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Annex to the **:**

Communication from the Commission to the European Parliament and the Council

on a EU Drugs Action Plan (2005-2008)

IMPACT ASSESSMENT

{COM(2005) 45 final}

1. Problem identification

The drugs phenomenon is one of the major concerns of the citizens of Europe. Tackling drugs is a top priority of the European Union in view of the continued high levels of drug misuse and trafficking and the damage caused to our societies through drug related crime, health problems and social exclusion.

Moreover, the extended Union faces new, more complex challenges: 2.1 million problematic drug users in the EU25 and the high AIDS incidence among drug users in some of the new Member States. Therefore, the fight against drugs will have to remain on the priority list.

The current drug situation in Europe as described in the "Annual report 2004: the state of the drugs problem in the European Union and Norway" by the European Monitoring Centre for Drug and Drug Addiction[1] can be summarized as follows:

Increase in numbers demanding treatment for cocaine use

More Europeans are seeking treatment for cocaine-related problems. In the Netherlands and Spain, cocaine is now the second most commonly reported drug in specialist treatment centers after heroin, representing over a third (35%) and a quarter (26%) of all demands respectively. In most countries, treatment is demanded for the use of cocaine powder rather than smokeable crack cocaine (but there are exceptions: e.g. the Netherlands, where around two-thirds of cocaine treatment demands are crack related). Growing concern is noted around crack use in a number of cities in Germany, Spain, France, the Netherlands and the UK. No pharmacological substitution treatment for problem cocaine use has yet been identified (unlike for problem opiate use), but treatment approaches aimed at modifying behaviour appear to provide some benefits.

Surveys in EU countries show that between 1% and 10% of young Europeans (15–34 years) report using cocaine at some point in their life, around half of them having done so recently. Surveys also show recent cocaine use (last 12 months) has risen to some extent among young people in Denmark, Germany, Spain and the UK, with local increases recorded in Greece, Ireland, Italy and Austria. On the whole, recent use is reported by less than 1% of all adults (15–64 years) in the EU, but in Spain and the UK, rates are over 2%, similar to US figures. In urban areas and specific sub-groups, levels of use can be much higher: some surveys in dance settings have revealed lifetime prevalence rates of 40–60%.

Deaths attributed to cocaine alone are still rare in Europe, but they may be on the rise. In the Netherlands, while two deaths were attributed to cocaine alone in 1994, this figure had risen to 26 by 2001, and in the UK, references to cocaine on death certificates rose between 1993 and 2001 (although were much fewer than those linked to opiate-related deaths). Toxicological data show that, in some countries, cocaine mixed with opiates was found in a high proportion of drug-related deaths – Spain 46% and Portugal 22%. There are new concerns that 'cutting agents' used in preparing cocaine can pose added health risks. One example is phenacetine – a relatively common adulterant found in cocaine powder – which has been linked to cancer and disorders of the liver, kidneys and blood.

Quantities of cocaine seized in the EU trended upwards in nearly all countries between 1997 and 2002.

In 2002, the volume rose in Germany, France and Italy but fell in Spain, the Netherlands and Portugal, possibly indicating a change in entry points used to traffic cocaine into Europe.

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[1] http://annualreport.emcdda.eu.int/fr/home-fr.html

Signs of heavy cannabis use among teenagers

Cannabis remains the most commonly used illegal drug in the EU with roughly one in five (20%) adult Europeans having tried it at least once in their lifetime. Cannabis prevalence rates are generally highest for young people (15–34 years), ranging from less than 15% in Estonia, Portugal and Sweden and to 35% or over in Denmark, Spain, France and the UK. Surveys show that roughly 5–10% of young Europeans have used the drug in the last 12 months.

Around 10% of 15–16-year-old school students in Greece, Malta and Finland have ever tried the drug, compared with over 30% in the Czech Republic, Spain, France and the UK.

Most people who use cannabis do so only occasionally and for limited periods of time. But today's report shows that around 15% of 15–16-year-old school students in the EU who have used cannabis in the last year are 'heavy' cannabis users – using a definition of 40 or more times per year. Young male students are more than twice as likely to be 'heavy users' as girls. Among males, the proportion of 'heavy users' ranges from 1% in Latvia, Lithuania, Malta, Finland and Sweden to 5–10% in Belgium, Germany, Spain, France, Ireland, Slovenia and the UK. This compares with a 0–4.6% range for female students.

Overall, a mixed picture is found in relation to cannabis trends, but available data do suggest that numbers of young cannabis users have stabilised over the last 2–4 years in the Netherlands, Finland and Sweden– albeit at historically high levels.

Across the EU, cannabis is the most seized drug, except for in Latvia where heroin seizures predominate. Most cannabis seizures in the EU are made by the UK, followed by Spain and France. But in terms of volume, Spain has accounted for over half of the total quantity of cannabis seized in the last five years. Both the number and volume of seizures in the EU rose in 2002 after a decline in 2001.

Ecstasy now rivaling amphetamines as Europe's No 2 drug

Data released by the EMCDDA show that in some countries – Czech Republic, Germany, Ireland, the Netherlands, Portugal and the UK – ecstasy may be catching up or overtaking amphetamines as Europe's No 2 drug after cannabis. Overall available data show that European trends in the recent use of ecstasy are still upwards, while trends for recent amphetamine use are more mixed in the majority of countries.

