



EUROPEISKA GEMENSKAPERNAS KOMMISSION

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**KOMMISSIONENS MEDDELANDE  
TILL RÅDET OCH EUROPAPARLAMENTET**

**om genomförande av EU:s handlingsplan för narkotikabekämpning (2000-2004)**

## 1. INLEDNING

Eftersom narkotikamissbruket och den olagliga narkotikahandeln fortfarande är omfattande och mot bakgrund av de negativa samhällseffekterna av narkotikarelaterad brottslighet, hälsoproblem och social utslagning, har narkotikabekämpningen hög prioritet inom Europeiska unionen. Medborgarna i EU anser också att narkotikabekämpningen bör prioriteras högt i unionen.

Det har nyligen gjorts stora framsteg i och med att EU:s narkotikastrategi för 2000–2004 antogs på Europeiska rådets möte i Helsingfors. Vid Europeiska rådets möte i Feira omformades EU:s narkotikastrategi till en detaljerad handlingsplan för narkotikabekämpning i EU (2000–2004). I denna plan fastställs vilka åtgärder som EU-institutionerna och medlemsstaterna skall vidta under de närmaste fem åren, både för att minska både utbud och efterfrågan. Dessutom framhålls behovet av internationellt samarbete liksom av effektiv information, utvärdering och samordning på alla nivåer. Strategin och handlingsplanen syftar till följande:

- Att tillhandahålla riktlinjer för alla aktörer inom EU när de fastställer sina prioriteringar på narkotikaområdet under de närmaste fem åren.
- Att säkerställa att det från hög nivå ges tillräckligt med stöd för narkotikabekämpningen, trots att frågan är komplicerad och sammansatt.
- Att tillhandahålla en solid grund för utvärderingar, som skall genomföras dels efter halva tiden (2002), dels då kommissionen slutfört EU:s narkotikabekämpningsverksamhet för denna femårsperiod.

I strategin fastställs elva allmänna syften och sex huvudmål för EU under denna period<sup>1</sup>, och dessutom behandlas vissa av de aktuella frågorna. I handlingsplanen omvandlas strategins syften och mål till ungefär 100 konkreta åtgärder som bör vidtas under den aktuella period då strategin genomförs.

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1 Strategins elva allmänna syften är följande: a) Att se till att narkotikafrågan fortsätter att vara ett prioriterat område för EU, b) att se till att insatser utvärderas, c) att behålla EU:s väl avvägda narkotikastrategi, d) att ge större prioritet åt såväl förebyggande åtgärder och minskning av efterfrågan som minskning av de negativa följderna av narkotikamissbruk, e) att förstärka kampen mot olaglig narkotikahandel och intensifiera polissamarbetet mellan medlemsstaterna, f) att främja samarbete mellan flera organ och deltagande från det civila samhällets sida, g) att fullt ut utnyttja de nya möjligheter som erbjuds genom Amsterdamfördraget, särskilt artikel 31 e om minimiregler på området olaglig narkotikahandel, h) att säkerställa insamling och spridning av tillförlitliga och jämförbara uppgifter om förekomsten av narkotika i EU, i) att gradvis integrera kandidatländerna och intensifiera det internationella samarbetet, j) att främja internationellt samarbete på grundval av de riktlinjer som antogs vid UNGASS och k) att betona att det behövs tillräckliga resurser för att framgångsrikt genomföra strategin.

De sex huvudmålen är följande: a) Att under loppet av fem år avsevärt minska den olagliga narkotikaanvändningen, b) att avsevärt minska förekomsten av narkotikarelaterade hälsoskador, c) att avsevärt öka antalet framgångsrikt behandlade missbrukare, d) att avsevärt minska tillgången till olaglig narkotika, e) att avsevärt minska antalet narkotikarelaterade brott och f) att avsevärt minska penningtvätt och olaglig handel med prekursorer.

Syftet med meddelandet, som grundas på bidrag från kommissionen, Europeiska centrumet för kontroll av narkotika och narkotikamissbruk (ECNN) och Europol, är att se till att Europeiska unionen inom de fastställda tidsramarna kan fullgöra de omfattande uppgifter som anges i handlingsplanen för narkotikabekämpning. I meddelandet

(i) föreslås en uppföljningstabell för övervakning av framsteg vid genomförandet av handlingsplanen,

(ii) beskrivs i stora drag den metod som kommissionen tänker tillämpa vid utvärderingar av narkotikastrategin och handlingsplanen,

(iii) anges hur kommissionen tänker se till att kandidatländerna på ett så effektivt sätt som möjligt tar itu med narkotikaproblemet och föreslås att kommissionen upprättar en databas över all EU-verksamhet som kommissionen eller medlemsstaterna finansierar i kandidatländerna,

(iv) föreslås att EU undersöker hur man på bästa sätt kan förbättra utbytet av information om projekt i länder som inte ansökt om EU-medlemskap. Denna information bör utgöra grunden för de årliga diskussionerna om internationellt samarbete i narkotikafrågor,

(v) undersöks hur samordningen kan förbättras på EU-nivå.

## **2. ÖVERVAKNING AV FRAMSTEG VID GENOMFÖRANDET AV EU:S HANDLINGSPLAN FÖR NARKOTIKABEKÄMPNING**

I EU:s handlingsplan för narkotikabekämpning betonas att det behövs en global, sektorsövergripande och integrerad strategi med åtgärder på följande fyra områden: (i) minskad efterfrågan, (ii) minskad tillgång och bekämpning av olaglig narkotikahandel, (iii) internationellt samarbete, och (iv) samordning på nationell nivå och på EU-nivå.

Kommissionen har utarbetat en uppföljningstabell (se bilaga 1) för att kunna kontrollera att den verksamhet som fastställs i handlingsplanen genomförs inom tidsramarna och för att kunna övervaka framstegen. Både ECNN och Europol har hjälpt till att utarbeta denna tabell. För varje verksamhetsområde i handlingsplanen som kräver att kommissionen, ECNN eller Europol vidtar åtgärder, registreras i tabellen den aktuella situationen, tidsramar för åtgärden och prioriteringar.

Kommissionen anser att alla berörda aktörer gemensamt bör använda uppföljningstabellen för att man skall kunna övervaka alla de åtgärder som fastställs i handlingsplanen. Kommissionen uppmuntrar därför övriga aktörer som deltar i genomförandet av handlingsplanen, framför allt medlemsstaterna, att bedriva liknande verksamhet. När uppföljningstabeller väl har utarbetats kommer kommissionen att ta ställning till hur de på bästa sätt kan jämkas samman. Kommissionen anser att det bör utarbetas en enda uppföljningstabell där medlemsstaternas bidrag samlas. Denna tabell kommer att

- utgöra ett flexibelt instrument för registrering och utvärdering av framsteg när det gäller genomförandet av EU:s handlingsplan,

- bidra till en bättre fördelning av mänskliga och ekonomiska resurser för ett effektivt genomförande av handlingsplanen,
- hjälpa alla aktörer att genomföra en utvärdering efter halva tiden och en slutlig utvärdering.

