



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 21.12.2006
SEC(2006) 1803

COMMISSION STAFF WORKING DOCUMENT

2006 Progress Review on the implementation of the EU Drugs Action Plan (2005-2008)

CONTENTS

| | |
|---|----|
| Introduction | 3 |
| Methodology | 3 |
| Section 1: Main developments at EU level since the endorsement of the EU Action Plan | 5 |
| Section 2: Actions under the current Plan for which the deadline is 2006 or ongoing..... | 8 |
| Section 3: Actions under the current Plan for which the deadline is 2007 or 2008 | 45 |
| Section 4: Financing of the Actions of the Plan under new programmes being prepared in the context of the financial framework 2007-2013 | 49 |
| Section 5: Conclusions | 50 |

Introduction

As stated in Action 45.2 of the EU Drugs Action Plan 2005-2008¹, the Commission is to present annual progress reviews to the Council and the European Parliament on the implementation of the Action Plan. The objective of these reviews is not only to report on progress but also to deal with identified gaps and possible new challenges.

This is the first such Review presented by the Commission. Since the new Action Plan was endorsed by the Council on 27 June 2005, no report was made in 2005. Instead, a non-paper on the monitoring and evaluation process was presented to the Council's Horizontal Drugs Group (HDG) in December 2005 and the same information was transmitted to the European Parliament.

The 2006 Progress Review places the results achieved within the context of a year and a half of implementation of the Action Plan. The same exercise will be repeated in 2007 and will then allow a more substantial analysis. In 2008, a final evaluation/impact assessment will be presented by the Commission (Action 45.3). This impact assessment should provide an overview not only of the specific outputs of the Action Plan but also of the state of the drugs situation in the European Union which it seeks to address. To prepare this exercise and in particular to define its methodology, output and provisional timetable, the Commission has set up an evaluation Steering Group². This group should start working in early 2007.

Methodology

In order to keep the preparation of this Progress Review as simple as possible, all existing data collection channels were fully explored. Within this framework, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), with its REITOX network in particular, played a key role. Certain data from the Member States collected by Europol were also used.

The direct participation of Member States has also been necessary for certain actions not fully covered by the EMCDDA or Europol. For a number of actions in the Supply Reduction section, a questionnaire was sent to Member States. This was only done for data that could not be obtained in any other way. The response was variable and did not produce the required results. Consequently, it has not been possible to monitor the implementation of the actions concerned (see Action 4.1).

Generally speaking, this is a process that requires the commitment of all stakeholders in the implementation of the Action Plan.

¹ OJ C168, 8.7.2005.

² The Steering Group is composed of representatives from the Commission, the EU Presidency, the European Parliament, the EMCDDA and Europol. The five countries that will hold the EU Presidency during the period 2006-2008 also participate: Finland, Germany, Portugal, Slovenia and France. The EP will have one representative. The EMCDDA and Europol also designated one representative each. The Steering Group should provide guidance for the preparation of the 2008 evaluation of the EU Action Plan on Drugs 2005-2008 and advice on methodological issues.

To keep the document concise, it was decided that this progress report would focus on actions for which the deadline for implementation is 2006 or ongoing, or actions with a different deadline but requiring special attention. All other actions will be covered by the progress review for 2007 or by the final evaluation/impact assessment in 2008.

The 2006 Progress Review is divided into **five parts**:

- **Section 1:** Main developments at EU level since the endorsement of the EU Action Plan;
- **Section 2:** Actions under the current Plan for which the deadline is 2006 or ongoing. The report on implementation is given under each action of the Action Plan concerned. If considered necessary a "recommendation" is made in order to overcome certain difficulties;
- **Section 3:** Actions under the current Plan for which the deadline is 2007 or 2008 but which require special attention. The report on implementation is given under each action of the Action Plan concerned. If considered necessary a "recommendation" is made in order to overcome certain difficulties;
- **Section 4:** Financing of the Actions of the Plan under new programmes being prepared in the context of the financial framework 2007-2013;
- **Section 5:** Conclusions

Section 1: Main developments at EU level since the endorsement of the EU Action Plan

EU internal actions

The Council Decision on information exchange, risk assessment and control of new psychoactive substances³, adopted by the Council of the European Union in May 2005, began being implemented. The Decision provides a framework for effective information exchange on new psychotropic substances as well as a mechanism for bringing them under control at EU level. Since it has entered into force, only one substance, mCPP, has advanced beyond the first stage (information exchange) and has been examined by the EMCDDA and Europol in a Joint Report with a view to possibly recommending a risk assessment. This substance was not recommended for risk assessment on account of evidence that mCPP is used in the manufacture of at least one medicinal product.