Between 0.5% and 7% of young adults (15–34 years) have tried ecstasy in their life, compared to 0.5–6% for amphetamines – lifetime prevalence of amphetamines in the UK is as high as 12%.

About two-thirds of the EU Member States report recent ecstasy use to be more common than that of amphetamines among young people aged 15–34 years. Between 5% and 13% of young men aged 15–24 in the Czech Republic, Spain, Ireland, Latvia, the Netherlands and the UK report using ecstasy in the last year. But on the whole, rates of ecstasy and amphetamine use in school survey data (15–16-year-olds) appear to be more stable, or even slightly declining in some countries.

Europe continued to account for the majority of global seizures of amphetamine (86% by volume) in 2002. Over the last five years the main amphetamine seizing country in the EU has been the UK. Use of amphetamine type stimulants (ATS) is rarely the primary reason for seeking drug treatment but there are some exceptions: 52% of treatment clients in the Czech Republic, 35.3% in Finland and 29% in Sweden report ATS as a primary reason for seeking treatment.

Despite growing problems linked to methamphetamine use in Asia and the United States, significant use of the drug in the EU seems confined to the Czech Republic where it has been produced since the 1980s. But sporadic reports are fuelling fears that it may be gaining ground elsewhere in Europe. Minor methamphetamine production has been reported in Belgium, Germany, Estonia, France, Latvia, Lithuania and the UK and seizures were reported in 2002 in the Czech Republic, Denmark, Estonia, Lithuania and Sweden.

Europe remains one of the world's most important areas for the production of ecstasy, but its manufacture is now growing in North America and Asia. Production takes place to some extent in several European countries, but Belgium and the Netherlands remain the most significant producing areas. Quantities of ecstasy seized rose in most EU countries in 2002.

Deaths involving ecstasy are relatively rare in most EU countries. Deaths directly caused by the drug are even rarer. In 2002, Germany reported eight deaths where ecstasy was directly involved, France and Austria each reported two and Greece one. Prevention activities in recreational settings where ecstasy may be used have slightly increased in the EU, especially in the new Member States. These range from the encouragement of non-use attitudes to the promotion of safer environments in such settings (e.g. prevention of emergencies, first aid, security measures).

The changing face of problem drug use

Patterns of problem drug use continue to evolve, following the EMCDDA. Some countries where problem drug users were traditionally chronic opiate addicts, show today increasing numbers of polydrug or stimulant users. Examples include Germany and the Netherlands, which report a growing percentage of crack users among their problem drug users and Spain and Italy, which report rising numbers of problem cocaine users.

Less than 1% of the European adult population (15–64 years) can be defined as problem drug users, totaling between 1.2 and 2.1 million problem drug users in the enlarged EU. The higher estimates are reported by Denmark, Italy, Luxembourg, Portugal and the UK (6–10 cases per 1000 adults) and lower rates by Germany, Greece, the Netherlands, Poland and Finland (less that 4 cases per 1000 adults). In the mid to low range are the Czech Republic (4.9 per 1000 adults), Poland (1.9) and Slovenia (5.3).

Data show a rise in problem drug use since the 1990s in – Belgium, Denmark, Germany, Italy, Luxembourg, Finland and the UK– and indicators in Estonia suggest 'strong increases' says the report.

Heroin use is now relatively stable in many EU countries and the number of new users has fallen since the 1990s. But this may not be true for the new EU countries where data are more limited. Less than half of opiate users new to treatment in the EU report injecting, and in Spain, the Netherlands and Portugal, a relatively small proportion of heroin users appear to do so. But in the Czech Republic, Slovenia and Finland injecting is more commonly reported and in Germany, Ireland, Finland and the new EU Member States, evidence suggests it may still be increasing. The EMCDDA estimates that there are now between 850,000 and 1.3 million current injectors in the EU.

Trafficking in fentanyl – a synthetic opiate up to 100 times more potent than heroin – has been a recent cause for concern in Europe, with seizures recorded in Russia and countries bordering the Baltic Sea. Fentanyl and methylfentanyl have both appeared on the drug markets in Estonia, Finland and Sweden and a number of related overdoses have been reported in the last two years. 'A substantial increase in fentanyl on the European market would be very worrying as its potential to cause problems is high', says the report.

Modest, but significant, decline in drug-related deaths

The number of drug-related deaths has shown a modest decline in recent years across the EU. Drug-related deaths fell from 8,838 in 2000 to 8,306 in 2001 representing a small but significant 6% decrease. France and Spain report a decreasing trend since the mid 1990s and Germany, Greece, Ireland, Italy and Portugal report a more marked decline after 2000.

This positive development is likely to be due to reductions in drug injecting in some countries and increased access to substitution treatment and prevention services (e.g. peer interventions in drug emergencies and educational materials on overdose risks). However, numbers of overdose deaths are still historically high, and this downward trend may not be sustained. There are signs that drug-related deaths may soon rise in the new EU Member States.

HIV declining in some countries but the risk of epidemic spread remains high

Deep concern surrounds the continuing HIV epidemic in some of the new EU Member States and their bordering countries. Estonia, Latvia, Russia and the Ukraine are the countries with the fastest growing HIV epidemic in the world – although there are signs it may have already peaked in Estonia and Latvia. In Western Europe, the epidemic seems to have stabilised or to be declining among injecting drug users (IDUs), but several EU countries are also showing signs of increased risk behaviour, either at local level or in specific sub-groups.