### 3.        **UTVÄRDERING AV EU:S NARKOTIKASTRATEGI**

Enligt narkotikastrategin och handlingsplanen skall kommissionen utvärdera den allmänna narkotikastrategin och dess konsekvenser. I EU:s handlingsplan för narkotikabekämpning fastställs tre utvärderingssteg:

- Steg 1: Utvärdering av i vilken utsträckning den verksamhet som anges i handlingsplanen genomförts.
- Steg 2: Utvärdering av i vilken utsträckning handlingsplanen bidragit till uppnåendet av narkotikastrategins mål.
- Steg 3: Utvärdering av vilka konsekvenser handlingsplanens och strategins åtgärder haft för narkotikasituationen, framför allt sett till strategins sex huvudmål.

*I det första steget* kommer kommissionen att kunna bedöma vilka framsteg som gjorts när det gäller de åtgärder som fastställs i handlingsplanen, om gemensamma utvärderingsmetoder och uppföljningstabeller används. ECNN håller på att utarbeta gemensamma metodologiska hjälpmedel för att kontrollera narkotikabekämpningen. Det skulle vara mycket bra om alla berörda aktörer använde dessa då de utvärderar sin verksamhet för narkotikabekämpning och då de fyller i sina uppföljningstabeller. På så vis kommer man att kunna jämföra de olika aktörernas resultat inom EU. Uppföljningstabellerna bör uppdateras med jämna mellanrum, framför allt efter halva tiden och då handlingsplanen slutförts.

*I det andra steget* skall kommissionen jämföra handlingsplanens åtgärder med narkotikastrategins mål. På så vis kan man bedöma i vilken utsträckning narkotikastrategins mål har uppnåtts.

*I det tredje steget* kommer det att göras en bedömning av vilka effekter åtgärderna haft på narkotikasituationen, framför allt när det gäller de huvudmål som fastställs i strategin. För att det skall kunna bedömas om dessa mål har uppnåtts måste kommissionen få information om efterfrågan på narkotika och trender när det gäller utbud. ECNN och Europol bör tillhandahålla denna information.

I bilaga 2 sammanfattas den information som ECNN och dess samarbetsparter kommer att koncentrera sitt arbete på under de närmaste tre åren, särskilt vad gäller de tre första målen. I överensstämmelse med punkt 2.2.2 i handlingsplanen har ECNN och Europol tillsammans upprättat två arbetsgrupper för konsekvensbedömningskriterier. Dessa arbetsgrupper skall, med stöd av medlemsstaternas expertkunskande, fastställa kriterier och metoder som kan utnyttjas vid den slutliga utvärderingen, och de skall se till att ECNN:s och Europols utvärderingsinsatser stämmer överens sinsemellan. Europol arbetar med statistik över narkotikarelaterade brott, och ECNN har koncentrerat sitt arbetsprogram för 2001–2003 på övervakning av förändringar när det gäller brottsituationen genom att fastställa en rad

epidemiologiska indikatorer och centrala data. För att det skall bli lättare att göra jämförelser på EU-nivå har ECNN redan utarbetat riktlinjer för hur medlemsstaterna skall använda de fem centrala epidemiologiska indikatorerna<sup>2</sup>, som dess styrelse kommer att anta i september 2001. För att de centrala indikatorerna skall kunna användas, vilket bör ske så snart som möjligt, krävs ett starkt engagemang från medlemsstaternas sida.

Kommissionen kommer i detta skede att försöka ta hänsyn till andra parter synpunkter, men kommer naturligtvis att ta på sig det slutgiltiga ansvaret för utvärderingens innehåll. Syftet kommer att vara att bedöma vilka effekter narkotikastrategin och handlingsplanen haft på narkotikasituationen. På grundval av denna bedömning kommer kommissionen att ta ställning till om det bör läggas fram några förslag för att i framtiden ändra narkotikapolitiken.

*Slutligen* skulle kommissionen vilja informera sina samarbetsparter om att endast det första steget kommer att ingå i den utvärdering som skall göras efter halva tiden (dvs. 2002). Detta beror på att det inte finns tillräckligt med tillförlitlig och jämförbar information om de epidemiologiska och kriminella aspekterna av narkotikaproblemet i EU. Europol och ECNN bör kunna lämna denna information i slutet av den period under vilken strategin och handlingsplanen skall genomföras, vilket innebär att alla de tre steg som anges ovan kommer att finnas med i utvärderingen 2004.

#### **4. UTVIDGNINGEN**

Kommissionen anser att man måste prioritera en intensivare narkotikabekämpning i kandidatländerna.

Inom ramen för föranslutningspakten om organiserad brottslighet, där man framhållit betydelsen av information och operationellt samarbete, har EU och kandidatländerna (pakten omfattar länderna i Central- och Östeuropa samt Cypern, men bör utvidgas till Malta och Turkiet) åtagit sig att varje år utarbeta en gemensam årlig strategi med hjälp av Europol för att ringa in de viktigaste hoten när det gäller organiserad brottslighet, bland annat på narkotikaområdet.

Stödet till kandidatländerna avser bland annat genomförandet av EG:s regelverk, utarbetandet av handlingsplaner och deltagandet i ECNN:s verksamhet. Samarbetet med Turkiet bör särskilt uppmärksammas.

I EU:s narkotikastrategi för 2000–2004 framhålls kampen mot narkotikamissbruk och olaglig narkotikahandel i kandidatländerna. EU:s två viktigaste mål är att se till att kandidatländerna genomför gemenskapens narkotikalagstiftning, och att EU och kandidatländerna samarbetar mer intensivt på narkotikaområdet. Kommissionen håller helt och hållet med om detta.

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<sup>2</sup> De viktigaste indikatorerna är följande:

- Omfattning och mönster när det gäller allmänhetens narkotikanvändning.
- Narkotikamissbrukets utbredning.
- Missbrukares efterfrågan på behandling.
- Antal narkotikarelaterade dödsfall och dödlighet bland missbrukare.
- Förekomst av narkotikarelaterade smittsamma sjukdomar (hiv, hepatit).

EU:s och kandidatländernas gemensamma handlingsplan för narkotikabekämpning bör omfatta alla frågor om efterfrågan och utbud, och bör underlätta samarbetet med samtliga kandidatländer för övervakning och utvärdering av programmen för narkotikabekämpning. Kommissionen framhåller att handlingsplanen och anslutningsförhandlingarna måste komplettera varandra.

I mars 2001 antog kommissionen ett beslut om tillstånd för kommissionen att förhandla om kandidatländernas deltagande i ECNN:s Reitox-nätverk. Kommissionen anser att kandidatländernas deltagande i ECNN:s verksamhet är ett mycket viktigt steg för integreringen av EG:s narkotikalagstiftning. Förhandlingarna i denna fråga kommer att inledas i mitten av 2001.

Inom ramen för Phare har totalt sett 53 miljoner euro anslagits för narkotikabekämpning sedan 1992. I slutet av 1999 beslutade Europeiska kommissionen att låta de nationella Phare-programmen omfatta narkotikabekämpning. Inom denna ram har kommissionen beslutat att bevilja ett anslag på 1 miljon euro till varje kandidatland så att ett särskilt organ för narkotikabekämpning kan inrättas. De viktigaste frågor som behandlades inom Phares nationella narkotikabekämpningsprojekt under år 2000 var institutionaliseringen av nationella narkotikainformationscentra inför kandidatländernas framtida deltagande i ECNN:s verksamhet, förstärkningen av nationella narkotikastrategier och samordningen mellan ministerier. De flesta projekt bedrivs genom partnersamverkan.

