studies or research programs in place and often organisations have been specifically set up for this purpose. National Focal Points are often involved.

3.2.3 To identify new areas for action at EU level to reduce drug related harm

There is widespread use of the EMCDDA networks for the exchanging of information, particularly with regards to training and best practice. In Scandinavia regional networks have also been established.

3.3 To adopt a comprehensive approach

3.3.1 To develop and implement preventive actions for all age groups, particularly children and young people

Children and young people are a priority for all EU. Initiatives in this area often involve action through peer groups, parents and teachers. A regional/local approach to implementation is also common. Special mention can be made of Ireland's establishment of a specialised working group in this area as well as France's dedication to this area of 30% of MILDT budget.

3.3.2 To address risk behaviour and addiction in general (licit and illicit substances)

All countries provide for action against both licit and illicit drugs.

3.4 To prevent crime linked to drugs, notably juvenile and urban delinquency

3.4.1.1 To set up programmes to promote best practice in the prevention of criminal activities in these areas

The police plays a central role in this area in all EU, although information campaigns through schools are also important. NGOs are sometimes involved, as in Luxembourg. Denmark has put in place a research programme which has been promised support by the OISIN programme. Universities carry out studies/research on juvenile urban crime.

3.4.2 To set up concrete mechanisms to provide alternatives to prison, especially for young drug offenders

Many alternatives have been developed in the Member States and these are usually conditional on the acceptance of treatment by the drug users. Community service is commonly used. Cooperation between ministries (i.e. Ministry of Health and Ministry of Interior) within Member States seems to be effective. In Finland research is currently being undertaken into finding new alternative measures to prison. In Ireland, a pilot Drug Court has been set up aiming to tackle this issue in a more effective way. This pilot-project will be evaluated.

3.4.3 To intensify efforts to provide drug prevention and treatment services and measures to reduce health related damage in prisons and on release from prison.

This is taken seriously by all countries. There are different approaches used all aimed at getting more users into treatment. One common approach is that of establishing 'drug-free' sections in prisons, where methadone substitution treatment as well as counselling are frequently used.

3.4.4 To consider the results of the EMCDDA study on handling drug addicts in the justice system and to consider how to share best practice in this area.

Few countries refer directly to the EMCDDA study. Ireland has put in place an innovative approach involving specialised 'Drug Courts'. The UK suggests the use of the European Crime Prevention Network as a forum for the exchange of best practice.

3.5 Training and interchange of experience in the prevention of drug use

3.5.1 To promote the creation of a coordinated qualification in the area of drug prevention.

Action in this area is considered important by Member States, although in some cases a formal qualification does not yet exist and efforts still need to be made. The development of specific training tools or centres, particularly for teachers, has been noted (for example in France).

3.5.2 To develop and implement a network of trainers in the health and social sectors who work with drug users.

In several countries networks have been developed in the health sector although these have not always been specifically developed for combating illicit drug use. Finland and Luxembourg, for example, have operationnal networks in this area.

3.5.3 To promote exchange of best practice in prevention and to bring projects to the attention of other MS and the Commission.

The EDDRA network of the EMCDDA is being utilised as the tool for the exchange of information and the national focal points play a leading role within this. Certain countries also mention the Pompidou Group and the Horizontal Drugs Group as important forums for information sharing in this area. The Internet is also noted as a useful tool.

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 cooperation between MS

4.1.1 To reduce substantially over five years the availability of illicit drugs

4.1.1.1 To ensure a high and uniform level of security at the external borders of the EU, including joint control teams

Efforts have been made to enhance both national and international cooperation. Within Member States joint teams (multi-service units) have been established between police, customs and border control authorities. France has also engaged in bilateral agreements to combat maritime drug trafficking and several Member States have initiated projects with the candidate countries funded by the PHARE programme.

4.1.1.3 To reinforce efforts against maritime drug trafficking.

Training of staff is well developed in the Member States. This is frequently supplemented by exchanges of operational staff. The European MARINFO system as well as the RALPH network (linking the harbours of Rotterdam, Antwerp, Le Havre, Felixstowe and Hamburg) are important tools for action. Cooperation between the Scandinavian countries is also well established. Article 17 of the UN Convention of 1988 is often cited by Member States as the basis for action in this area.