In order to implement the **new EU Action Plan on Drugs (2005-2008)**, certain Council Presidencies launched different thematic debates at the Council Horizontal Drugs Working Group, with a view to discussing several issues raised by the Action Plan. This covered a wide range of subjects, from social rehabilitation to intelligence sharing. These debates aim at sharing best practices, but their outputs do not relate to any specific agreed assessment tool/indicator.

In 2005 and in the framework of the **financial framework 2007-2013**, the Commission presented a proposal for a specific programme on the fight against violence (Daphne) and **drugs prevention and information**. This proposal, reflecting the political recognition of the importance of the drugs issue, was modified in May 2006 with a view to separating the Daphne Programme and the Drugs Prevention and Information Programme. The objectives of the Drugs Programme are to prevent and reduce drugs use, dependence and drugs-related harm and to promote transnational and awareness-raising actions in the area of drugs. The adoption of the proposal by the end of 2006 would be welcome, allowing the programme to be launched in 2007. This new programme provides for the financing of a number of actions in the Action Plan on Drugs 2005-2008. In addition, the specific programme on Prevention of the Fight against Crime will also allow for the financing of projects contributing to implementation of the supply reduction policy.

A political agreement on the proposal revising **Council Regulation (EEC) No 302/93 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction** was reached in June 2006. It is expected to be adopted by the end of 2006. Once it enters into force, the new Regulation will boost the Centre's role, in particular to take account of new drug use patterns, and will enable the Centre to develop tools and instruments to facilitate the Member States' and the Community's monitoring and evaluation of their respective drugs policies and strategies.

On 26 June 2006, **the International Day against Drugs Abuse and Illicit Drug Trafficking**, the European Commission adopted a **Green Paper on Drugs Policy and Civil**

³ OJ L 127, 20.5.2005, p. 32.

Society in the European Union. The object of this Green Paper is to explore the scope for bringing those most directly concerned by the drugs problem more closely into the policy process on drugs at EU level. The Green Paper launches a wide-ranging consultation on how to organise a structured and continuous dialogue on this issue between the Commission and civil society.

External actions

With regard to its international contribution on drugs, the European Community engaged in political and technical dialogues on drug matters with key countries and regions, most of which are on the heroin and cocaine routes.

The Commission compiled a matrix of Member States and Commission drug-related projects during 2004, which amounted to €525 million and drew a set of conclusions that were taken up by the Council. Work on the 2005 matrix is under preparation.

EU funding to combat drugs is concentrated to a large extent on Afghanistan (40% of all EU funding), followed by the Andean region (35%), with the remaining 25% of EU funding spread throughout the rest of the world, particularly in the Mediterranean/Balkan region, South-East Asia, South Caucasus and Central Asia. Efforts in **Afghanistan** continued to support the Country's National Drug Control Strategy adopted in 2003 and updated in January 2006. Commission assistance for the period 2002-2006 has a direct bearing on Afghan counter-narcotic efforts in the fields of law enforcement and border control (€138.5 million) and rural development and alternative livelihoods (€250 million) and also includes €15 million for the Counter-Narcotics Trust Fund. With this assistance, levels of opium poppy cultivation have fallen in the East and North-East regions, where access to governance, security and development has improved. In June 2006 the EU drew up a comprehensive framework for support to Afghanistan in an Action-Oriented Paper on Drugs from Afghanistan in response to the JHA External Dimension Strategy. These efforts are supplemented by initiatives supported by the Commission in **Central Asia** through two regional programmes (CADAP, the Central Asia Drug Action Programme, and BOMCA, the EU Border Management Programme for Central Asia), which aim to prevent heroin trafficking and abuse along the Silk and Northern routes. There are other regional programmes to support efforts by Afghanistan and its neighbours to combat the diversion of chemical precursors as well as to reduce drug addiction and its harm. An initiative to support demand and harm reduction efforts by Iranian NGOs has also been launched by the Commission.

