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Proposal for a European Parliament recommendation to the Council on the European strategy on fighting drugs (2005-2012)
(2004/2221(INI))

Committee on Civil Liberties, Justice and Home Affairs

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PROPOSAL FOR A EUROPEAN PARLIAMENT RECOMMENDATION TO THE COUNCIL

on the European strategy on fighting drugs (2005-2012)
(2004/2221(INI))

The European Parliament,

– having regard to the proposal for a recommendation to the Council (which was submitted by Rosa Díez González on behalf of the PSE Group) concerning the European strategy on fighting drugs (2005-2012) (B6-0070/2004) ,

– having regard to Title V of the consolidated version of the EU Treaty[1],

– having regard to Title VI of the consolidated version of the EU Treaty,[2] and particularly Article 31(1)(e) and Article 34(2)(b) thereof,

– having regard to the consolidated version of the EC Treaty[3] and particularly Article 252 thereof,

– having regard to the draft Treaty establishing a Constitution for Europe, and in particular its Articles I-16, I-40, II-94, II-95, III-271, III-278, III-305 and others,

– having regard to the integration of the Schengen *acquis* into the EU Treaty and the EC Treaty respectively,

– having regard to the following UN Conventions: on Narcotic Drugs, of 30 March 1961, amended by the Geneva Protocol of 25 March 1972; on Psychotropic Substances, of 21 February 1971; and against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, of 19 December 1988,

– having regard to Council Regulation (EEC) No 302/93 of 8 February 1993 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction[4],

– having regard to the Commission Communication to the Council and the European Parliament on the EU Action Plan to Combat Drugs (1995-1999) (COM(94)0234),

– having regard to the Political Declaration on Drugs and the resolutions adopted at the UN General Assembly Special Session (UNGASS) of 8 and 10 June 1998,

– having regard to European Parliament and Council Decision 102/97/EC of 16 December 1996 to adopt a Community action programme on preventing drug dependence within the framework of action in the field of public health[5],

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[1] OJ C 325, 24.12.2002.
[2] OJ C 325, 24.12.2002.
[3] OJ C 325, 24.12.2002.
[4] OJ L 36, 12.2.1993, p. 1.
[5] OJ L 19, 22.1.1997, p. 25.

– having regard to the Council Joint Action 96/750/GAI of 17 December 1996, concerning the approximation of the laws and practices of the Member States of the European Union to combat drug dependence and to prevent and combat illegal drug trafficking[1],

– having regard to the Council Joint Action 97/396/GAI 16 June 1997 concerning the information exchange, risk assessment and control of new synthetic drugs[2],

– having regard to Council Regulation (EC) 2046/97 of 13 October 1997 on North-South cooperation on fighting drugs and drug addiction[3],

– having regard to the Council and Commission Action Plan on how best to apply the provisions of the Amsterdam Treaty on establishing an area of freedom, security and justice[4] (which was adopted by the Vienna European Council in December 1998) and, in particular, points 13, 14, 44, 47 and 51 thereof,

– having regard to the conclusions of the Tampere European Council of 15 and 16 October 1999, and particularly points 43, 48, 50, 59, 60, 61 and 62 thereof,

– having regard to the Helsinki European Council of 10 and 11 December 1999 and, in particular, conclusion 53 thereof, in which the European Strategy against Drugs (2000-2004) was noted,

– having regard to the conclusions of the Santa María da Feira European Council of 19 and 20 June 2000 and, in particular, point 51 thereof, in which the EU Action Plan Against Drugs (2000-2004) was adopted,

– having regard to European Parliament and Council Directive 2001/97/EC of 4 December 2001 on prevention of the use of the financial system for the purpose of money laundering[5],

– having regard to the Commission Communications to the Council and the European Parliament on the application of the EU Action Plan Against Drugs 2000-2004 (COM(2001)0301 and COM(2002)0599),

– having regard to the proposal for a Council Regulation amending Council Regulation (EEC) No 302/93 of 8 February 1993 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction (COM(2003)0808 - 5085/04 CORDROGUE 7 SAN 3,