4.1.1.4 To consider the possibilities of combining forensic and law enforcement information with a view to identifying the production and trafficking of synthetic drug. MS should exchange information on the analysis of samples taken from synthetic drugs seizures.

All countries consider the implementation of the CASE project to be a priority. Projects on ecstasy are being developed in Germany, Belgium, Denmark and Finland, and France is putting in place measures to harmonise the analysis methods of synthetic drugs, making the results more comparable and improving the exchange of information. In the Nordic countries a network has been established to exchange samples. Ireland and Greece mention the importance of the Early Warning System in this field.

4.1.1.5 To improve police, customs and judicial co-operation, notably through exchange and training programmes.

Member States mention the PHARE, OISIN, TACIS, FALCONE Community programmes as being useful. The UK and Netherlands have developed a bilateral co-operation initiative (the Anglo-Dutch Forum) as have France, Germany and the Netherlands (Action Mercure).

4.1.1.6 To implement the project based EU law enforcement strategy against transnational organised crime to combat drug trafficking.

Several countries have made use of funding from the OISIN programme in order to establish co-operation with neighbouring countries. Europol is also mentioned several times.

4.1.2 To reduce substantially over five years money-laundering and illicit trafficking of precursors.

4.1.2.2 To take concrete steps against money-laundering.

Implementation of Directive 2001/97/EC (on the prevention of the use of the financial system for the purpose of money-laundering) is a priority in all EU countries. Coordination between authorities at national level has been reinforced in some cases (France) and in others new structures have been put in place (Ireland). Some international co-operation between Financial Intelligence Units (FIU) is being developed. The FATF is also mentioned by several countries as a reference.

4.1.2.3 To improve the system for analysing and exchanging information between Financial Intelligence Units.

The Council Framework Decision of 17 October 2000 forms the basis for action in the Member States and has led to the formulation of specific plans of action in many countries. Bilateral initiatives are being developed (for example between the Netherlands, UK, France, Luxembourg and Italy) as pilot projects for the FIU-network. Spain plays an important role in co-operating with new FIUs from Latin American countries.

4.1.2.6 Training for customs and police in combating the diversion of precursors.

Training in this area exists in most Member States for customs and police staff although is still limited in others. Many countries do not refer the pharmaceutical or chemical industries, although Ireland and Finland have put in place measures in view of promoting co-operation between these sectors in order to provide more effective controls. In Germany training seminars have been organised in collaboration with Europol.

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

4.2.1 To establish as soon as possible joint investigative units between police, customs and other law enforcement authorities.

Joint investigative units are still to be fully implemented in most countries. Often ad hoc co-operation exists when needed but this is not yet a formal, institutionalised form of co-operation. In general, Member States seem satisfied with the co-operation between their law enforcement authorities, police and customs.

4.2.2 With the assistance of Europol where appropriate to reinforce co-operation against drug-trafficking and to establish joint teams when dealing with drug trafficking between Member States

Member States have underlined the role of Europol when dealing with drug trafficking involving more than one country. Regional co-operation (for example the Hazeldonk group of Benelux plus France and in the Nordic countries) is well developed although full joint teams are not often used. France and Belgium are currently establishing a 'Police and customs co-operation centre' in Tournai.

4.2.3 To promote regional co-operation where affected by similar drugs problems.

Regional co-operation exists and progress is being made in this area. The exchange of information and of liaison officers is the most common form of co-operation.

4.2.5 To promote new investigation techniques and research and documentation of drug-related crime.

New technologies are being used by all EU (such as the Internet) and new investigation techniques are continually and increasingly developed. Spain is implementing a project funded by the OISIN programme.

5. International

5.1 To progressively integrate the candidate countries and to intensify international co-operation with other countries and international organisations

5.1.3 To continue to support the candidate countries in their efforts to combat drug abuse and drug trafficking.

All countries are active and devote significant resources to co-operation with the candidate countries. The PHARE programme is the main instrument for action in this area and Twinning is an important component of this. Initiatives such as the Extraordinary meeting of the Horizontal Drugs Group which included the candidate countries as well as the EU-Candidate Countries Conference (both in June 2002) are mentioned amongst others. Several countries have established co-operation agreements with neighbouring countries such as the Baltic Sea Task Force. No mention is made of co-operation with Turkey.