As regards **Latin America and the Caribbean**, a first meeting ever of the Drugs Monitoring Centres took place in Venezuela funding in November 2005, co-sponsored by the Commission, the UK and Venezuela. EU also included support for police cooperation in the LAC region such as the meetings of the EU-LAC intelligence working group in Trinidad and Brazil, the first one of which having been funded by the UK. New projects to be launched in 2006 involve support for cooperation along cocaine trafficking routes from the LAC via Africa and a city partnerships initiative between the EU and the LAC that aims to support the exchange of best practices in the area of drug demand reduction.

In the **Andean region**, the EU's focus on alternative development projects has continued with several major projects in Bolivia, one in Peru and the comprehensive "peace laboratories" in

Colombia, which have a significant alternative development component. Both Germany and Belgium continue to support alternative development projects in the Andean region while the UK and the Netherlands are mainly active in supply reduction efforts in the Caribbean and Spain continues to support drug monitoring efforts throughout South America. Venezuela receives assistance to strengthen its national drugs monitoring centre. At sub-regional level, a project addressing the control of drug precursors is being implemented and a project on synthetic drugs will start shortly. Work is under way to include an important "fight against drugs" component in the future programming exercise for the Andean Community, 2007-2010.

Other Commission efforts concern the **Southern and Eastern Mediterranean** (via a regional project to train law-enforcement officials, with drugs as one of the priority areas⁴) and other parts of Asia (a harm-reduction project solely focused on **Myanmar and an inter-regional harm reduction initiative covering various Asian, Latin American and Caribbean countries**).

The Commission is also funding several global initiatives to be implemented through the UNODC including support to global crop monitoring, the establishment of a working group to strengthen the 10-year assessment of the 1998 UNGASS, support for the Paris Pact process and support for an NGO Drug Forum.

As part of the implementation of the 2005 Road Map for the EU/Russia Common Space on Freedom, Justice and Security, an EU/Russia conference was held in Warsaw to exchange best practices in the fields of drugs supply and demand reduction and two meetings took place between the EMCDDA and the Russian Federal Drugs Control Service.

⁴ This project will be followed by a second-phase project, also financed with MEDA funds (2007-2009).

Section 2: Actions under the current Plan for which the deadline is 2006 or ongoing

COORDINATION

Action 3.1 - The Commission to issue a Green Paper on ways to effectively cooperate with civil society

Responsible Party: COM

Assessment tool/Indicator: COM's Green Paper

State of play

In June 2006, the Commission presented a Green Paper on cooperation with civil society⁵. The object of this Green Paper was to explore the scope for bringing those most directly concerned by the drugs problem more closely into the policy process on drugs at EU level. It launched a wide-ranging consultation on how to organise a structured and continuous dialogue on this issue between the Commission and civil society. A public consultation on the web was organised and remained open until 30 September. A report on the civil society contributions will be presented by the Commission shortly.

Action 4.1 - The HDG to focus its activities on the monitoring of the implementation of the EU Action Plan

Responsible Party: Council

Assessment tool/Indicator: COM's Annual Progress Review

State of play

Several Presidencies launched thematic debates on issues related to the Action Plan, such as social rehabilitation or treatment in prisons.

Considerable time was spent discussing the Commission's proposal for a recast of the EMCDDA Regulation⁶ and the Commission proposal for a specific programme on Drugs Prevention and Information. Although not mentioned in the Action Plan, these proposals are intrinsically linked to it: the recast of the EMCDDA Regulation will boost the Centre's role by enabling it to develop tools to facilitate the Member States' and the Community's monitoring and evaluation of their respective drugs policies; the specific Drugs Programme will allow several actions in the Action Plan to be financed.

The Council Horizontal Drugs Group (HDG) worked on the preparation of the EU positions in several international fora and multilateral meetings, thus implementing the Action Plan (for example: Action 31.1).

The HDG also agreed on monitoring and evaluating the Action Plan on the basis of the non-paper presented by the Commission in 2005.

Recommendation: For certain actions mainly in the Supply Reduction section, it has been difficult to assess the implementation of the Action Plan. The Commission presents in the Conclusions section of this paper other possible ways forward to overcome these difficulties.

⁵ COM(2006) 316, 26.6.2006.

⁶ COM(2005) 399, 31.8.2005.