– having regard to European Parliament and Council Regulation (EC) 273/2004 of 11 February 2004 on drug precursors[6],

– having regard to Rules 114(3) and 83(5) of its Rules of Procedure,

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[1] OJ L 342, 31.12.1996, p. 6.
[2] OJ L 167, 25.6.1997, p. 1.
[3] OJ L 287, 21.10.1997, p. 1.
[4] OJ C 19, 23.1.1999, p. 1.
[5] OJ L 344, 28.12.2001, p. 76.
[6] OJ L 47, 18.2.2004, p. 1.

– having regard to the report by the Committee on Civil Liberties, Justice and Home Affairs and the opinion of the Committee on ??? and the Committee on ??? (A6-0000/2004),

A. whereas drug consumption and drug peddling are reaching extremely high levels in all the Member States, and this problem cannot be resolved by each State on an individual basis, which means that it is essential that the EU adopt a genuine European policy on fighting drugs, and implement it in an integrated, global manner, using all necessary means to prevent and resolve the human health and social exclusion problems it causes, and repair the damage done to society by drugs-related organised crime,

B. whereas the JAI Council decided at its meeting of 8 June 2004 that a new EU Drugs Strategy needed to be implemented for 2005-2012, on the basis of two EU Action Plans on Drugs, each lasting three years (2005-2007 and 2009-2011) and each followed by a one-year evaluation period (2008 and 2012), and that this Strategy would be adopted at the European Council of December 2004,

C. whereas on 6 July 2004, the Dutch Council Presidency presented the draft European Drugs Strategy (2005-2012) (CORDROGUE 53) to the Horizontal Drugs Group, taking account of the conclusions of the Dublin Conference on an EU Drugs Strategy (CORDROGUE 36), of 10 and 11 May 2004; whereas this draft was subsequently considered at the meetings of 7 and 8 September, 30 September, and 1 October 2004,

D. whereas the European Monitoring Centre for Drugs and Drug Addiction (EMCD) and the Commission have not yet submitted their respective technical and political assessment reports, assessing to what extent the eleven general objectives and six principal objectives established in the EU Drugs Strategy (2000-2004) have been achieved,

E. whereas the Council is negotiating within the Horizontal Drugs Group and the CAT (the committee referred to in Article 36 of the EU Treaty) on the contents of the draft EU Anti-Drug Strategy (2005-2012), without knowing the assessments of either the EU Anti-Drug Strategy (2000-2005) or the implementation of the EU Action Plan on Drugs (2000-2005) which are to be drawn up by the EMCD and the Commission, whose results are expected to be submitted in October and November 2004,

F. convinced that there is a manifest lack of political will on the part of the Member States and the EU to tackle the drug problem at Community level,

G. believing that the risk represented by drugs should be analysed from a purely scientific point of view, minutely examining objective and comparable data and avoiding any kind of ideological approach, as the best way of solving the many problems linked with drugs,

1. Recommends to the European Council and to the Council, when defining the future European Drugs Strategy (2005-2012), and with general reference to EU policy on drugs, that they should:

(a) establish a genuine European drugs policy, for all European citizens, which tackles the problem from all points of view and in all spheres, and receives the requisite financial support from the Community budget, since in an area without internal frontiers, the national drugs policy of any Member State has inevitable repercussions on the EU as a

whole;

(b) take account of the fact that the assessments made to date of the six main objectives set by the EU Anti-Drug Strategy (2000-2004), show that only one of them achieved favourable results, while not one of the other five was satisfactorily achieved;

(c) devise and formulate the new European Drugs Strategy (2005-2012) in a radically different way from the strategy currently in force;

(d) found the new EU Drugs Strategy on legal, institutional and financial bases other than the inadequate bases used for current EU drugs policy, with all its continually demonstrated overall ineffectiveness;