5.1.5 To implement the Pre-accession pact on organised crime and extend it to all applicant countries.

PHARE is the main instrument for the intensification of co-operation with the candidate countries. Bilateral initiatives have been developed by some Member States such as Ireland, Austria and Luxembourg.

5.2 To promote international co-operation, integrate drug control into EU development co-operation and to support the efforts of the UN and UNDCP

5.2.2 To coordinate projects in third countries.

This is viewed as important by all countries. The UNDCP is the main channel of action, although projects in third countries are also coordinated through the Dublin and Mini-Dublin groups. Other regional projects, such as those in the Baltic States coordinated by the Nordic Council of Ministers, are being established.

5.2.3 To strengthen co-operation with multilateral and international institutions.

All Member States co-operate with the UNDCP, and several are part of the UNDCP major donors group which Finland is chairing during 2002. UNDCP's strategic interventions in target regions (eg Afghanistan) seem to be particularly important. Other forums such as the Dublin Group, the Pompidou Group, and CICAD are also mentioned as being useful.

5.2.4 To continue to make available adequate resources for the implementation of programmes.

The UNDCP is the key organisation in this area and received substantial funding from the Member States; Italy provided particularly detailed information of its financial contributions to UNDCP programmes. In some cases (UK, Portugal) spending has been significantly increased. Bilateral cooperation agreements with neighbouring countries have also been developed in some cases. Several countries refer that data are regularly supplied to the Horizontal Drugs Group.

5.2.5 To ensure that in relations with non-candidate and non-European countries all relevant CFSP instruments take full account of and give appropriate effect to the aims of the EU Drug Strategy.

Many Member States did not provide information on this point. The Horizontal Drugs Group is said to be a good forum for the coordination of international drugs policy. The UNDCP also has an important role in this area.

5.2.6 To draw up an action plan with North Africa and implement the plans with Latin America, the Caribbean and Central Asia.

Some Member States did not provide information on this point. A number of countries give interesting information in this area, in particular France, Germany, the Netherlands and the UK.

5.2.7 To help non-EU countries develop anti-money-laundering systems.

The FATF and its regional subgroups are mentioned by Member States as vital in encouraging the development of anti-money laundering systems. The role of EGMONT group is also stressed and France gives details on this. In Scandinavia some regional co-operation exists also.

5.2.8 To support the development of common international indicators

Many Member States did not provide information on this point. Some countries mention the co-operation with the EMCDDA, the UNDCP and within the Pompidou Group in order to develop common indicators. This co-operation though is still at a very early stage.

5.2.9 To integrate drugs as a cross-sectoral issue into supranational co-operation schemes (particularly with the developing countries)

Many Member States did not provide information on this point. Drugs issues are integrated into broader foreign policy.

ANNEX 2

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. In November 2001 Europol and the EMCDDA concluded a Co-operation Agreement. 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. - As a member of the UNDCP/PHARE Steering Committee; - As a participant to the PHARE Synthetic Drugs Programme. - By providing training.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	The management board of the EMCDDA discussed in January and July 2002 the possible participation of the EMCDDA in a conference on this.	<u>2002 and 2004</u>	The Commission should appoint a representative for this high level meeting.
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. The Spanish Presidency organised the third meeting in May 2002.	<u>Twice a year</u>	The Commission, the 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.	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>	Commission and EMCDDA will present the final results of their study on national strategies and coordination instruments by the end of 2002.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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).			
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). A risk assessment was made of PMMA in 2001, further to which a recommendation was issued that it be placed under control at Union level. Control measures set up by Council Decision of 28 February 2002 (OJ L 63, 6 March 2002).		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.

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. EMCDDA has produced a report examining the situation regarding the monitoring of public expenditure in the Member States, which is to be published during the first half of 2002. To enable it to provide appropriate information on public expenditure in the drugs field, EMCDDA commissioned a broadly-based study in 2002 to ensure that information is collected regularly in a comparable format. A specific chapter of EMCDDA 2003 Annual Report will be consecrated to public expenditure on reducing demand.

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. The 2001 Annual Report was published in hard-copy form and electronically on the EMCDDA website. The 2001 national reports were also published on the website. EMCDDA's 2002 Annual Report is currently being finalised.		