In Estonia and Latvia, where HIV incidence among tested injecting drug users peaked in 2001, rates fell between 2001 and 2002, from 991 per million population to 525 in Estonia and from 281 to 170 in Latvia, but overall rates remain very high. National estimates of HIV prevalence among IDUs are highest in Estonia, Latvia and Poland, but also suggest a recent decline (13–6.2% in Estonia; 14.6–6.6% in Latvia and 9.1–6.8% in Poland). Far higher prevalence among IDUs has been found in local studies in these countries (around 40% in Estonia, 20% in Latvia and 30% in Poland), while the local prevalence in Riga (Latvia), continues to rise. In other new EU Member States – Czech Republic, Slovenia and Slovakia – rates of HIV among IDUs are very low, at less than 1%.

The prevalence of antibodies to the hepatitis B virus (HBV) (up to 85%) and the hepatitis C virus (HCV) (up to 95%) among IDUs is still extremely high, underlining the need for treatment and prevention. Prevalence of HCV is lower (25–33%) in some countries, which report low HIV prevalence among IDUs (e.g. Hungary, Slovenia and Slovakia). Prevalence of tuberculosis among IDUs in EU countries remains low – with the possible exception of some of the Baltic countries – but high rates of infection are found in some countries bordering the Union, highlighting the need for improved surveillance.

The number and geographical coverage of needle and syringe exchange programmes (NSPs) has continued to increase in many EU countries. In particular there has been a rapid expansion in new services nationwide in Estonia and Latvia in response to the HIV epidemics in recent years.

This mixed picture, showing strong similarities between the Member States, but also marking differences, points to positive signs of stabilisation but also to serious worrying trends.

2. Main objective of EU action on Drugs

The ultimate aim of any EU action in the field of drugs is to significantly reduce the prevalence of drug use among the population and to reduce the social harm and health damage caused by the use of drugs, building on the outcome of the former EU Drugs Action Plan.

In particular, EU action on drugs should provide a guide to all actors in the EU when setting priorities in the drugs area during the period covered and should ensure that the drugs issue

receives the necessary high level support. It should also aim at facilitating coordination between the Member States responses to drug use and to drug trafficking. EU action in the field of drugs should be a tool for ensuring the highest possible level of exchange of knowledge and good practice among Member States.

In the view of revising and updating the Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence, the Commission intends to publish a report in 2006 on the implementation of these recommendations in the member states with the technical support of the European Monitoring Centre for Drug and Drug Addiction (EMCDDA).

3. Policy Options

In order to tackle the drugs issue in the EU and to achieve the objectives above, several options could be envisaged:

A.	Actions in the field of drugs are left exclusively to the Member States
B.	The former Action Plan 2000-2004 is renewed for another five year period
C.	A new Action Plan is presented, building on the main lessons from the final evaluation of the EU Action Plan 2000-2004[2] and in connection with the new Drugs Strategy 2005-2012
D.	A EU policy on drugs is proposed

[2] Communication from the Commission to the Council and the European Parliament on the results of the final evaluation of the EU Drugs Strategy and Action Plan on Drugs (2000-2004), [COM (2004) 707 final].

Option A - Actions in the field of drugs are left exclusively to the Member States

Drugs are a problem that knows no national boundaries. However, it is a fact that this phenomenon is experienced primarily at local and national level.

In the case that actions in the field of drugs were purely taken at national level, fight against drugs would be as difficult as in the case of other global threats like terrorism or organised crime. In particular in the field of information, bigger is the size of the sample, stronger are the conclusions that can be drawn.

On the other hand, the implementation of 25 national policies and strategies reflecting different complex social and cultural models would raise important difficulties for the freedom of movement of people and goods, in particular in certain fields as public health or chemical precursors, already covered by Community legislation.

Whatever the national, regional or local attitudes to the drugs problem may be, drugs issue is a world-wide phenomenon which requires a coordinated and integrated approach. What is at stake here is the preservation of the values of freedom, security and justice which are the very basis of European society.

Therefore the only way to deal with this is to create European added value. Thus, the comprehensive multidisciplinary approach tackling the issue of drugs from every angle integrates already not only the national level but various complementary levels:

- within the framework of Community powers (public health, precursor control, money laundering, development aid with non-member countries),
- within the framework of close co-operation between Member States (foreign policy, justice and home affairs) and
- within the framework of partnership with numerous international organisations.

Due to the reasons above, the European Council endorsed in 2000 an Action Plan providing a common framework for policy making calling for a balanced, coordinated and integrated approach. Even if it was not a legally binding document, Member States were committed to the ideas expressed in it. Therefore, it was at the highest level that it was decided not to leave actions in the field of drugs exclusively to the Member States.

One of the conclusions of the final evaluation of the EU Action Plan 2000-2004 mentioned above was that the EU Drugs Strategy and Action Plan have provided a framework for drug-related activities and initiatives at national and EU level and have been taken as a central reference point for action by all those involved in their implementation.

Moreover, in November 2004, the European Council adopted the "Hague Programme"[3], which includes the drugs issue, considering that "an optimal level of protection of the area of freedom, security and justice requires multi-disciplinary and concerted action both at EU level and national level...".