(e) adopt an adequate legal instrument to establish uniform European Union objectives relating to drugs, the arrangements for cooperation with the Member States and third countries, and the requisite institutional procedures and financial resources;

(f) create a specific chapter on drugs within the EU's general budget, closely meshed with all the measures which will need to be provided for in future Action Plans to be adopted by the Commission, since otherwise it will not be possible to achieve the objectives laid down in the Drugs Strategy;

(g) not to adopt the new European Drugs Strategy (2005-2012) without knowing the real results achieved by the previous Strategy, as measured by the relevant technical and political assessments;

(h) inform the European Parliament officially - in accordance with the principles of democratic legitimacy, transparency and sincere cooperation between the institutions - of the progress of the negotiations within the Council on the European Strategy on Fighting Drugs (2005-2012);

(i) consult the European Parliament before adopting the European Drugs Strategy (2005-2012), so that Parliament's opinion can be taken into account in good time;

(j) propose measures totally different from those currently selected to achieve the overall EU Drugs Strategy objective of improving the wellbeing and protection of individuals by means of a balanced and integrated approach to the problem, since the relevant proposals are utterly inadequate;

(l) change the elements comprising the draft EU Drugs Strategy since they do not correspond to objective reality, which means that they are once again irredeemably doomed to fail to achieve the objectives set;

(m) clearly define and establish a new European coordination mechanism on drugs policy, so as to achieve an integrated, multidisciplinary and balanced approach to the problem of drugs, which is now more necessary than ever following the accession of ten new Member States;

(n) establish minimum standards with a view to improving the availability of action to

prevent risks, and likewise minimum standards for rehabilitation measures, based on best practice in the Member States, with the goal of reducing the harm and damage done by drugs;

(o) lay much greater stress on prevention and the rehabilitation of the health of people affected by drugs, who are often in situations of marginality and social exclusion, rather than on the failed repressive strategy which has on occasion led to violation of fundamental human rights;

(p) stress the stepping up of the measures on providing information which need to be adopted to prevent the risks of drug taking;

(q) define and exponentially step up the involvement and participation of civil society in resolving drug-related problems;

(r) establish assessment measures which will allow deviations from the goals set out in the EU Drugs Strategy to be detected correctly and rectified in good time;

(s) take the appropriate steps to ensure that the close link between the profits made by organised crime through illegal drug trafficking and the funding of international terrorism are duly taken into account; apply, in all spheres, current legislation on confiscation of goods and fighting money-laundering;

(t) include in all international agreements, and particularly new cooperation agreements with third countries, a specific anti-drug cooperation clause, with ‘essential clause’ status;

(u) significantly increase development aid to drug-producing countries, by means of sustainable alternative crop programmes and the radical reduction of poverty;

2. Instructs its President to forward this recommendation to the Council and the European Council and, for information, to the Commission and the governments and parliaments of the Member States, the European Monitoring Centre for Drugs and Drug Addiction, the Council of Europe and the United Nations.

EXPLANATORY STATEMENT

The EU's anti-drugs strategy must be based not on ideology but on scientific assessments, which must be taken as a starting point for any serious policy designed to combat the spread of drugs and related illegal activities.

Narcotics consumption is on the increase within Europe and this constitutes the clearest evidence that the repressive, prohibitionist policies pursued by the EU Member States are powerless to combat the drugs trade, which continues to be one of the most important sources of income for organised crime and terrorist organisations.

According to a study involving 7600 young people (aged between 15 and 24) which was carried out in April/May 2004 by Eurobarometer on behalf of the Commission, obtaining drugs is very easy in all European countries and the main reasons for consuming such substances are curiosity and the thrill of breaking society's rules.

In particular, data contained in the Lisbon Monitoring Centre's 2003 annual report indicate that 'cannabis remains the most commonly used drug in the EU, with many countries reporting lifetime prevalence rates in excess of 20 % of the general population. A conservative estimate would suggest that at least one in every five adults in the EU has tried the drug. Indicators suggest that cannabis use has been increasing across the EU, although this increase appears to have stabilised in some countries, albeit at what can generally be considered to be historically high levels.'