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. EMCDDA guidelines were formally adopted by EMCDDA Management Board (and incorporated into a Council resolution in December 2001). At the end of 2001 the Commission and EMCDDA set up a working party to identify the best ways of ensuring harmonious data collection for the five key indicators. The first meeting took place in January 2002.		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.	In 2001 conceptualisation and definition process launched by EMCDDA, working closely with national experts and EUROPOL.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	EMCDDA annual financial contribution to REITOX focal points was indexed in 2002. The results of the external evaluation of REITOX (2001) are being examined by EMCDDA Management Board with a view to amending the REITOX system where necessary, including from a financial resources perspective, to make it even more efficient.		
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 during the first half of 2002 between the relevant departments and EMCDDA.	End of 2002 and 2004	
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. Regular Calls for Proposals under FIFTH FRAMEWORK PROGRAMME and Expressions of Interest for Integrated Projects and Networks of Excellence for SIXTH FRAMEWORK PROGRAMME promote such networks, studies and databases.
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 cooperation with experts of volunteering Member States and EMCDDA, the parameters of a harmonised database system on drug seizure statistics have been produced and agreed upon. An inventory is being drawn up with a view to working out an appropriate system for handling data in accordance with the agreed parameters.		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.

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. 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 work has been completed. The assessment criteria have been adopted by the Horizontal Working Party on Drugs and will be used by the Commission for the assessment.
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 2002. 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)

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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 with the help of EMCDDA a global assessment of the effectiveness of the Joint Action on synthetic drugs. The evaluation on the precursors legislation is underway. The draft report from the Consultant is expected by the end 2002.	End 2001	All Member States, the EMCDDA, Europol and EMEA invited to provide their contributions to the evaluation on the basis of the questionnaire.
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 Commision 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. Proposal to launch discussion in the Drug Trafficking Group/Horizontal Drugs Group about criteria for evaluation of European drug project and to draw up an agreed methodology.	Methodology to be agreed on second semester of 2001	Time setting not met

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.	Continues process	
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)			
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. The Public Health Programme has been adopted in June 2002.	Continuous process	The Commission will support comprehensive programmes and disseminate the best practices and results with the support of the EMCDDA (EDDRA Database).

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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 Suitable projects have been selected under Fifth Framework Programme and appropriate possibilities now exist in proposals of Sixth Framework Programme.
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	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.		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. The issue is under discussion for Sixth Framework Programme.
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 has been adopted in June 2002.	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	Possibilities for this research exist in the chapters 1.1.1 "Genomics & Biotechnology for Health", as well as under 3. "Strengthening the Foundations of the European Research Area", both of Sixth Framework Programme.
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.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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	
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 has been proposed by the Commission, on the basis of Article 152 TCE. Parliament and Council have agreed on a Joint Text for tobacco directive. The proposal for a tobacco directive is now under discussion in the Council and Parliament.	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.	A new program on crime prevention has been adopted (Hippokrates). A Crime Prevention Network, whose priorities are urban, juvenile and drug-related crime, has been created.	Continuous process	This is also one of the priority of the Tampere European Council (Conclusion 42).

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	Conceptualisation and definition process launched by EMCDDA, in 2001.	2002	Crime and policy indicators should be defined in order to assess progress in the prevention and control of crime. The EMCDDA convened an expert meeting, in January 2002, to which Europol also participated, with a view to developing the required definition. Further deliberations are still needed.
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. The EMCDDA study on criminal proceedings linked to drug use will be published in 2002. A summary in the twelve languages will also be produced.
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. EMCDDA should assist here.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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).			Indicators and baseline data could be developed to evaluate supply reduction.
4.1.1.1 Member States to ensure a high an uniform level of security at the external borders of theEU, and where appropriate, to establish joint control teams, including for example, police, customs immigration and border guards	Vienna conclusions 11/12 December 1998 (point 91).	Ongoing	The proposals for a manual for external border controls for drugs (STUP 20 of 1999) should be examined in the light of the recent Commission Communication on an integrated approach for External Borders of 7 May 2002, where the issue of fight against drugs has been mentioned.
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 adopted the proposals, which give a co-ordinating role to Europol.	2002	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	In June 2000, the Portuguese authorities organised a conference on maritime trafficking, which resulted in several recommendations. Coreper agreed that an action plan for their implementation should be drafted, with emphasis on operational activities. The programme was elaborated further under Spanish Presidency.	Possibly starting end 2002	