2 miljoner euro har anslagits från det multinationella Phare-programmet för 1998 till ett projekt som bedrivs gemensamt av ECNN och de central- och östeuropeiska länderna, för att ECNN direkt skall kunna stödja kandidatländerna i deras förberedelser inför deltagandet i centrets uppgifter.

Kommissionen har beslutat att avsätta 10 miljoner euro för genomförandet av det multinationella Phare-programmet för år 2000, som syftar till att öka kapaciteten och effektiviteten i det regionala samarbetet mellan kandidatländerna och EU:s medlemsstater för att minska utbudet av narkotika. Åtgärderna avser framför allt kampen mot syntetiska droger, förstärkt samarbete när det gäller brottsbekämpning och penningtvätt. Kommissionen kommer också att söka finansiering för samarbete på narkotikabekämpningsområdet med kandidatländer som inte omfattas av Phare (Malta, Cypern och Turkiet). Kommissionen vill framför allt förbättra sitt samarbete med Turkiet och avser att snart inleda förhandlingar om ett avtal mellan EU och Turkiet som skall bidra till att förhindra avledning av kemiska prekursorer.

För att undvika dubbelarbete och luckor när det gäller det stöd som ges till kandidatländerna på narkotikaområdet, föreslår kommissionen att det skall upprättas en databas över alla stödprojekt som kommissionen eller medlemsstaterna finansierar i kandidatländerna. Underlaget skall utgöras av information som medlemsstaterna regelbundet lämnar in.

## **5. EXTERNA ÅTGÄRDER**

Kommissionen anser att det internationella samarbetet är centralt för narkotikabekämpningen. Kommissionen kommer att lägga särskild vikt vid de handelsvägar som är viktigast för EU:s narkotikaförsörjning.

Kommissionen driver i dagsläget projekt på narkotikaområdet i 100 länder som totalt sett uppgår till mer än 100 miljoner euro. Dessa projekt omfattar en lång rad aktiviteter, bland annat förebyggande verksamhet, behandling, social och yrkesmässig återintegrering av missbrukare, epidemiologi, alternativ utveckling, kontroll av kemiska prekursorer, tull- och polissamarbete, institutionellt stöd för utvecklingen av nationell politik, penningtvätt och utarbetande av ny lagstiftning.

Såsom anges i handlingsplanen kommer kommissionen att koncentrera sina insatser till produktions- och transitländerna, framför allt vid de två viktigaste vägarna för införsel av narkotika till EU, dvs. dels heroinvägen från Afghanistan till EU via Centralasien, Iran, Kaukasus, Turkiet, Östeuropa och Balkanländerna, dels kokainvägen från Latinamerika via Karibien. Såsom fastställs i reformen av det externa stödet kommer det inom ramen för de fleråriga programmen att anslås resurser till verksamhet för narkotikabekämpning. I programmen kommer det att tas hänsyn till att det krävs en global strategi för varje väg.

Genom att insatserna på detta sätt koncentreras på de två viktigaste vägarna kommer kommissionen att kunna följa en sammanhängande strategi och den kommer att kunna koncentrera sina ansträngningar för att minska utbudet på de viktigaste vägarna, via vilka mer än 80 % av den olagliga narkotikan förs in i Europa.

När det gäller kokainets väg har kommissionen redan inlett omfattande program: 20 miljoner euro till Barbadoshandlingsplanen och 60 miljoner euro till alternativa utvecklingsprojekt i Peru och Bolivia. Tyngdpunkten på alternativ utveckling, bl.a. ansträngningar att göra det lättare att hitta andra försörjningssätt än att producera och smugla narkotika, särskiljer tydligt EU:s externa aktiviteter när det gäller narkotika från andra partner. I fråga om Colombia tänker kommissionen inta en nyckelroll när det gäller att stöda fredsprocessen och utfäster sig att inom ramen för ett omfattande EU-stödpaket bidra med 105 miljoner euro till detta ändamål. Av detta belopp kommer 30 miljoner euro att användas för stöd till alternativa utvecklingsprogram. Regionalt stöder kommissionen också flera initiativ i de andinska länderna på områdena penningtvätt, kontroll av prekursorer samt harmonisering av lagstiftningen. Under de senaste åren har nio latinamerikanska länder mottagit stöd på omkring 2 miljoner euro från kommissionen för förebyggande projekt. Det senaste gemenskapsinitiativet handlade om att bistå Venezuelas regering med att bilda ett nationellt narkotikaövervakningscenter (2 miljoner euro). Dessutom bör man komma ihåg att de andinska och de centralamerikanska länderna får särskild behandling inom ramen för det allmänna preferenssystemet (särskilda förmåner för bekämpning av narkotika). Tillsammans med klausulen om mest gynnad nation gör denna behandling att upp till 80 % av de andinska ländernas export tullfritt kan införas på EU-marknaden. EU, USA och FN:s narkotikakontrollprogram samarbetar nära vid genomförandet av Barbadoshandlingsplanen som tacklar narkotikaproblemet i Karibien.

När det gäller heroinets väg har ett antal åtgärder redan vidtagits i Centralasien, Kaukasus, Östeuropa och Turkiet syftande till att skapa ett "filtersystem" mellan Afghanistan och Västeuropa. Dessa åtgärder kommer att utvecklas genom ytterligare program som skall minska både utbud och efterfrågan. EU:s handlingsplan för narkotikabekämpning i Centralasien torde undertecknas inom den närmaste framtiden och kommer att utgöra en ram för hela EU:s narkotikabekämpning i denna region. EU är också medveten om de problem som Indien brottas med på grund av närheten till Afghanistan och Burma, de två största producenterna av olagligt heroin och om att ytterligare samarbete behövs. Vidare diskuteras narkotikafrågan inom partnerskapet och samarbetsdialogen med Ryssland, Ukraina och Moldova, bl.a. vad gäller utvecklingen av rättsliga och inrikes frågor. I de gemensamma strategierna avseende Ryska federationen och Ukraina liksom EU:s handlingsplan för

gemensamma insatser med Ryska federationen för att bekämpa organiserad brottslighet betonas bl.a. det gemensamma intresset av att främja samarbetet i kampen mot narkotikasmuggling. För närvarande överväger EU att utarbeta en handlingsplan för rättsliga och inrikes frågor som avser Ukraina. Nyligen har flera insatser arbetats fram för att stödja Vitryssland, Moldova och Ukraina att handskas med narkotikaproblemen och genomförandet av dessa insatser håller nu på att förberedas. I Iran utvecklas nu projekt i samarbete med FN:s narkotikakontrollprogram (UNDCP) som stöd för de viktiga iranska ansträngningarna för att bekämpa narkotikamissbruket och den olagliga handeln med narkotika. Samarbete med Turkiet kommer att ske inom ramen för utvidgningen. I Balkanländerna kommer man vid genomförandet av Cards-programmet avseende rättsliga och inrikes frågor att prioritera kampen mot narkotikan, och särskilt narkotikasmugglingen, för det första genom att stödja den sammanlagda brottsbekämpningskapaciteten (lagstiftningsmässigt, utredningsmässigt, judiciellt i vart och ett av länderna samt regionalt samarbete) och för det andra genom att ge specialutbildning om narkotika inklusive stöd till ett narkotikarelaterat regionalt underrättelse-system.