Option B - The former Action Plan 2000-2004 is renewed for another five year period

In order to provide effective solutions to the drugs issue, in 1999 the Commission presented a Communication on a European Union Action Plan to Combat Drugs (2000 – 2004)[4]. Based on

[3] http://jaiweb/quoi_neuf/2004/novembre_2004/la_haye_en.pdf

[4] COM (1999) 239 final of 26.5.1999

this the Helsinki European Council endorsed the EU Strategy on Drugs for 2000-2004[5]. The Strategy called for a **multidisciplinary and integrated approach** to drugs where drug demand and supply reduction were seen as equally important and mutually reinforcing parts of a balanced strategy. Coordination, information and evaluation as well as international cooperation were also part of the Action Plan as cross-cutting themes.

In June 2000, the Feira European Council adopted the EU Action Plan on Drugs 2000-2004[6]. This Action Plan translated the EU Drugs Strategy into approximately one hundred concrete actions to be taken by the Member States, the Commission, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. The Action Plan 2000-2004 was divided into five sections: i) co-ordination, ii) information and evaluation, iii) drug demand reduction and prevention of drug use and drug related crime, iv) supply reduction and (v) international co-operation.

The final evaluation on the EU Drugs Strategy and Action Plan on Drugs, presented by the Commission to the Council and the European Parliament in October 2004, assessed for the period 2000-2004 the level of achievement of the activities set out in the Action Plan, the extent to which this met the objectives of the Drugs Strategy and also the impact of both the Drugs Strategy and the Action Plan on the drug situation in the European Union. The results of this evaluation are presented below and they summarize the main achievements but also the areas where further progress is needed for each of the five sections of the plan. The final evaluation also drafted conclusions and proposals for the future.

Section 1. Coordination

Achievements at national level

- Since 1999, more developed national drugs strategies have been adopted by Member States. Most of them cover the entire range of drug-related activities.
- The awareness among Member States of the need of a multidisciplinary coordination in the field of drugs has increased. All Member States acknowledge that it is an essential element of drugs policy, even if there is no single definition of the term 'coordination'.

Areas where further progress is needed at national level

- National drugs coordination needs to be extended to all areas of drugs policy, including regular consultation with civil society.
- More prior coordination at national level (e.g. between public health, justice and home affairs, external relations and budget authorities) would be helpful to delegations in articulating their positions within the Council.

Achievements at EU level

- Since the adoption of the Action Plan, meetings of the national drugs coordinators have taken place twice a year.
- The Commission issued a Communication on drugs coordination in 2003. A paper with the views of the Horizontal Drugs Group on the Communication has been discussed.

Areas where further progress is needed at EU level

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[5] Cordrogue 64 Rev 3, 12555/3/99, 1.12.1999

[6] Cordrogue 32, 9283/00, 7.6.2000

- Adequate follow-up of the Commission Communication on drugs coordination has to be ensured. The meetings of the national coordinators should be more focused on specific issues.
- The Commission should strengthen and streamline its internal coordination mechanisms: a more visible and operational coordination of all the services involved in the drugs dossier is required. Its structural links with the EMCDDA should continue.
- There is no clear division of responsibilities among the Council working groups dealing with drug issues. The Horizontal Drugs Group should have overall responsibility for co-ordination of the work of the different groups on drug issues.
- Civil society has not been regularly consulted in the formulation of EU policy on drugs and such consultation should become a regular feature.

Section 2. Information and evaluation

Achievements at national level

- The availability and the quality of the data on the drug situation have improved in most Member States, as has the political support necessary for specific information and evaluation activities.
- All Member States have agreed to apply the five key epidemiological indicators[7] and to provide comparable and consolidated data.
- Some Member States have progressed on the development of tools for the regular assessment of the effectiveness of their actions in the field of drugs.

Areas where further progress is needed at national level

- The systematic monitoring of the implementation of national drugs strategies/action plans should be improved. Progress is also needed to ensure systematic and regular assessment of their implementation.
- Member States should pursue efforts towards full implementation of the epidemiological indicators.
- The provision of information on public expenditure in the field of drugs and the analysis of the cost-effectiveness ratio of policies need further improvement.

Achievements at EU level

- The availability and quality of data and information on the drug situation have been improved mainly through the work of the EMCDDA and the National Focal Points.
- The final evaluation process has led to the development of key methodological tools and the creation of a steering group which could provide a framework for future evaluations of EU drugs policies.
- The exchange of information on emerging trends in drug use has improved, partly, as a result of the establishment of an early warning system in the framework of the Joint Action on synthetic drugs.[8]

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[7] 1. The extent and pattern of drug use in the general population 2. The prevalence of problem drug use 3. The demand for treatment by drug users 4. The number of drug-related deaths and the mortality of drug users and 5. The rates of drug-related infectious diseases.

[8] OJ L 167, 25.06.1997, p. 1

Areas where further progress is needed at EU level

- There is a lack on information on drug related crime and more work needs to be done on the appropriate indicators, taking into account the work of the EMCDDA and Europol in this field.
- Mechanisms for monitoring emerging trends in drug use should be improved. Research on such trends should be further developed.