Generalisations must therefore be avoided when drugs are classified, since not all narcotic substances have the same effects and - as scientific studies have shown - certain substances (in particular, so-called 'light drugs') are not addictive.

The other factor - in addition to the increase in the use of narcotics - which should be taken into account in the EU's strategy is the mortality relating to narcotics use: the number of AIDS-related deaths is falling, whilst the number of deaths caused by a drugs overdose is stable or is still increasing.

This is another statistic which illustrates the inescapable fact that the current strategy is failing to achieve the objectives of protecting individuals and improving the well-being of society.

The current anti-drugs strategy leaves criminal and terrorist mafias and organisations quite unperturbed; if anything, their annual turnover is increasing as they reap the profits of the drugs trade. According to Europol the overall statistics reveal that drugs seizures are concentrated in just a few countries, which account for approximately 75% of all seizures carried out in the world in respect of any type of illegal drug. According to the Europol report on organised crime, drugs production and trafficking continue to be the main activity pursued by criminal groups in the EU. No other field of organised crime is quite so profitable.

Drugs-related crime may be considered to include contravention of drugs legislation, offences committed under the influence of illegal drugs and offences committed by drug addicts in

order to finance their habit (mainly housebreaking and shoplifting), together with 'systemic' crimes committed in connection with the functioning of illegal markets ('turf wars', corruption of officials, and so on).

For these reasons a Community project should be launched for the purpose of introducing alternative forms of detention, so that drugs repression ceases to focus exclusively on imprisonment. The anti-drugs strategy should be regarded as a form of social intervention concentrating on the reasons for social unrest with a view to preventing drugs use by refining a strategy of repression which is currently targeted solely at drug users.

Hence the damage-reduction strategy must be given priority. Measures designed to minimise drugs-related damage to health, to reduce the number of deaths and to subdue any breach of the peace have become an integral part of many of the Member States' drugs strategies and a clear political priority in most countries. The implementation of initiatives designed to reduce damage is described in the Member States' literature on the subject as 'very important', 'highly significant', 'fundamental', ' priority' and 'a key aspect of our national drugs strategy'.

29.9.2004

PROPOSAL FOR A RECOMMENDATION TO THE COUNCIL (B6-0070/2004)

pursuant to Rule 114(1) of the Rules of Procedure
by Rosa M. Díez González, on behalf of the PSE Group
on the draft EU drugs strategy (2005-2012)

The European Parliament,

– having regard to the meeting of the JHA Council of 2 and 3 December 2004, at which a draft EU drugs strategy for the period 2005-2012 is to be considered,

– having regard to the European Council of 17 December 2004, at which the draft EU drugs strategy for the period 2005-2012 is to be adopted,

– having regard to Rule 114(1) of its Rules of Procedure,

A. whereas the framework and the priorities laid down in the new EU drugs strategy are to serve as a basis for two consecutive three-year EU action plans to combat drugs (2005-2007 and 2009-2011), each to be followed by a one-year period of evaluation (2008 and 2012),

B. whereas an essential aspect of drugs policy within the EU consists in improving cooperation between EU institutions,

C. whereas it is important to seize this opportunity to encourage and develop effective, comprehensive policies to combat drugs,

1. Addresses the following recommendations to the Council:

   a) establish a genuine European policy to combat drugs, focused on reducing supply and demand, and on the provision of information and evaluation;

   b) encourage and develop damage-reduction policies in the Member States, without preventing individual Member States from adopting measures or conducting pilot schemes in this area;

   c) strictly verify compliance with the clause relating to combating drugs in international agreements and, to that effect, ask that 'essential clause' status be accorded;

   d) see to it that the draft action plans to combat drugs (2005-2007 and 2009-2011) are drawn up by the Commission in cooperation with the European Parliament, the EMCDDA and Europol and in consultation with relevant civil society organisations;

2. Instructs its President to forward this recommendation to the Council and, for information, to the European Council and the Commission.