Action 4.2 - The HDG to be the leading forum in the Council for EU coordination on drugs. Effective coordination between it and other Council Working Parties dealing with drug issues

Responsible Party: PRES and Council

Assessment tool/Indicator: Report Presidency on other Councils working groups. Results of the HDG discussions on external relations drugs issues reported to relevant working groups and vice-versa

State of play

The Presidencies have made reports to the HDG on drug-related issues dealt with in other Council working groups, be it through the usual agenda item on "coordination with other Council working groups" or through a room document with a summary of drug-related activities in other Council working groups during the Presidency. The latter form is less effective as it does not allow the HDG to react to other Council working parties in time.

A thematic debate on improving cooperation between the HDG and the Customs Cooperation WG was held at the December 2005 meeting of the HDG.

It should be noted that little information on discussions of the external relations working groups was made available.

Recommendation: Coordination with other Council working groups should be addressed at each meeting of the HDG. Presidencies and Council Secretariat might wish to explore better coordination with all other working groups that deal with drugs at some point (such as External Affairs, Health, Customs, Police Cooperation). Coordination with other Council working groups could be the subject of a report at the end of each Presidency.

Action 5.1 – Ensure that EU action plans for various regions are only adopted if adequate resources for their implementation are allocated

Responsible Party: Council

Assessment tool/Indicator: COM Report by 2008

State of play

No new specific action plans on drugs have been adopted. Negotiations on European Neighbourhood Action Plan (ENAPs) containing provisions on drugs are under way with Lebanon, Egypt, Georgia, Armenia and Azerbaijan. Their financing consequences will be covered, where applicable, by the new European Neighbourhood Policy Instrument.

An Action Oriented Paper to Combat the Production of Drugs in and Trafficking from Afghanistan and along the heroin routes was adopted by the JHA Council on 2 June 2006. Afghanistan is by far the largest Commission assistance programme in Asia, providing €250 million for alternative livelihoods and €138.5 million for strengthening the rule of law.

Action 5.2 – Include a specific provision on drugs cooperation in new agreements with third countries/regions. HDG should be informed of the opening of relevant negotiations

Responsible Party: Council and COM

Assessment tool/Indicator: Number of new agreements with a specific provision on drugs

State of play

No new agreements have been concluded in 2006. The following EU-third country agreements, containing a specific provision on drugs, are in the process of negotiation or negotiations are about to be launched:

- Stabilisation and Association Agreements with Bosnia and Herzegovina, Serbia and Montenegro
- Partnership and Cooperation Agreements with Thailand, Singapore and Indonesia, Malaysia, Philippines, Vietnam;
- a negotiation mandate for a new agreement with Russia is in preparation;
- Association Agreements with Central America the Andean Community, Mercosur.

Action 6 – The Presidency to provide the opportunity to those responsible for drug coordination to meet to exchange information on national developments, to review the scope for greater cooperation and to focus on the implementation of the EU Action Plan

Responsible Party: PRES, MS and COM

Assessment tool/Indicator: Outcome of meetings

State of play

Up to now, all Presidencies have organised a meeting of the National Drugs Coordinators. Those meetings were a good occasion for sharing best practices and concerns at EU level.

Recommendation: At each National Drugs Coordinators meeting there should be a focus on the implementation of the EU Drugs Action Plan.

DEMAND REDUCTION

Action 10.1 – Detection of risk factors related to experimental use by different target groups, especially by young people and the dissemination thereof for the benefit of early intervention programmes and the training of professionals

Responsible Party: MS

Assessment tool/Indicator: MS report on risk factors related to drug use of the different target groups, especially by young people (EMCDDA)

State of play

Most studies on the identification of risk factors related to drug use are carried out in the US or conducted in a few European countries. Although these findings may be generalised to some extent, further work at EU level is required to identify those groups that are likely to be vulnerable in the European context.

According to the EMCDDA, research has identified a range of often interconnected factors that represent an increased risk of developing future drug problems. These include: family disruption, family members with drug problems, poor attachment with parents, child abuse,

low school achievement, truancy, conduct disorders and mental health disorders and young age of onset for drug use. Among the groups that have been identified as particularly vulnerable to drug problems are: the homeless, young people in official care, school truants or school excludes, young offenders, young people with conduct or mental health disorders and children in families with substance abusing members. The interconnected nature of many of these issues has also been one of the factors that has prompted the call for a more multi-disciplinary and multi-agency approach to working with those groups that are identified as particularly vulnerable.

