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Subject :	EU-Action Plan on Drugs 2000-2004

I. Introduction

- A. At its meeting of December 1999 in Helsinki the European Council endorsed the European Union Drugs Strategy (2000-2004). The Strategy covers all EU drug related activities over the next five years. It sets the main targets and characteristics for the actions to be undertaken at all levels.
- B. 1. The present action-plan transposes the strategy into concrete actions. Elements for this plan resulted from the interinstitutional Conference on Drugs Policy in Europe that was held under auspices of the Commission, Presidency of the Council and European Parliament on 28/29 February 2000 in Brussels. Another source for the Action Plan are the suggestions in the UK initiative on Drugs cfr. doc. 7826/00 CORDROGUE 25 that was examined in depth during elaboration of the Plan.

2. On basis of a non-paper of Commission Services and written comments of delegations on this non-paper the Horizontal Working Party on Drugs discussed the Plan at its meetings of 12 April, 3 May, 17 May and 30 May 2000.

II. Nature of the Plan

- A. 1. The EU Action plan on Drugs defines actions to be undertaken during the 2000-2004 period and has two objectives:

First it should provide a guide to the activities of the European Union over the next five years in order to follow the EU Drugs Strategy (2000-2004).

Secondly, it should provide a solid base for the evaluations of the EU Drugs Strategy (2000-2004) promised by the Commission. In this context it is foreseen that:

- the evaluators would examine to what extent all concerned had implemented the actions in the Action Plan on Drugs, and so would assess the extent to which the Action Plan had been achieved;
 - they would assess the extent to which achievement of the Action Plan meet the requirements of the EU Drugs Strategy; and
 - they would evaluate the extent to which actions undertaken had had an impact on the drugs problem and so the pertinence of the EU Drugs Strategy itself.
2. As regards specific points of the Plan it is to be emphasised that
 - on demand reduction, the EU Drugs Strategy made it clear that prevention of drug abuse should address both licit and illicit drugs.

- on international co-operation as highlighted by the UK delegation, the anti-drugs policies of the applicant countries are important to the EU, both in relation to their progress towards meeting the acquis in this field and becoming members of the EU, and in respect of the actual problems facing these countries now, often with links to the drugs problems in EU countries. The EU is, therefore, determined to help applicant countries deal with the shared problem of illicit drugs as effectively and as quickly as possible.

- B. 1. No precise target dates have been set for most actions in order to respect a certain flexibility. However, the plan has to be implemented by 2004 and for certain actions precise target dates are set (e.g. end of 2000 for completion by Commission of study on establishing minimum rules related to constituent elements and penalties for illicit drug trafficking).
2. Working groups or other bodies to implement the Plan have not systematically been identified in order to give flexibility especially for incoming presidencies. Implementation of the plan will be supervised and monitored by relevant Council bodies, in particular the Horizontal Working Party on Drugs, the illicit drug trafficking group, the Health group and as regards precursors as well as the Economic Affairs group and the precursor group of the Commission. Also the EMCDDA and Europol will play an appropriate role.
3. The Plan addresses itself to the European Union institutions and bodies such as Council, Commission, Europol and EMCDDA. It also provides an overall political framework with encouragement for national action in full respect of the subsidiarity principle, national rules and structures and budgetary means available. Each presidency of the Council will focus in its Program on the implementation of the Plan.

III. At its meeting of 7 June 2000 COREPER agreed on the Plan that is in Annex and invited the Council

- to forward the text in view of endorsement to the European Council
- to authorise the transmission of the Plan to the European Parliament, the Economic and Social Committee and the Committee of the Regions.

EU-ACTION PLAN ON DRUGS

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.

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.

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.

1.1.4 The Presidency of the Council to include to the extent possible in the annual report on Implementation of Joint Action of December 1996 an overview of measures taken as follow-up to the present plan and to forward this report to the European Parliament.

1.1.5 The Council to inform the European Council of drugs issues where appropriate.

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.

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.

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).

1.2.1 To reinforce the role of the Horizontal Working Party on Drugs as co-ordinator for all drug related matters in the Council. In order to exercise its supervising and monitoring role it should be informed on all drug related activities of all relevant bodies.

1.2.2 Taking account of national legislation and administrative structures the Council to encourage all Member States to consider to establish where it does not exist and otherwise to strengthen the national co-ordination mechanism and/or to appoint a national drugs co-ordinator.

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.

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.

1.3 To encourage multi-agency co-operation and the involvement of civil society (Strategy aim 6)

1.3.1 The Council to encourage all Member States to ensure that they have effective co-ordination bodies at the national, regional and/or local levels which bring together the expertise of all the agencies and NGOs concerned.

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.

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.

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.

1.5 The Council to encourage all Member States to share information on their national strategies and action plans, drugs related legislation, policies and innovative projects, making full use of EMCDDA database on drug laws. Increased operational co-operation should make full use of existing programmes such as Falcone and OISIN.

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)

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)

2.1.2 The EMCDDA to collect and analyse the information at EU level.

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.

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.