När det gäller Medelhavsområdet bör man nämna cannabisens väg som i huvudsak sammankopplar Marocko, det största producent- och exportlandet, och EU där cannabis fortfarande är det mest åtkomliga och mest använda narkotikumet.

När det gäller penningtvätt ger kommissionen inom ramen för Barbadoshandlingsplanen och tillsammans med USA och Förenade kungariket stöd till ett program i Karibien med en budget på 8 miljoner euro. Kommissionen har också nyligen startat ett program för Sydostasien. Man har även kommit långt när det gäller ett nytt program för Ukraina, Ryssland, Vitryssland, Moldova och Kazachstan.

Den politiska dialogen som EU upprätthåller med många regionala och subregionala grupper ( däribland Latinamerika, Karibien, Medelhavsområdet och olika asiatiska partner) illustrerar EU:s fasta vilja att framföra sina åsikter om narkotika. Särskilt viktigt i detta hänseende är den specialiserade narkotikadialogen med de andinska länderna samt samordnings- och samarbetsrutinerna i narkotikafrågan mellan EU, Latinamerika och Karibien.

Kommissionen kommer att fortsätta att mobilisera EU:s expertkunnande för att förstärka det europeiska inslaget i EU:s externa åtgärder på narkotikaområdet och stödja utvecklingen av relationerna mellan EU och tredje land.

Kommissionen är en av UNDCP:s största bidragsgivare och kommer att fortsätta att samarbeta med alla behöriga FN-organ på narkotikaområdet, liksom med andra bidragsgivare. Ett nytt samarbetsområde med USA gäller syntetiska narkotika.

När det gäller övervakning av narkotikamissbruket kommer kommissionen särskilt att prioritera utarbetandet av lämpliga indikatorer och metoder för mindre utvecklade länder.

Genomförandet av handlingsplanen för narkotikabekämpning kan leda till en bättre samordning av kommissionens och medlemsstaternas externa verksamhet på narkotikaområdet, på grundval av väldefinierade och avtalade mål samt en tydlig ansvarsfördelning mellan samtliga aktörer.



## 6. FÖRBÄTTRAD SAMORDNING

En förutsättning för att narkotikabekämpningen skall fungera är att det sker en bra samordning mellan EU-institutionerna och alla andra berörda parter, med tanke på att narkotikafrågan är komplicerad och sammansatt. Samordningen har därför varit en central fråga för EU sedan 1995, då EU:s andra handlingsplan för narkotikabekämpning antogs.

I punkt 1.1.7 i den senaste handlingsplanen uppmanas kommissionen att, med hjälp av ECNN, rapportera om den samordning som sker och om hur samordningen kan förbättras. I mars 2001 gav ECNN sitt bidrag till kommissionen när det gäller rapportering om medlemsstaternas samordning. Kommissionen planerar att lägga fram sin rapport inom kort. Denna kommer att bygga på ECNN:s arbete.

Kommissionen har inte någon central budgetpost för att finansiera narkotikarelaterad verksamhet, utan hämtar medlen från ett stort antal olika budgetposter. Handlingsplanen medför i sig inte några nya ekonomiska förpliktelser. En översikt över budgetposterna och de tillgängliga beloppen i november 2000 återfinns i bilaga 3 och kommissionen avser att aktualisera denna information varje år. I punkt 1.4.1 i handlingsplanen uppmanas rådet och kommissionen att undersöka om det finns en metod för att upprätta en förteckning över alla offentliga utgifter som berör narkotika mot bakgrund av det pågående arbetet på detta område inom ECNN och Pompidou-gruppen. När ECNN och Pompidou-gruppen lägger fram sina rekommendationer om hur utgifterna skall klassificeras kommer kommissionen att försöka anpassa sin budgetinformation så att den återspeglar rekommendationerna. Kommissionen vill uppmuntra medlemsstaterna att undersöka denna fråga och att sprida all information som de kan snarast möjligt och under alla omständigheter i tid före halvtidsutvärderingen.

Kommissionen kommer att bidra till årliga debatten om alla narkotikaprojekt som får stöd från EU och fortsätta att lämna lämplig information om sina samarbetsprojekt för narkotikabekämpning med tredje land och kandidatländerna.

Medlemsstaterna och kommissionen måste dock bättre samordna sina externa åtgärder. Särskild uppmärksamhet bör ägnas samordningen av EU:s åtgärder vid de två viktigaste vägarna för införsel av narkotika till EU och kandidatländerna. Även samarbetet med multilaterala eller internationella organisationer bör förstärkas.

Även om kommissionen och medlemsstaterna måste informera varandra om alla projekt som drivs i tredje land har det inte fastställts hur detta skall ske, och därför fungerar inte informationsutbytet som det bör. Kommissionen kommer att lägga fram förslag till rådets arbetsgrupp för övergripande narkotikafrågor för att man skall kunna enas om de praktiska riktlinjerna.

## 7. SLUTSATS

### Kommissionen

- uppmuntrar alla andra parter som deltar i EU:s narkotikastrategi och handlingsplan för narkotikabekämpning för perioden 2000–2004, framför allt medlemsstaterna, att utarbeta och med jämna mellanrum uppdatera uppföljningstabeller liknande dem som kommissionen, ECNN och Europol tagit fram,
- uppmanar Europaparlamentet och rådet att stödja principen med en enhetlig uppföljningstabell för all verksamhet som anges i handlingsplanen,
- uppmanar ivrigt Europaparlamentet och rådet att ta ställning till med vilken metod kommissionen bör utvärdera narkotikastrategin och handlingsplanen, och att kommentera detta,
- uppmanar övriga berörda aktörer, framför allt medlemsstaterna, att lämna så uttömmande och tillförlitlig information som möjligt om genomförandet av strategin och handlingsplanen, framför allt efter halva tiden och då arbetet slutförts, för att kommissionen skall kunna göra grundliga utvärderingar,
- rekommenderar att medlemsstaterna tillämpar de övervaknings- och utvärderingskriterier och -metoder som ECNN och dess nationella partner utarbetat då de utvärderar sin verksamhet, så att resultaten blir jämförbara,
- uppmanar parlamentet och rådet att följa och stödja dess strategi på narkotikaområdet och när det gäller EU:s utvidgning,
- begär att medlemsstaterna skall lämna information om alla sina stödprojekt i kandidatländerna så att kommissionen kan upprätta en tillförlitlig och uppdaterad matris med denna information,
- föreslår att parlamentet och rådet skall se över de samordningssystem som nu finns på EU-nivå och att alla EU-institutioner skall ta lämpliga initiativ för att förbättra den nuvarande samordningen mellan institutionerna.