Section 3. Demand reduction

Achievements at national level

- The awareness of the need to take preventive actions starting from an early age is clear for all Member States. They have created global prevention programmes involving relevant experts and civil society.
- Specific prevention projects aimed at tackling poly-drug use and the abuse of licit and illicit substances are increasingly implemented. Information campaigns are increasingly directed towards target groups and address risk behaviour and addiction in general.
- Most Member States have increased the funding for and the availability of treatment services and diversified the range of treatment options.
- In all Member States more attention is being paid to drug-using offenders as illustrated by the increase in community-based alternatives to incarceration and the greater availability of prison-based psychosocial and health interventions.
- All Member States have undertaken research into the effects of driving under the influence of illicit drugs and medication and some of them have introduced stricter control measures.

Areas where further progress is needed at national level

- More regular assessment of the effectiveness of measures to reduce health-related harm associated with drug dependence and of treatment measures should be carried out.
- Member States should create recognised qualifications for professionals in the areas of drug prevention and reduction of health-related harm associated with drug dependence.

Achievements at EU level

- The Council adopted a number of resolutions on drug prevention issues.
- The Programme of Community Action on the Prevention of Drug Dependence (1996-2002)[9] and the New Public Health Programme (2003-2008)[10] have provided co-funding for drug prevention projects. Treatment is an emerging issue.
- A Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence was adopted in 2003[11].
- A European Community road safety action programme[12] and a Council Resolution on combating the impact of psychoactive substances use on road accidents[13] have been adopted. Both take into account the effects of alcohol, drugs and medicines on driving.

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9 OJ L 19, 22.1.1997, p. 25
10 OJ L 271, 9.10.2002, p. 1
11 OJ L 165, 03.07.2003, p. 31
12 COM(2003)311 final

Areas where further progress is needed at EU level

- The EU should promote further research on the biomedical, psychosocial and other factors behind drug use and addiction, especially in areas, where such research is still limited (e.g. long term use of cannabis or synthetic drugs).
- The dissemination of reliable and high quality information and best practices should be improved.
- The Commission will follow up on the key points of the 2003 Council Recommendation mentioned above.

Section 4. Supply Reduction

Achievements at national level

- Within most Member States co-operation between law enforcement agencies has been improved through the establishment/reinforcement of structures and activities such as joint police/customs teams, joint enforcement operations and memoranda of understanding.
- More Member States now seem to be able to operate in accordance with the provisions of Article 17 (Illicit Traffic by Sea) of the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances.
- All Member States have transposed into national law the first money laundering Directive[14] and 11 have transposed its amending Directive[15]. In addition Member States have introduced new measures to reduce money laundering such as powers to oppose transactions and increased powers for the control of travellers who import large sums of money.
- 10 Member States have transposed the provisions of the Council Framework Decision on joint investigation teams[16] and/or have ratified the EU Convention on Mutual Legal Assistance in Criminal Matters[17] or have indicated that legislation in place already enables the setting up of such teams.
- 10 Member States have ratified the Convention on mutual assistance and co-operation between customs administrations (Naples II)[18]. 14 Member States have ratified the Convention on the use of information technology for customs purposes (CIS)[19].

Areas where further progress is needed at national level

- Those Member States which do not report having formal structures for co-operation between their national law enforcement agencies should consider establishing such formal structures as appropriate.
- Member States should ensure that they have the necessary procedures in place to enable them to operate in accordance with the provisions of Article 17 of the 1988 UN Convention and should consider the establishment of a guide regarding its implementation.

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13 Cordrogue 97, 13.11.2003
14 Directive 91/308/EEC, 0J L166, 28.06.1991, p. 77-83
15 Directive 2001/97/CE , OJ L 344, 28.12.2001, p. 76
16 OJ L 162, 20.06.2002, p.1
17 OJ C 197, 12.07.2000, p. 1
18 OJ C 24, 23.01.1998, p. 2
19 OJ C 316, 27.11.95, p. 34

- Member States which have not done so should transpose the second money laundering Directive[20], the Council Framework Decision on joint investigation teams and/or ratify the EU Convention on Mutual Legal Assistance in Criminal Matters and ratify the Naples II Convention and the CIS Convention.

Achievements at EU level

- Co-operation between law enforcement agencies at EU level has been improved through the establishment/reinforcement of structures, the activities of Europol and Eurojust and activities such as joint investigations, joint customs operations, maritime co-operation, joint teams, and police and customs co-operation centres.
- A number of EU projects (e.g. CASE, EELS and EILCS) aimed at identifying the production and trafficking of synthetic drugs have been established and are ongoing.
- Since 2000, five substances have been made subject to EU wide control measures on the basis of the Joint Action on synthetic drugs.
- EU financing programmes such as AGIS[21] have played a significant role in facilitating co-operation between the Member States' law enforcement authorities.
- Political agreement has been reached on the Council Framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking[22]. Its formal adoption is expected shortly.
- A Regulation of the European Parliament and of the Council on drug precursors (intra-Community trade) has been adopted.[23] A proposal for a Council Regulation on the external trade in drug precursors [24] has been presented by the Commission.
- OLAF has facilitated an important exchange of information relating to the risk of diversion of precursors and continues to support the Yachtinfo and Marinfo systems.
- The further development of a permanent Operational Co-ordination Unit to support Joint Customs Operations is under discussion.
- The Commission has adopted a proposal for a third Directive on money laundering[25].
- The adoption of the Council Decision[26] on the exchange of information between Financial Intelligence Units (FIUs) has provided a better framework for cooperation.
- A number of Member States are involved in discussions with regard to forming joint teams and giving their police and judicial authorities additional, far-reaching powers to operate on each other's territories.