2.1.5 EMCDDA to complete work on the indicators referred to in 2.1.1. and 2.1.3 by the end of 2000 and thereafter to report annually to the Horizontal Working Party on Drugs on the convergence of the key indicators, progress made in this area, and action proposed in the coming year to resolve outstanding problems.

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.

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.

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.

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.

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.

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.

2.2.4 The Horizontal Working Party on Drugs to examine notably on the basis of the report provided for in the Joint Action of December 1996 the activities Member States and the Commission have taken against drugs, their implementation and effectiveness, the lessons learnt and modifications to the drugs policies that have resulted.

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.

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.

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.

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 Member States to encourage the inclusion in school curricula of the prevention of licit and illicit drugs in schools and to set up programmes to assist parents.

- 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.
- 3.1.1.3 Member States to provide adequate resources for positive alternatives to drugs, for example, by providing leisure time activities for the young, especially in socially deprived urban areas.
- 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.
- 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)
- 3.1.2.1 Member States to develop outreach work and easily accessible services for drug users, including drug-free treatment, substitution treatment, counselling and, where appropriate, the provision of prophylactics to reduce the spread of disease.
- 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.
- 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.
- 3.1.2.4 Member States to ensure that enough attention is paid to drug related issues in training and education of doctors, social workers and other professionals in the health and social sector.

- 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.
- 3.1.2.6 Member States to find strategies and increase access to and availability of services designed to reach drug abusers who are not integrated into or reached by existing services and programmes and are at high risk of severe health damage, drug-related infectious diseases and even fatal accidents, in order to assist such drug abusers in reducing individual and public health risks.
- 3.1.2.7 Member States to consider proactive strategies for vaccinating drug users against hepatitis A and B.
- 3.1.3 to increase substantially the number of successfully treated addicts (Strategy target 3)
- 3.1.3.1 Member States to provide a wide variety of treatment services for drug users, and effective measures to assist severely dependent individuals, including measures to reduce the health related damages.
- 3.1.3.2 Member States to allocate adequate resources to drug treatment so that drug users seeking treatment can be guaranteed in-patient or out-patient treatment within a reasonable time.
- 3.1.3.3 Member States to define clear guidelines for the standards and goals of treatment services and to ensure the evidence based evaluation of the treatment according to those guidelines. Emphasis should be given to a scientific evaluation of different treatment strategies. Full use should be made of the Community Programme for Research and Development.
- 3.1.3.4 Member States to ensure that adequate attention is paid to social and professional rehabilitation and reintegration of former addicts. Full use should be made of the Community Programmes in this area.

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.

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.

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.

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.

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.

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.
- 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.
- 3.4.2 Member States to set up concrete mechanisms to provide alternatives to prison, especially for young drug offenders.
- 3.4.3 Member States to intensify their efforts to provide drug prevention and treatment services and, where appropriate, measures to reduce health related damages in prisons and on release from prison.
- 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.

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

- 3.5.1 Member States to promote the creation of a co-ordinated qualification skill (at academic and vocational level) in the area of drug prevention.
- 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.

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.

4. **Supply Reduction**

4.1 **To reinforce the fight against organised crime, illicit drug trafficking and related organised crime as well as other drug-related crime, and to step up police, customs and judicial co-operation between Member States (Strategy aim 5)**

4.1.1 To reduce substantially over five years the availability of illicit drugs (Strategy target 4)

4.1.1.1 Member States to ensure a high and uniform level of security at the external borders of the EU, and where appropriate, to establish joint control teams, including, for example, police, customs, immigration and border guards.

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.

4.1.1.3 The 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 courses on the identification and surveillance of suspicious vessels, and establishing procedures for boarding and searching vessels where appropriate. The 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.

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.

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.

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.

4.1.1.7 The future European Police College to provide useful training in aforementioned fields.

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.

4.1.2.2 Member States to take concrete steps against money laundering, including approximation of criminal laws and procedures on money laundering.

- 4.1.2.3 Member States to improve the system for analysing and exchanging information between Financial Intelligence Units of Member States.
- 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.
- 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.
- 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.

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)

- 4.2.1 Member States to establish as soon as possible joint investigative units between police, customs and other law enforcement agencies, specifically responsible for drug trafficking within their territory.
- 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.
- 4.2.3 Member States to promote regional co-operation where affected by similar drugs problems.

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.

4.2.5 Member States and Europol to promote new investigation techniques and research and documentation of drug-related crime.

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.

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.

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.

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.

5.1.4 The Council to have an annual debate on all EU assistance projects in the candidate countries in the field of drugs.

5.1.5 The Commission and Member States to implement the Pre-accession pact on organised crime and extend it to all applicant countries.

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.

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.

- 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.
- 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 to inform the Council of all assistance projects for third countries in the field of drugs, whenever possible and necessary already in the preparatory process.
- 5.2.5 Member States and the Commission 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.
- 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.
- 5.2.7 The Commission and Member States to help non-EU countries and regions to develop their anti-money laundering systems.
- 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.
- 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).
- 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.