**ANNEX 1**

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

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p><b>1. Co-ordination</b></p> <p><b>1.1 To ensure that the issue of drugs is kept as a major priority for EU internal and external action (Strategy aim 1)</b></p>			
<p>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.</p>	<p>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.</p>	<p>Continuous process</p>	<p>The Commission should play an active role in ensuring such an inter-institutional coordination.</p> <p>Europol and the EMCDDA co-operate on a regular basis:</p> <ul style="list-style-type: none"> <li>- Through annual co-ordination meetings at directorate level;</li> <li>- In the framework of the Joint Action on new synthetic drugs;</li> <li>- Through the exchange of information relating to the production of synthetic drugs in general;</li> <li>- By making use, on a reciprocal basis, of relevant information that is available in either organisation, to be included in bulletins, situations reports etc.</li> <li>- In developing a harmonised database on drug seizures in the Member States.</li> </ul> <p>Discussions are underway to conclude a Co-operation Agreement between Europol and the EMCDDA.</p> <p>Where appropriate, Europol and OLAF co-operate, for instance:</p> <ul style="list-style-type: none"> <li>- In developing a European Union Training Course for trainers on the combating of illicit synthetic drug laboratories.</li> <li>- In the framework of the global (UNINCB) monitoring initiative on Acetic Anhydride.</li> </ul> <p>Europol contributes to the PHARE programme:</p>
<p>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.</p>		<p><u>2002 and 2004</u></p>	<p>The Commission should appoint a representative for this high level meeting.</p>

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
1.1.3 The Presidency of the Council to provide regular opportunities in principle twice a year for national drugs co-ordinators or those responsible for the co-ordination of drugs policies to meet in the framework of the Horizontal Working Party on Drugs to exchange information on national developments and to review opportunities for increased co-operation.	First meeting held in Paris, November 2000.  The Swedish Presidency organised the second meeting in March 2001.	<u>Twice a year</u>	The Commission and the EMCDDA participated in these two meetings. Europol was present at the meeting in Paris.
1.1.6 The Council and the Commission to integrate the issue of drugs in the broader objectives of EU external relations, including development co-operation making full use of the CFSP instruments as well as trade policy instruments and technical and financial assistance.	(Ongoing discussion between relevant Cabinets and services.)	Continuous process	The global and balanced approach to drugs should be taken into account, where possible, in all external activities.
1.1.7 The Commission with the assistance of the EMCDDA to organise a study to be completed by March 2001 to test whether the co-ordination arrangements that are in place could be improved and if so in what way.	A draft contribution from the EMCDDA was presented at the meeting of the Drugs coordinators in March 2001.	<u>March 2001</u>	The Commission and the EMCDDA will present the final result of their study for the end of the year.
<b>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).</b>			

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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.</p>	<p>Several Council Decisions have been adopted, or are in the process of being developed, to initiate or strengthen the role of Europol, e.g.</p> <ul style="list-style-type: none"> <li>- The extension of the Europol mandate;</li> <li>- Joint investigative teams;</li> <li>- Co-operation with Eurojust and the European Police Chiefs Task Force;</li> <li>- Combating drug-related crime committed via the Internet and other forms of modern technology;</li> <li>- The profiling of synthetic drugs.</li> </ul> <p>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)</p>		

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.
<b>1.3 To encourage multi-agency co-operation and the involvement of civil society (Strategy aim 6)</b>			
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.
<b>1.4 To provide appropriate resources for drugs related actions (Strategy aim 11) and social consequences of drug abuse.</b>			
1.4.1 The Council and the Commission to study, in the light of current efforts in this field of the EMCDDA and Pompidou group, an approach to establish a list of all public expenditure on drugs.	In November 2000 the Commission put forward an overview of all the drug-related budget lines at the Horizontal Drugs Group of the Council.	This process will be useful for the mid-term and final evaluation of the EU Action Plan.	It would be useful to have regular follow up from the EMCDDA and Pompidou Group on the drug expenditure of Member States. Information on public expenditure on drugs in Member States shall be collected regularly in a comparable format prepared by the EMCDDA.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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.</p>	<p>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.</p>	<p>Continuous process</p>	<p>This is a major concern also of the European Parliament and the Council.</p>
<p><b>2. Information and evaluation</b></p> <p><b>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)</b></p>	<p>EMCDDA 2001 annual report is being finalised;</p> <p>EMCDDA 2001-2003 work programme adopted;</p> <p>EMCDDA guidelines for data collection in Member States have been provided to REITOX Focal Points</p>		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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:</p> <ol style="list-style-type: none"> <li>1. extent and pattern of drug use in the general population</li> <li>2. prevalence of problem drug use</li> <li>3. demand for treatment by drug users</li> <li>4. drug-related deaths and mortality of drug users</li> <li>5. drug-related infectious diseases (HIV, hepatitis)</li> </ol>	<p>EMCDDA guidelines finalised and transmitted to the members of its Management Board in Member States.</p> <p>Formal adoption of the guidelines by EMCDDA Management Board by September 2001.</p> <p>Questionnaire from the President of Management Board to Member States on national situations regarding support for implementing the 5 key indicators</p>		<p>The Commission is considering the best way to support the implementation of the five key indicators.</p>
<p>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.</p>	<p>Conceptualisation and definition process launched under EMCDDA 2001 Work Programme</p>		
<p>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.</p>	<p>Annual financial contribution from EMCDDA to REITOX Focal Points;</p> <p>External evaluation of REITOX to be achieved (2001).</p>		
<p>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.</p>	<p>A meeting on this issue will be organised by the first semester 2001 between the concerned services and EMCDDA.</p>	<p>End of 2002 and 2004</p>	



Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
2.1.7 The Commission to promote the establishment of a European system to assess and to encourage Member States to develop a network of national expert centres in the field of toxicological analysis as well as clinical database and experimental, clinical or epidemiological studies.	Continuous promotion of European networks through relevant Community programmes, in particular the drug prevention programme and Research and Development Framework Programme	End 2004	Such a system will need a regular follow up and this implies the necessity of adequate human and financial resources.
2.1.8 Europol and the EMCDDA to develop a standardised database on drug seizures, to be introduced in all Member States and based upon harmonised criteria and indicators.	In co-operation with experts of volunteering Member States and the EMCDDA, the parameters of a harmonised database system on drug seizure statistics have been developed and agreed upon. An inventory takes place with a view to identifying the appropriate system for handling data in accordance with the agreed parameters.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<b>2.2 To ensure that actions against drugs are evaluated (strategy aim 2).</b>			
2.2.1 The Commission to organise appropriate evaluations at mid-term and completion of the Drugs Strategy (2000-2004) on the basis of the present Action Plan, and to present the reports to the Council and the Parliament.	The Commission, EMCDDA and Europol as well as Member States should carry out their own evaluations, on the basis of a list of criteria prepared by the Commission with the help of EMCDDA and approved by the Council. The Commission to draft a global evaluation at mid term and completion of the Action Plan.	End 2002 and 2004	This is a major concern also of the European Parliament and the Council.
2.2.2 Work should be taken forward by EMCDDA/Europol drawing on expertise from Member States to underpin the EU drugs strategy with measurable targets so that assessments can be made of progress in achieving objectives. This work could be completed, if possible by the end of 2000.	EMCDDA produced a preliminary set of bench marks applicable on the basis of its data analysis process.  Preliminary contacts have been made with Europol and selection of Member States (REITOX Focal Points and Europol National Units) with a view to draw a complete list of potential bench marks covering the EU Action Plan.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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 <b>Commission</b> in the field of drugs in co-operation notably with the Drug Trafficking group, the Multidisciplinary group on organised crime and the Health group.</p>	<p>A peer evaluation on drugs trafficking will be completed by the end 2001.</p> <p>A final evaluation of the Drug Prevention Programme is expected to be completed in 2003</p>	<p>End 2003</p>	<p>The Commission to be assisted by the EMCDDA in identifying best practices in the field of demand reduction (EDDRA database)</p>
<p>2.2.5 The Commission to organise an appropriate assessment of :</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- community legislation and its implementation in the field of control of the trade in chemical precursors.</li> </ul>	<p>The Commission will launch in the first semester of 2001 with the help of EMCDDA and Europol a global assessment of the effectiveness of the Joint Action on synthetic drugs.</p>	<p>End 2001</p>	
<p>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.</p>	<p>Europol and the Commission have carried out a study on the prevention of organised crime, including organised drug-related crime. The study contains proposals for a strategy on preventive measures against organised crime.</p>		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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.</p>	<p>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.</p>		
<p><b>3. Reduction of Demand, Prevention of Drug use and of Drug Related Crime</b></p> <p><b>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)</b></p>			
<p>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)</p>			