Areas where further progress is needed at EU level

- Member States should establish joint investigation teams to deal with drug trafficking between them, as provided for in the Council Framework Decision and the Convention.

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20 Cf. footnote 21
21 OJ L 203, 01.08.2002, p. 5
22 COM (2001) 259 final
23 OJ L 47, 18.02.2004, p. 1
24 COM (2004) 244 final
25 COM (2004) 448, 30.06.04
26 OJ L 271, 24.10.2000, p. 4

- Further developing joint operations between law enforcement agencies of the Member States should be discussed. The establishment and results of these operations should be reported to the Council and the Commission.
- Further developments in operations to tackle the production in and trafficking of synthetic drugs should be explored. The suggestions for mapping distribution networks presented by the Commission could be a useful starting point in this process.
- The Council Recommendation on the alignment of law enforcement drug and diverted precursors statistics should be fully implemented[27].
- The third Directive on money laundering should be adopted by the European Parliament and the Council as soon as possible.

Section 5.1 Enlargement

Although enlargement did not take place until eight months before the end of the period covered by the Drugs Strategy, drugs initiatives form part of the EU acquis. All new Member States and two of the candidate countries have responded on a voluntary basis to the Commission questionnaire[28].

Achievements

- The PHARE programme and other relevant Community programmes have been especially useful in familiarising the new Member States and candidate countries with the drugs elements of the acquis.
- Almost all Member States have provided assistance to the new Member States in their efforts to deal with drug abuse and drug trafficking. Member States have provided similar assistance to the candidate countries.
- All the new Member States have transposed the drugs elements of the acquis into their national legislation and the candidate countries are in the process of doing so.
- The JHA Chapter of the acquis has been provisionally closed for Bulgaria and negotiations with Romania are progressing.
- The agreements with Bulgaria, Romania and Turkey for participation in the work of the EMCDDA have been initialled.

Areas where further progress is needed

- There should be close co-operation with the new Member States and candidate countries in the implementation of the drugs elements of the acquis.
- The new Member States should make full use of the AGIS and other relevant programmes to facilitate co-operation with other Member States.
- The agreements with three candidate countries to enable them to participate in the work of the EMCDDA should enter into force as soon as possible.
- The PHARE programme and other Community programmes should continue to provide assistance to the candidate countries in the drugs field.

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27 Stup 26, 30.10.2001, Stup 29, 13.11.01

28 See Section 2.2

Section 5.2 International cooperation

Achievements at national level

- Member States provide drug-related assistance to third countries on a bilateral basis and/or through the United Nations Office on Drugs and Crime (UNODC).
- A number of Member States co-operate with third countries to develop and improve anti money laundering systems.

Areas where further progress is needed at national level

- All Member States should systematically feed the database created by the Commission on the technical assistance projects in candidate and third countries in the field of drugs.
- Member States should regularly inform the Council and the Commission of their bilateral activities in third countries and regions.

Achievements at EU level

- The Commission is concentrating its efforts on the two main trafficking routes to the EU.
- The Commission has kept the Council regularly informed of its drug-related assistance in third countries/regions and of the improved integrated process through which it finances drug projects in third countries/regions.
- In the context of the European Neighbourhood Policy, Action Plans with a number of countries are under discussion. These plans normally include a section dealing with drugs.
- All relevant Community and EU external agreements contain specific provisions on drugs.

Areas where further progress is needed at EU level

- The Member States and the Commission should continue to ensure coordinated EU positions in international fora dealing with the drugs issue, in particular the UN Commission on Narcotic Drugs.
- Member States and the Commission should continue to link the drug-related assistance they provide to Central Asia, Latin America and the Caribbean and the Western Balkan countries to the drugs action plans adopted with these regions. In this regard an appropriate funding mechanism might be considered.
- There is a need to ensure a link between the adoption of new EU drugs action plans for various regions of the world and the allocation of resources for their implementation.
- Member State drugs experts should continue to participate actively in emphasising drug issues when Country/Regional programming documents are being developed/ reviewed. Better co-ordination should exist between the Geographical Working Parties and the Horizontal Drugs Group.
- New emergencies and trends in drug use and production in specific countries/regions should be monitored and taken into consideration.
- The existing mechanisms for international co-ordination in the drugs field, such as the Dublin Group, should be fully utilised.

The conclusions of the final evaluation were the following:

I. Assessment of the level of achievement of the activities set out in the Action Plan

- A large part of the actions set out in the EU Action Plan on Drugs have been implemented or are in some stage of being implemented.
- The EU Drugs Strategy and Action Plan have been taken as a central reference point for action and have provided a framework for drug-related activities and initiatives at national and EU level.
- Almost all Member States have adopted a national drugs strategy or action plan. Among the elements in these national drugs strategies and action plans, there are common patterns with the EU approach, as outlined in the EU Drugs Strategy and Action Plan.

II. Assessment of the extent to which achievement of the Action Plan met the objectives of the Drugs Strategy

- There can be little doubt that the implementation of the actions in the Action Plan has contributed to the achievement, to a greater or lesser extent, of the 11 aims of the EU Drugs Strategy.