Action 10.2 – Ensure the provision of training for relevant professionals who come into contact with potential drug users, especially young people

Responsible Party: MS

Assessment tool/Indicator: 1. Estimated percentage of professionals who receive specific training by 2008 (EMCDDA)

2. Age of 1st use/1st treatment demand (EMCDDA)

State of play

Indicator 1 (*Estimated percentage of professionals who receive specific training*). The EMCDDA's EDDRA (Exchange on Drug Demand Reduction Action) database identified 7 projects for training professionals who come into contact with potential drug users, especially young people (not including projects where training is only one aspect of the project). The target group was, for the most part, professionals working in social and health services or schools and youth work. Specific training for early detection is often delivered to teachers. Training is not always limited to professionals alone. Several street-work projects, especially in the party setting, involve peer educators: young people between 16 and 22 who have shown interest in this work. They become part of the backstage team (working in youth centres by themselves or with a supervisor) and are free to participate in training courses and workshops (performance, radio, filming, etc.) in order to acquire additional youth work competence. Staff working in recreational settings frequented by young people have been identified as one general professional group that can benefit from training and awareness raising on drug issues. Many countries report some level of activity in this area. Guidelines for professionals working in the entertainment industry have been regarded as an important training resource.

Many Member States have reported to EMCDDA that they have training available for those involved in prevention action at the population level, especially teaching staff and staff working in recreational settings, but there is limited information on the content or the quality of the training provided. A selected issue on drug use among very young people (<15 years) will be included in the 2007 EMCDDA Annual Report.

Member States have difficulties reporting on this indicator. One difficulty is that they cannot produce estimates of the proportion of professionals who have been trained without information on precisely which categories of professionals are concerned. Another difficulty is that Member States are unlikely to have reliable data on this number or even on the total number of people trained in this field in their country.

Recommendation: In view of the above, it could be appropriate to consider reformulating the assessment tool/indicator to read "Member States report on the number of training courses and number of trained people in nationally funded activities in the field of early detection and early intervention with young drug users".

Indicator 2 (Age of 1st use/1st treatment demand). The ESPAD (European School Survey Project on Alcohol and Other Drugs) data show the proportion of youths taking drugs at a very early age (13 years or less). A comparison between the 1999 and 2003 surveys shows that in the 20 EU Member States for which data are available this proportion of very early users increased in 13 Member States, remained stable in 5 and decreased in 2. In 2003, the proportion of youths having taken drugs at age 13 or before ranged from 1% to 13% in these 20 Member States. New ESPAD data should be available in 2008 and allow a comparison of this indicator for the period 2003-2007.

The age at first use of drugs is also available from some national surveys in the general population. If these surveys are repeated during the timeframe of the Action Plan it will be possible to make comparisons over time for a number of EU Member States.

The lag between age at first use of a drug and the first demand for treatment associated with the use of this particular drug is a possible indirect indicator of the rapidity of early detection and early intervention with drug users. Treatment and demand indicators will be used to monitor this time lag.

Action 10.3 – Implementation of the early intervention programmes, including measures especially related to experimental use of psychoactive substances

Responsible Party: MS

Assessment tool/Indicator: 1. Number of early intervention programmes implemented (EMCDDA)

2. Estimated population reached (EMCDDA)

State of play

Indicator 1 (Number of early intervention programmes implemented). Information specifically available on early intervention is mostly restricted to case reports or brief interventions for cannabis users, but several Member States reported to the EMCDDA via the EDDRA database projects addressing community youth work. Counselling offers, centres for mobile youth and street work, and "cannabis courses" for young offenders are reported as techniques for prevention. Early intervention programmes can be provided by both prevention and treatment facilities:

- Prevention: 5 Member States reported that early identification and intervention regarding pupils with incipient problems were very common in schools, 8 reported that they were regularly available and 8 Member States stated that these interventions were seldom or sporadically found. Four Member States did not give information on this indicator.
- Treatment: 22 Member States reported in 2005 that specific treatment for children and youths under 18 years of age was available. Two Member States rated this availability as "very good", 15 as "reasonable" and 3 as being "low". Three Member States reported not having this type of specific treatment.

Indicator 2 (Estimated population reached). According to the EMCDDA there is no monitoring at EU level of the number of persons reached.