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
3.1.1.1 Member States and the Commission to develop comprehensive prevention programmes for both licit and illicit drugs and also covering poly-drug use.	The Drug Prevention Programme (2001-2002) has been extended until the adoption of the new Public Health Programme	Continuous process	The Commission will support comprehensive programmes and disseminate the best practices and results with the support of the EMCDDA (EDDRA Database).
3.1.1.2 The Commission to ensure that full use is made of the existing Community programmes to counter social exclusion and urban delinquency, and foster social reintegration.		Continuous process	The European Social Fund and the URBAN programme are used for these purposes.
3.1.1.4 Member States and the Commission further to develop innovative approaches to the prevention of the abuse of synthetic drugs, taking into account the specificities of synthetic drug users.	Included among the activities undertaken in the Drug Prevention Programme	Continuous process	Selection of projects of innovative character in this area
3.1.2 to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis, TBC, etc.) and the number of drug-related deaths (Strategy target 2)			
3.1.2.2 Member States and the Commission to plan and implement innovative awareness raising campaigns on the dangers related to drug use and programmes on the reduction of risks and adverse consequences related to drug use. These campaigns must be well targeted and implemented in co-operation with the target groups.	Among the actions in the framework of the Drug Prevention Programme.	End 2002	Internet could also be used for such campaigns.
3.1.2.3 Member States and the Commission to make use of new means of communication (eg the internet) to provide objective, reliable and accessible information on drugs and the dangers associated with them.	Among the activities in the framework of the Drug Prevention Programme	Continuous process	
3.1.2.5 The Commission and Member States to undertake research into the effects of driving under the influence of illicit drugs and pharmaceuticals.		Continuous process	The Commission should continue to study this issue and if appropriate to bring forward proposals. The recommendations of the Working Party on 'Alcohol, Drugs, Medicine and Driving' should be taken into account. It is proposed to include this issue in the Research and Development Framework Programme for 2002-2006.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
3.1.3 to increase substantially the number of successfully treated addicts (Strategy target 3)			
<b>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)</b>			
3.2.1 The Commission to ensure that drug prevention is identified as a key component of the future public health programme.	The Commission adopted on 16 <sup>th</sup> May 2000 a proposal on the future public health programme. This proposal is currently under discussion in the Council and the EP.	2002	
3.2.2 Member States and the Commission to provide adequate resources for research into the biomedical and social causes of addiction, the prevention and origins of addiction, and behavioural patterns of drug consumption. The Commission to support the inclusion of this area of research as a priority in the Community Programme for Research and Development.	Three projects were funded under the current Research and Development Programme. The second round of application is now under evaluation.	Continuous process	
3.2.3. The Commission and Member States to identify new areas, such as the spread of best practice, training and networking, where action at the European level could help reduce drug related harm.		Continuous process	To be elaborated on the basis of existing Community programmes on training and drug prevention and on contribution from the EMCDDA
<b>3.3 To adopt a comprehensive approach</b>			
3.3.1 The Commission and the Member States to develop and implement preventive actions and strategies for all age groups, particularly children and young people.	The Drug Prevention Programme aims at all age groups, in particular young people.	Continuous process	

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
3.3.2 The Commission and Member States within their respective competences to address in this connection and when appropriate, risk behaviour and addiction in general, including aspects of alcohol, medicine, substances used for doping in sport, and tobacco use.	Recommendation on prevention and reduction of drug related risks is under preparation. Parliament and Council have agreed on a Joint Text for tobacco directive.	2002/2003	
<b>3.4 To prevent crime linked to drugs, notably juvenile and urban delinquency</b>			
3.4.1 to reduce substantially over five years the number of drug related crimes (Strategy target 5)			
3.4.1.1 The Commission and Member States to set up programmes to promote best practice in the prevention of criminal activities linked among other issues to drugs, juvenile and urban delinquency.	The Commission put forward a proposal for the creation of a new program on crime prevention (Hippokrates) on 29.11.2000. Currently under discussion in the Council and the EP, a French-Swedish initiative to create a Crime Prevention Network, whose priorities are urban, juvenile and drug-related crime.	Continuous process	This is also one of the priority of the Tampere European Council (Conclusion 42).
3.4.1.2 The Council and the Commission to develop a common comparable definition of the term drug related crimes on the basis of work by Europol and EMCDDA in order to enable a serious comparison of the number of drug related crimes.	Contribution of EMCDDA foreseen in the framework of its 2001 working programme.	2002	Crime and policy indicators should be defined in order to assess progress in the prevention and control of crime.

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
3.4.4 The Commission and Member States to consider the results of a study by the EMCDDA into the law and practice in the EU Member States on the handling of drug addicts in the justice system, including issues such as identification of drug addicts following arrest, alternatives to prison, and treatment facilities within the penal system. On this basis, the Commission and Member States to consider how to share best practice in the area of handling of drug addicts in the justice system.	The EMCDDA has finalised the study in March 2001.	End of 2001	The Commission to consider follow-up to the EMCDDA study.
<b>3.5 Training and Interchange of experience in the prevention of drug use</b>			
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
<b>4. Supply Reduction</b>  <b>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)</b>			
4.1.1 To reduce substantially over five years the availability of illicit drugs (Strategy target 4)			



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

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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.</p>	<p>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.</p>	<p>2001</p>	<p>A second Swedish proposal is currently under discussion at Parliament and Council level concerning the transmission of samples of illegal narcotic substances.</p>
<p>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.</p>	<p>A proposal for the extension until 2002 of the existing programmes has been put forward by the Commission. A discussion on the Third Pillar Programmes from 2002 onwards is taking place.</p>	<p>End 2002</p>	<p>The creation of the European Judicial Network creates a new framework for action. The possibility to link it to Europol should be further analysed.</p>
<p>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.</p>	<p>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.</p>		