III. Assessment of the impact on the drug situation

- To some extent at least, progress has been made in achieving some of the targets of the EU Drugs Strategy (Target 2 and, in particular, Target 3)[29].
- Based upon the evaluation tools[30], no strong evidence exists to support the contention that the goal of Target 1 to significantly reduce drug use prevalence has been achieved or that fewer young people are using drugs. However, the snapshot data suggests that overall a levelling off in the upward trend in drug use prevalence may be seen, even though it is at what may be considered as historically high levels.
- Similarly, the available information does not suggest that the availability of drugs has been reduced substantially (Target 4). At the same time, Targets 4 and 5 taken together have been a catalyst for a number of EU level initiatives that have strengthened law enforcement measures against drug trafficking and supply.
- A number of important initiatives have also been taken to combat money laundering (Target 6.1). With regard to Target 6.2, Member States participate in a number of important initiatives to combat the diversion of precursors, such as the European Joint Unit on Precursors. Important proposals have been brought forward to amend the Community legislation in the field of the control of trade in precursors.

The final evaluation proposes that the future EU Drugs Strategy should contain clear and precise objectives and priorities that can be translated into operational indicators and actions in the future Action Plans, with responsibility and deadlines for their implementation clearly defined. It also mentions that information systems and evaluation tools should be taken into consideration when setting these objectives and priorities and that continued progress should

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[29] The six targets of the EU Drugs Strategy 2000-2004 are: 1. To reduce significantly over 5 years the prevalence of illicit drugs use, as well as new recruitment to it, particularly among young people under 18 years of age. 2. To reduce significantly over 5 years the incidence of drug-related damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths. 3. To increase substantially the number of successfully treated addicts. 4. To reduce significantly over 5 years the availability of illicit drugs. 5. To reduce significantly over 5 years the number of drug-related crimes. 6. To reduce significantly over 5 years money-laundering and illicit trafficking of precursors.

[30] In particular "Snapshot 1999-2004" report by the EMCDDA and EUROPOL available at : http://www.emcdda.eu.int/

be made in the availability, quality and comparability of information on monitoring the drugs situation.

Option C - A new Action Plan is presented, building on the main lessons from the final evaluation of the EU Action Plan 2000-2004 and in connexion with the new Drugs Strategy 2005-2012

The European Council will endorse in December 2004 a new EU Strategy on Drugs 2005 – 2012[31]. This strategy has two general aims with regard to drugs that can be summed up as follows:

- the EU aims at a contribution to the attainment of a high level of health protection, well-being and social cohesion by complementing the Member States' action in preventing and reducing drug use, dependence and drug-related harms to health and society.

- the EU and its Member States aim to ensure a high level of security for the general public by taking action against drugs production, cross-border trafficking in drugs and diversion of precursors, and by intensifying preventive action against drug-related crime, through effective cooperation embedded in a joint approach.

The new Strategy concentrates on two policy fields, demand reduction and supply reduction, and on two cross-cutting themes, international cooperation and research, information and evaluation.

In view of this new strategy and on the basis of lessons learned with the final evaluation, the Commission services prepared an improved new Action plan. This plan is more specific and contains a precise framework of actions for the implementation of the objectives of the new drug Strategy, with a clear division of responsibilities and schedules for their implementation. The actions proposed have also been prioritised to ensure the most effective use of resources available. Clear and measurable assessment tools and indicators have been introduced, to the extent possible, to enable proper evaluation.

The Action Plan covers actions to be implemented by the Member States, the Commission, the EMCDDA and Europol (in accordance with their rules of procedures) respecting the principles of subsidiarity and proportionality.

The new Member States have taken part in the development of the new Drugs Strategy. The EU approach to the drugs problem is now being extended to ten new countries. This is important as the EU now has a common border with a number of transit countries on the heroin route.

Option D - A EU policy on drugs is proposed

71% of the Europeans believe that the decisions on drugs should be taken by the EU[32].

EU added value is most visible on issues like the fight against drugs trafficking, precursor control and action against money laundering. In many other areas, such as drug demand reduction and treatment, benchmarking, evaluation and the establishment of minimum standards across the EU are the most effective ways forward.

The drugs issue corresponds to a multitude of different legal basis depending on the particular aspect in question: for example Article 152 of the Treaty establishing the European

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31 CORDROGUE 53.

32 Eurobarometer (Public Opinion Survey) – Report N° 56, April 2002.

Community (ECT) for public health, Title I (Articles 25 to 27 of the ECT) for customs union, Articles 94 to 97 of the ECT for Internal Market, etc.

In the context of the works of the European Convention, some Members advocated the inclusion in the new Treaty of a specific article relating to drugs or an "umbrella" provision to cover the issue of drugs coordination. These would have improved the coherence of the EU approach in this field. These proposals were not taken into account.

Thus, given the absence of an overall legal basis for a common EU drugs policy and in view of national sensitivities in this matter, the main aim can only be to achieve a coordinated policy, with due regard to the principles of subsidiarity and proportionality.

4. The impacts

Assessing the impact of the Action Plan on the EU drugs situation suggests that there is a EU drugs policy as such with a legal framework or a specific budget, what is not the case. On the other hand, various external factors as economic and social changes or public policies changes can have a strong influence on the drugs situation. This makes that the causality relationship between the measures of the Action Plan, their results and the expected impacts is very difficult to establish.