Recommendation: It would be appropriate to delete assessment tool/indicator 2, unless Member States have these data and consider the indicator to be feasible.

Action 11.1 – Evidence based treatment options covering a variety of psychosocial and pharmacological approaches to be available and correspond to demand for treatment

Responsible Party: MS

Assessment tool/Indicator: Treatment demand and availability indicators (EMCDDA)

State of play

According to the EMCDDA, evidence suggests that the availability of drug treatments has increased, in particular substitution treatment for opiate drug users, now available in 24 MS and being planned in 1. Altogether, 62% of requests for treatment related to primary heroin use, 15% to cannabis, 8% to cocaine, and 5% to amphetamines and other stimulants. Among the people asking for treatment for the first time, the proportion of cannabis and cocaine users was higher (27% and 12% respectively) and the proportion of heroin users lower (42%). Methadone remains the major therapeutic option for substitution (around 80%), although treatment options are diversifying, with buprenorphine being more commonly used. The EMCDDA estimates that around half a million opioid users received substitution treatment in 2003. Treatment demands for other drug types are rising although no good evidence exists on either service capacity or on the population demanding treatment.

In 2007, an updated overview of epidemiology and response to cocaine and crack, based on reports provided by the MS, which will in particular address treatment options, is planned to be published as part of the EMCDDA Annual report. Also in 2007, a Commission-funded study will examine the quality of drug treatments and exchange of good practice in the EU and candidate countries.

Action 11.2 – Establish strategies and guidelines for increasing availability of and access to services for drug users not reached by existing services

Responsible Party: MS

Assessment tool/Indicator: Treatment demand and availability indicators (EMCDDA)

State of play

No information is available on strategies and guidelines aimed at increasing availability for those drug users not currently accessing existing services. The current indicator does not allow implementation of the action to be assessed.

Recommendation: It would be appropriate to reflect on the possibility of using an alternative assessment tool/indicator.

Action 11.3 – Improve access to and coverage of rehabilitation and social reintegration programmes, paying special attention to specialised (social, psychological, medical) services for young people who use drugs

Responsible Party: MS

Assessment tool/Indicator: Number of people covered by these programmes (EMCDDA)

State of play

Under the Austrian Presidency the Council HDG held a debate on social rehabilitation. The outcome of the debate was a conclusions paper containing a comprehensive summary of MS statements⁷.

Data on the number of people covered by these programmes are not available. However, there are specific data on the number of EU Member States which have social rehabilitation programmes.

In 2005, all EU Member States except one reported data on social integration services. In 22 out of 24 Member States, social rehabilitation programmes (including housing and/or education and/or employment and/or training) for problem drug users are available⁸.

Twenty Member States provided further detail on the level of availability (defined as 'degree to which problem drug users are actually being reached by the intervention'). While no country rated this level as being "very good", twelve Member States considered it to be "reasonable". Eight Member States judged the general availability of such social reintegration services as "low". The level of service accessibility⁹ is rated as "reasonable" in thirteen Member States, while six Member States consider it to be low.

Difficulties in collecting information on rehabilitation and social reintegration programmes at national and European levels could be explained by the distribution of responsibilities for funding such activities between national and local levels. Information on this topic was available from 20 EU Member States and shows that the main player in the funding of these programmes in seven Member States is the local level. Furthermore, in four Member States financial responsibility is shared between national and local levels. As reporting obligations and documentation are often tied to funding, data from local or regional levels have to be accessed to give a national overview.

Action 11.4 – Organise and promote dissemination of information on the availability of treatment and rehabilitation programmes

Responsible Party: MS

Assessment tool/Indicator: Number of national and local campaigns (EMCDDA)

State of play

Drug information and health education materials, as well as treatment databases, are increasingly accessible through the Internet, supplementing information dissemination and campaigns through more "traditional" channels, such as television and print media. In almost all Member States, information websites with drug-related health information exist.

⁷ CORDROGUE not yet available.

⁸ "Availability" is defined as "the degree to which problem drug users are actually being reached by the intervention".

⁹ "Accessibility" is defined as "the quality of being open and approachable to problem drug users".

Action 13.1 – Make effective use and develop further alternatives to prison for drug abusers

Responsible Party: MS

Assessment tool/Indicator: MS report to the HDG by 2008

State of play

The Horizontal Drugs Group held a thematic debate on drug treatment in prisons during which this issue was also taken up. It was a generally held view that treatment should be considered as an alternative to imprisonment for drug users and in several MS measures alternative to prison are implemented. There should also be stronger links between services inside and outside prisons.