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

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

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
4.1.2.6 Member States, with the assistance of the Commission and Europol where appropriate, to provide training for customs and police in combating the diversion of chemical precursors.	Europol, in co-operation with Member States' experts and the Commission, has developed and organised a European Union Training Course for trainers on the combating of illicit synthetic drug laboratories. As a result, trained trainers organised courses in two Member States, (with the assistance of Europol) for police, customs officers, forensic experts and members of the fire brigade.	Continuous process	
<b>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)</b>			
4.2.2 Member States, with the assistance of Europol where appropriate, to reinforce their co-operation against drug trafficking and in particular to establish, within the appropriate legal framework, joint teams when dealing with drug trafficking between Member States.	The Council has adopted two Recommendations to the Member States in respect of:  - requests made by Europol to initiate criminal investigations in specific cases;  - Europol's assistance to joint investigative teams set up by the Member States.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<p>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.</p>	<p>The study was completed in March 2001. The Commission will put forward a proposal by April/May 2001.</p>	<p>1<sup>st</sup> semester of 2001.</p>	<p>This is also one of the Tampere Conclusions (n° 48)</p>
<p>4.2.5 Member States and Europol to promote new investigation techniques and research and documentation of drug-related crime.</p>	<p>Europol has created and maintains a Centres of Excellence Directory, which contains information on expertise and best practises. The system contains sources of information relating to new investigative techniques. In addition, the Europol Drugs Group collects and stores documentation on drug-related crime. Relevant information is being disseminated through regular Drug Intelligence Bulletins.</p>		
<p><b>5. International</b></p> <p><b>5.1 To progressively integrate the candidate countries and to intensify international co-operation with other countries and international organisations (Strategy aim 9)</b></p>			

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
5.1.1 The Commission and the Council to ensure that the candidate countries adopt the Community acquis and best practice in the field of drugs, and that their implementation is satisfactory. The Member States and the Commission to draw up an action plan on drugs with the candidate countries which set out the ground they need to cover to meet the acquis as soon as possible.		2001	The Commission proposes to discuss the idea of an Action Plan on drugs for Candidate Countries with the Member States during the Swedish Presidency.
5.1.2 The Commission to negotiate with the candidate countries to allow them to participate in the work of the European Monitoring Centre for Drugs and Drug Addiction. The Commission to propose to the Council a draft mandate for these negotiations as soon as possible.	The Council adopted the negotiating mandate in March 2001.	1 <sup>st</sup> semester 2001	Negotiations should start as soon as possible.
5.1.3 The Commission and the Member States to continue to support, with technical assistance and finance where necessary, the candidate countries in their to counter drug abuse and drug trafficking. Particular attention should be given, including under PHARE, towards the development of national strategies, national drugs units, focal points for the EMCDDA and effective controls on drugs entering the EU and candidate countries. For countries not covered by PHARE, assistance mechanisms should include provision for counter-drugs work. The Commission should seek out, within existing ceilings, new sources of funding for co-operation with Turkey and include co-operation on drugs issues in the forthcoming drafting of the Accession Partnership. Consideration should also be given to targeted drugs twinning, and making available specialist pre-accession drugs advisers.	In total 20M€ has been made available for drug control activities within the Phare Program for 2000.  Financed from the Phare Multi-beneficiary Drugs Programme 1998 a 2 M€ have also been allocated to a joint EMCDDA-Phare project.	Continuous process	The commitment of the Phare Program should be maintained.  Phare Regional Drugs Programme 2000 of 10M€ has been adopted by the Phare Management Committee in October 2000.  Attention will be paid to synthetic drugs, money laundering, and diversion of precursors.  Resources for the non-Phare candidate countries will be made available.  Activities to be closely coordinated with those under point 5.2.1.
5.1.4 The Council to have an annual debate on all EU assistance projects in the candidate countries in the field of drugs.		Annual debate	Commission should be able to provide global information. Commission will organise a Conference focusing on drugs issue with the candidate countries in April 2001.
5.1.5 The Commission and Member States to implement the Pre-accession pact on organised crime and extend it to all applicant countries.	Ongoing discussion within the Pre-accession Pact Expert Group.		

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
<b>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)</b>			
5.2.1 The Commission and the Council to give priority in the international efforts to counter the drug problem to the candidate countries and those regions of the world that either produce drugs or through which drugs transit on their way to the EU.	Actions already undertaken on the heroin route in Central Asia, Caucasus, Iran, Balkans, and are under preparation for Belarus, Moldova, Russia and Ukraine. Important action undertaken in the Caribbean to counter cocaine trafficking	Continuous process	Commission to develop an overall strategy covering the two main trafficking routes fuelling EU (heroin route from Afghanistan to Europe via Central Asia, Iran, Caucasus, Turkey, Balkans; cocaine route from Latin America via the Caribbean).  Activities to be closely co-ordinated with above point 5.1.3.
5.2.2 Member States and the Commission to co-ordinate their projects in third countries and regions to enable joint assessment and implementation of their action.	Coordination is ongoing for some actions in the Caribbean	Continuous process	The Commission and Member States to consider extension of certain aspects of this co-ordination model to cover the trafficking routes.
5.2.3 Member States and the Commission to strengthen co-operation with multilateral and international organisations, where this would increase the effectiveness of their actions.	Member States and the Commission are considering how best to co-operate with these organisations	Continuous process	Effectiveness of EU co-operation with multilateral and international organisations to be increased by better co-ordination and earlier involvement in programme and projects design.



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

Action as agreed in the EU Action Plan	State of play	Timeframe/ Priority	Comments
5.2.8 Member States and the Commission to support the development of a common international set of indicators in the field of demand reduction, and to promote a common standard for national reporting to international organisations.	EMCDDA and UNDCP reached an agreement on the indicators to be used in third countries.	Continuous process	Commission to develop methodologies adapted to less advanced countries through the pilot project in Venezuela
5.2.9 The Commission and the Member States to integrate drugs as a cross-sectional issue into their supranational co-operation schemes (particularly with the developing countries).		Continuous process	Drugs to be incorporated in the multi-annual programming process and inter-regional coordination to be ensure.
5.2.10 The EU will continue its support for national efforts to eliminate illicit cultivation of drug crops, according to the principle of shared responsibility.	Ongoing Alternative development project in Morocco and Latin America.	Continuous process	To strengthen complementarity of these projects with action on the main trafficking routes.