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. On the initiative of Sweden, an operational project was developed (the CASE Project), involving 14 Member States and Europol, in which both law enforcement and forensic data on seizures of amphetamine are being collected, analysed and disseminated at a European Union level. Liase with ENFSI (European Network for Forensic Science Network) work on taking of samples based on the square root-method. Europol has evaluated and upgraded its LOGO system relating to the collection, assessment and dissemination of law enforcement and ballistic data on ecstasy seizures, involving all Member States.	2001	Work to be continued on taking of samples.
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.	On the basis of an initiative from the Commission, the Council has adopted a Decision establishing a framework programme on police and judicial co-operation in criminal matters (AGIS)		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.		
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.	A second anti-money laundering Directive, extending and updating the 1991 Directive, was adopted in December 2001. 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). Non EU-countries should be assisted in developing their anti-money-laundering systems (through TACIS and Phare programs). An appropriate mechanism for improving precursor control should be set up, involving the associate countries.
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.	Co-operation with industry has been enhanced through the production and circulation of the Guidelines. Initiative of the Belgian Presidency for tracing of precursors and essential chemicals to be continued; resolution of the Council. Negotiations on a precursor agreement with Turkey are well advanced.	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.	Commission proposals 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 have been adopted. A draft Commission proposal for the substitution of current Directive 92/109/EEC by a Regulation has been adopted by the Commission on 10 September 2002..	Council Regulation No 3677/90 has been amended by Council Regulation No 1116/2001 which came into force on 28 June 2001 and by Council Regulation (EC) No 988/2002 of 3 June 2002. The proposal has been sent to the Parliament and the Council for adoption by co-decision procedure.	Guidelines and a list of non-controlled chemicals subject to voluntary monitoring measures have been produced to assist chemical industry. These have been disseminated to Member States and have been sent out to the chemical industry. They have also been made available to the candidate countries through the Phare Program.
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	The 'Collège européen de Police' (CEPOL) could play a role on this issue.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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. - Some Member States are in the process of initiating joint teams with Europol participation.		
4.2.3 Promote regional co-operation where MS are effected by similar drug problems	In the framework of the OISIN programme (Law enforcement co-operation) co-financing has been requested to run regional co-operation projects		Information exchange on good practices to be promoted