The current drug situation in the EU was described by the EMCDDA and Europol. They developed a statistical overview of the drugs situation ("snapshot") which contains core data on the EU drugs situation in 1999 and in 2002-2003[33]. It should be noted that there is a time delay of approximately two years necessary for collecting and analysing data. The parameters selected for the statistical snapshot were mainly taken from existing data collection systems already in place and the analysis provided allowed to observe trends in the drugs situation and to draft some conclusions relating to the six targets of the former EU Strategy on Drugs. This was a main tool for the final evaluation mentioned above. Information at all levels is a key element for evaluation and more efforts should be done in order to develop the availability and comparability of the information used.

The former Action Plan did not include specific priorities or indicators allowing the assessment of the outcome of the various measures. In view of the next evaluations to be carried out, the existing tools and indicators used for the final evaluation of the EU Action Plan 2000-2004 should be consolidated and improved.

Given the complexity of conceiving an impact evaluation of drug policies at European level and the potential high cost of its implementation, the exercise at European level should provide indications of the progress achieved. Not all elements of the EU and national policies on drug can be subject to a simple direct impact indicator. In some cases, an indicator could be conceived with potential very high cost for its implementation. This should also be taken into account and considered as an excluding criterion. Under these circumstances, the new Action Plan contains for the first time operational assessment tools and when possible indicators for each action proposed, that will facilitate the evaluation task and the monitoring the drugs situation.

When appropriate, these indicators could be improved or modified and this is an area where progress is necessary and the contribution of all actors involved in the Action Plan is appropriate. In order to better map some fields, there is a need to adapt the existing tools and

[33] "Snapshot 1999-2004" report by the EMCDDA and EUROPOL available at : http://www.emcdda.eu.int/

instruments. For example, in the field of public expenditure on drugs, it will be of utmost importance to develop appropriate instruments manageable at national and EU levels.

All the indicators should be reviewed within one year from the starting date of the EU action plan in view of consolidating the evaluation structure.

5. Monitoring and evaluation of the EU Action Plan

As mentioned above, the structure of the Action Plan proposed provides that for each aim there is an action, an indicator, a timeframe as well as the responsible parties. Based on this, the Commission will carry out a continuous and overall evaluation, with the support of the EMCDDA and Europol. In this framework, a progress review will be presented annually to the Council's Horizontal Drugs Group.

As mentioned above, regarding the indicators and assessment tools, in certain cases they are no more then tokens of progress made, but work is being carried out to refine them, with the help of the EMCDDA and Europol.

To keep the implementation of the Action Plan on track, targets whose deadlines have passed or are unlikely to be met will be the subject of a separate chapter in the Commission's annual progress review, which will make recommendations for their implementation or, where appropriate, for them to be dropped from the Action Plan.

With a view to proposing a second Action Plan for the period 2009-2012, the Commission will organise an impact assessment in 2008.

During 2009-2012, annual progress reviews will continue to be drawn up by the Commission. In 2012 the Commission, in co-operation with the EMCDDA and Europol, will organise an overall evaluation of the EU Drugs Strategy and Action Plans that will be presented to the Council and the European Parliament.

Evaluation is an essential tool for policy makers and clearly contributes to the decision-making process. For the first time in the field of drugs, an Action Plan is proposed based on findings of an evaluation process that is certainly not perfect but that provided a solid basis for improving the efficiency of the policy in place.

6. Stakeholder consultation

Two Eurobarometer polls on the "attitudes and opinions of young people in the European Union on drugs" have been carried out for the European Commission in 2002 and 2004[34]. They provided interesting elements on the perception of youth (15-24 years old) towards drugs.

The Commission has launched an initial public consultation via Internet on the Action Plan to ensure that the civil society and experts in the drugs field have an opportunity to feed in their ideas concerning the Action Plan at a very early stage. The consultation came to an end on 8 November 2004. Its main results will be summarized soon and made public in the JAI website. It should be noted that this is only a first exploratory step in a longer term consultation process which will be built into the design and monitoring of the Action Plan. It will be the subject of a separated Green paper.

Drug demand reduction-related activities are funded from the Public health action programme (2003-2008)[35]. In order to increase clarity about the implementation of the programme and to

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34 http://europa.eu.int/comm/justice_home/doc_centre/drugs/studies/doc/urobarom_drugs_06_2004_en.pdf

35 http://europa.eu.int/comm/health/ph_programme/programme_en.htm

encourage potential beneficiaries to submit projects, the Commission organises annual Information Days.

The Commission's Interservice Drugs Group has also been consulted on the draft of the new plan.

The EMCDDA and Europol have been consulted on the new plan and their comments in particular on indicators, information and evaluation have dully been taken into account.

7. Commission draft proposal

For the reasons explained above and on the basis of lessons learned from the final evaluation, it was decided to discard options A, B and D and to present an improved new Action Plan (option C).

The Commission proposal includes a framework of actions for the implementation of the objectives of the new drug Strategy, with a clear division of responsibilities and schedules for their implementation.

Once adopted by the Commission, the proposal will be sent to the Council and the European Parliament. This proposal will be discussed in the Council's Horizontal Group on Drugs, in view of its endorsement by the European Council during the first half of 2005.

The Commission proposal on the new Action Plan will also be sent, for opinion, to the Economic and Social Committee and to the Committee of the Regions.