## ANNEX 2

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

<b>EU strategy Target(s) of reference</b>	<b>EMCDDA Indicator (ki) or core data (cd)</b>	<b>Potential performance or impact bench marker</b>
<p>1. To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.</p>	<p>Drug use in general population (ki)</p>	<p>1. Prevalence in general population and school surveys:</p> <ul style="list-style-type: none"> <li>- Recent use (Last Year, Last Month )</li> <li>- Cannabis and (less precision) cocaine, amphetamines</li> </ul> <p>1999-2004 comparison possible only in some countries</p> <p>2. Initiation to drug use (incidence):</p> <ul style="list-style-type: none"> <li>- Age first use of cannabis (very limited data on other substances)</li> </ul> <p style="padding-left: 40px;">In a few countries only. Planned but not yet available in others.</p> <p>Age ranges to be monitored</p> <ul style="list-style-type: none"> <li>- General Population surveys: 15-24 years</li> <li>- School surveys: 15-16 years</li> </ul>
	<p>Prevalence of problematic drug use (ki)</p>	<p>1. Prevalence estimates of numbers of 'problematic drug users' per 1000 population aged 15-64</p> <p>2. Changes over the time in other indirect indicators that may reflect the prevalence or incidence of problem drug use (will vary between MS depending on the availability and quality of existing data).</p>
	<p>Primary prevention in schools (cd)</p>	<p>1. Number of countries where prevention is included in school curricula</p> <p>2. Number of schools covered by prevention programmes</p> <p>3. Number and degree of detail of available programme material</p> <p>4. Number of minimally evaluated programmes with their outcomes</p>
	<p>Primary prevention in local communities (cd)</p>	<p>1. Number of minimally evaluated programmes with their outcomes</p> <p>2. Degree of conceptualisation of "community programme"</p>
<p>2. To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.</p>	<p>Drug related infectious diseases (ki)</p>	<p>1. Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs) from different sources (e.g. IDUs in drugs treatment, prisons, low-threshold services, street-recruited samples)</p> <p>2. AIDS incidence rates related to injecting drug use in the general population</p>

	Drug related deaths and mortality (ki)	<ol style="list-style-type: none"> <li>1. Acute Drug-related Deaths (numbers, rates, proportional change relative to index year) in <ul style="list-style-type: none"> <li>- General Mortality Registries</li> <li>- Special Registries</li> </ul> In some MS by substance and age  In general with 1-3 years delay in reporting </li> <li>2. Mortality rate (all causes, and by cause of death) among groups of drug users.  In some cities or countries</li> </ol>
	Outreach Work (cd)	<ol style="list-style-type: none"> <li>1. Concepts and approaches existing in MS</li> <li>2. typology of on-site pill testing interventions</li> </ol>
	Needle exchange (cd)	<ol style="list-style-type: none"> <li>1. estimations of syringes distributed</li> <li>2. mode of distribution</li> </ol>
	Early health responses (cd)	<ol style="list-style-type: none"> <li>1. Availability and typology of secondary prevention interventions.</li> </ol>
3. To increase substantially the number of successfully treated addicts.	Demand for treatment (ki)	<p>Key Indicator does not provide a straightforward performance indicator for this target. Conceptual work on definition of successful treatment is at starting point with REITOX partners.</p> <p>Some useful sub indicators (not readily available) could be:</p> <ul style="list-style-type: none"> <li>- Proportion of problem drug users admitted to treatment.</li> <li>- Retention of clients in treatment</li> <li>- Compliance of clients with some treatment outcomes (decreased illicit drug use, reduced criminal behaviour, improved labour status, etc.)</li> </ul> <p>Sub indicators based on the Key indicator:</p> <ul style="list-style-type: none"> <li>• Annual number of admissions to drug treatment</li> <li>• Annual number of new admissions (“first treatments”) to drug treatment</li> <li>• Profile of clients starting treatment (age, gender, drug, injection)</li> </ul> <p>Annual numbers are based on variable coverage of treatment centres. Careful monitoring of changes is needed.</p>
	Availability of treatment facilities (cd)	<ol style="list-style-type: none"> <li>1. Services offered and their characteristics,</li> <li>2. Objectives,</li> <li>3. Admission criteria,</li> <li>4. Co-ordination between services.</li> <li>5. Evaluation of treatment services</li> <li>6. EDDRA and QED entries</li> </ol>

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

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

ANNEX 3

November 2000

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

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

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

**External activities**

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

<p><b>Assistance to partner countries in Eastern Europe and Central Asia</b></p>	<p>B7-520</p>	<p><b>Central Asia :</b>                  - Drugs coordinator (1M€ financed from the 1997 and 1998 budgets)                  - control of ports and airports (1M€ financed from the 1997 and 1998 budgets)                  - drugs information network (1M€ financed from the 2000 budget)                  - projects still to be identified (±1,5 M€ from the 2001 budget)</p> <p><b>Southern Caucasus:</b>                  - supply reduction (1,5M€ financed from the 1998 budget)                  - demand reduction (0,5M€ financed from the 2000 budget)                  - judicial assistance and a police information system (1,5M€ from the 2001 budget)</p> <p><b>Ukraine, Moldova, Belorussia:</b>                  - 1,5M€ under preparation from the 2001 budget</p>	<p>Implementation 2000-2002                  Implementation 2000-2002                  Implementation 2001-2003                  Implementation 2002-2003                  Implementation 2001-2002                  Implementation 2001-2003                  Implementation 2002-2003                  Implementation 2002-2003</p>
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<b>Economic aid to the associated countries of central and eastern Europe</b>	B7-030	<ul style="list-style-type: none"> <li>- drug information system (2M€ from the 1998 budget)</li> <li>- PHARE regional drugs programme (10M€ from the 2000 budget)</li> <li>- PHARE national drugs programmes (1M€ / beneficiary country with a total of 10M€ from the 2000 budget)</li> </ul>	<p>Implementation 2000-2001 / implementation of the project passed to the EMCDDA</p> <p>Implementation 2000-2004</p> <p>Implementation 2001-2002 (or 2001-2003) according to the beneficiary countries.</p>
<b>Preaccession strategy for Malta</b>	B7-040		New budget line
<b>Preaccession strategy for Cyprus</b>	B7-041		New budget line
<b>Preaccession strategy for Turkey</b>	B7-050		New budget line with just a pm
<b>Latin America</b>	B7-310 and B7-311	<p><b>Bolivia</b> Alternative development project of 30M€</p> <p><b>Andean Region</b> Assistance project in the area of precursors, legislation and money laundering with a total of 0,65M€</p> <p><b>Peru</b> Alternative development project of 28M€</p> <p><b>Colombia</b> Alternative development project of 8M€</p>	<p>Projet signed in 1997, with a duration of 6 years</p> <p>Projet signed in 1998, with a duration of 3 years</p> <p>Projet signed in 1999, with a duration of 6 years</p> <p>Projet signed in 1999, with a duration of 4 years</p>

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

<b>Iran</b>	B7-432	2 projects in cooperation with the UNDCP are being considered (assistance to establish a drugs coordination unit in the Economic Cooperation Organisation and support for the development of a programme on drug control)	These two projects, of 0,5M€ each, are foreseen for 2001
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<p><b>North / South Cooperation in the fight against drugs</b></p>	<p>B7-6210</p>	<p><b>Projects underway:</b></p> <ul style="list-style-type: none"> <li>- Venezuela: national drugs observatory (2M€)</li>   <li>- Caribbean: <ul style="list-style-type: none"> <li>. PMO (1,3 M€)</li> <li>. epidemiological survey 1M€</li> <li>. prison reform 1M€</li> <li>. EC Drugs Control Office (ECDCO) 1M€</li> <li>. system of regional customs cooperation (CCCLEC) 0,7 M€</li> <li>. treatment and rehabilitation 0,7M€</li> </ul> </li> </ul> <p><b>Programming for 2000</b></p> <p>5,2M€ are available in 2000</p>	<p>Project signed in 2000, financed under the 1999 budget, with a duration of three years.</p>
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