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 Commission study was completed in March 2001. The Commission has 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. The European Parliament has delivered its opinion in April 2002. Work is still under way at the level of the Council.	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 Drugs Unit of Europol collects and stores documentation on drug-related crime. Relevant information is being disseminated through regular Drug Intelligence Bulletins. Strength/weakness analysis proposed by the French presidency can be further explored to better match the investigation techniques	Continuous process	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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.	Examination started end 2002	Continuous process	
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 Council adopted (28.02.2002) a joint declaration on drugs of the Ministers of the European Union in association with the European Commission, and the Candidate Countries.	2001	
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.	On the basis of the Council negotiation mandate, the Commission has launched the formal negotiations with the candidate countries.	1 st semester 2001	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	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 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, €20 million has been made available for drug control activities under the Phare programme for 2000. Under the Phare multi-beneficiary drugs programme (1998), €2 million has also been allocated to a joint EMCDDA-Phare project. The EMCDDA basic Regulation was amended by Council Regulation (EC) No 2220/2000 of 28 September 2000 to enable it to transfer its know-how to the candidate countries.	Continuous process	The Phare programme commitment should be maintained after 30 September 2002 as regards the instrument for pre-accession to EMCDDA of the candidate countries.
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	
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.	Co-operation with Candidate Countries, as well as with the Andean, Caribbean and TACIS countries and with Iran and Afghanistan, has been strengthened. Building of closer co-operation is under way with Balkan countries. The notion of devoting a priority to actions on the two main trafficking routes (cocaine and heroine) was addressed in the Commission Communication COM(2001)301, of 08.06.2001.	Continuous process	
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.		Continuous process	The Commission and Member States have a regular dialogue on the actions undertaken within the Horizontal Drugs Group of the Council. Question of the creation of two sub-groups within the Horizontal Drugs Group to deal respectively with the cocaine and the heroine route.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	Co-operation with UN ODCCP has continued. New contracts have been signed with the UN ODCCP to implement projects in Russia, Iran, Central Asia and South Africa. Verification of EC-UN ODCCP ongoing contracts is under examination by the relevant Commission services. Other UN bodies (such as UNESCO or the UNDP in Central Asia) or regional bodies (such as OAS – CICAD or Eurocustoms, also in Central Asia) are also implementing EU projects.	Continuous process	Co-operation with UNDCP in particular is under discussion.
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.	The Commission collected the data and in November 2001 presented to the Horizontal Drugs Group a matrix of all ongoing drug projects carried out by the Commission and Member States. An update for this matrix is underway and its results are foreseen for October 2002. To give continuity to the undertakings of the Barbados Plan of Action, drug control will be one of the areas supported by the 9th EDF Caribbean regional programme (2002-2007). The operational credits for budget line B7-6310 (North-South co-operation for the fight against drugs) were reduced in 2002 to €1.6 million (down from €5.5 million) by the budgetary authority.	Continuous process	The Commission services have launched (July 2002) a new exercise to collect data on EU drug projects and present it in an operational, synthetic and analytic form. The future of North-South Cooperation in the fight against drugs is under discussion.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
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.	To the extent that both the heroine and the cocaine routes have taken the highest priority as regards the Community's drug policy, an Action Plan for North Africa has not been on the agenda yet. However, the Commission will examine this matter again in the light of the EuroMed JAI regional co-operation program adopted in Valencia in Spring 2002. As for the Action Plan on Latin America and the Caribbean (LAC), the EU has continued its annual meetings of the LAC-EU Mechanism, as well as its support for co-operation projects with the region in the fight against drugs. The EU Central Asia Action Plan has been adopted by the countries of the region (except for Turkmenistan) and the Commission has appointed an EU Drugs-Coordinator for the region.		
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 for the Caribbean is currently under implementation and anti-money laundering is expected to continue being supported under the 9th EDF Caribbean regional programme. New contracts were signed in 2001 to assist Asia ASEM partner countries. A project for Latin America is under consideration for 2003-2004.	Continuous process	

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).	Drug-fighting concerns are now included in the Commission's Country Strategy Papers for those countries and regions which consider this matter a priority in its co-operation with the EU. The CARDS regional program in Justice and Home Affairs has identified drug as its second priority.	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.	Projects are under way in Colombia, Bolivia, Peru and Afghanistan to encourage alternative developments and alternative livelihood in areas where illegal drugs cultivation is significant. Pakistan has now joint Central America and the Andean Countries as a beneficiary of the drugs scheme within the EC's Generalised System of Trade Preferences.	Continuous process	To strengthen complementarity of these projects with action on the main trafficking routes.

ANNEX 3

EU Drug related instruments (2000-2002)

A. EU Instruments adopted during the period 2000-2002 (by chronological order)

- Decision of the European Parliament and of the Council of adopting a programme of Community action in the field of public health (2001-2006). OJ L 271, 09.10.2002 – P. 1
- 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, 20.6.2002 - 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
- Council Resolution on the incorporation of drug prevention programmes 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 63, 06.03.2002 – P. 14
- Joint declaration of the Ministers of the European Union in association with the European Commission and the candidate countries on drugs. 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 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. OJ 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. OJ L 150, 06.06.2001 – P. 1
- Action plan on drugs between EU and Central Asia. CORDROGUE 25 – 13.03.2001
- Council recommendation on the alignment of law enforcement drug and diverted precursors seizure statistics. STUP 29/2001, STUP 26/2001
- Council conclusions on networking information on emerging trends and patterns in drug abuse and poly-drug use and associated risks. OJ C 17, 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 3677/92 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. OJ L 185, 25.07.2000 – P. 30

B. EU Instruments under discussion

- Proposal for a Council framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of drug trafficking.

- Proposal for a Council Recommendation on the prevention and reduction of risks associated with drug dependence.

- 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.

- Draft Council Recommendation on treatment of criminal drug abusers as part of service of sentence.

- Draft Council Resolution on generic classification of new synthetic drugs.

- Draft Council Recommendation drawing up an implementing protocol on taking samples of seized drugs.