In 2007, the EMCDDA will report on alternatives to prison based on a new reporting tool (under the EMCDDA structured questionnaire 31).

Action 13.2 – Develop prevention, treatment and harm reduction services for people in prison, reintegration services on release from prison and methods to monitor/analyse drug use among prisoners

Responsible Party: MS and COM

Assessment tool/Indicator: COM Proposal for a recommendation by 2007

State of play

The Commission has published a call for tenders on drugs policy and harm reduction to help preparing a proposal for a Council Recommendation on prevention, treatment and harm reduction services for people in prison, reintegration services on release from prison and methods to monitor/analyse drug use among prisoners. The selection process ended and the contract is planned to be signed in autumn.

Action 14 – Implementation of the Council Recommendation on the prevention and reduction of health related harm associated with drug dependence

Responsible Party: MS, COM

Assessment tool/Indicator: COM report by 2006

State of play

In July 2004, the Commission launched a call for tenders with a view to the preparatory work for this report. The objectives of the 19-month contract were to:

- (a) establish an overview of how the Council Recommendation has been implemented in the Member States;
- (b) extract and analyse data referring to this Recommendation from data available from the EMCDDA;
- (c) compile and analyse the latest scientific evidence on the prevention and reduction of health-related harm associated with drug dependence and on the necessary activities stated in the Recommendation;
- (d) analyse the above (a, b and c) against the background of the epidemiological situation and trends in problem drug use, infectious diseases and overdose deaths among drug users in the EU.

A Project Team was created under the responsibility of the Commission, involving also the contractor and the EMCDDA, which coordinated the drafting of the different reporting

instruments (questionnaires) and thematic reports, the data collection exercise and the contacts with the Member States and the National Focal Points.

A report will be presented by the Commission in early 2007, to serve as a basis for the follow-up to the Council Recommendation.

Action 15 – Improve access for addicts to all relevant services and treatment options designed to reduce harm, in due regard with national legislation

Responsible Party: MS

Assessment tool/Indicator: - Treatment demand and availability indicators

- Analysis of different services available in the MS (EMCDDA)

State of play

Although the national policies of Member States vary, reflecting their individual drug situation and policy context, there is also increasing evidence of a consensus emerging at European level on the key elements necessary for an effective response to combating HIV and other infectious diseases among IDUs (Injecting Drugs Users) and to some extent drug-related deaths. Appropriate responses include enhanced access to drug treatment, including substitution treatment, the development of low-threshold services and the provision of sterile equipment and education programmes, although it should be noted that there are differences between countries with respect to the emphasis placed on these different service elements.

Altogether 24 MS have implemented integrated needle and syringes exchanges and distribution of other injecting equipment as measures to reduce infections among drug users, while nine MS have formally organised syringe exchange or distribution through their pharmacy network. Less consensus or activities are reported for harm reduction measures for non-opiate and non-injecting populations.

Regarding harm reduction services other than substitution treatment, only very few countries have comprehensive monitoring systems in place.

Systematic information about prevention strategies and measures regarding other infectious diseases besides HIV and hepatitis is currently scarce. Information on harm-reduction measures aimed at non-injecting populations and non-opiate drug use is also limited.

In 2007, the results of a pilot test comparing different methodologies of information collection at low-threshold harm reduction agencies using a common core dataset will become available⁽¹⁰⁾. The feasibility of introducing a common European reporting tool for such agencies should be explored. Harmonised data collection among clients at low-threshold harm reduction agencies would greatly improve the data basis for assessing this objective of the Action Plan.

¹⁰

This work is carried out by an expert group in the framework of an EU-funded project and in cooperation with the EMCDDA. A data-collection protocol has been developed that includes an inventory of services offered by low-threshold drugs agencies and a selection of core actions, where levels of utilisation should be recorded. Core actions include: syringe and condom distribution; counselling and testing; vaccination; medical care and referrals.

Action 16 – Ensure the implementation of comprehensive programmes on HIV/AIDS, hepatitis C, other blood borne diseases incorporating coordination and collaboration between all services providers directed at vulnerable groups

Responsible Party: MS and COM

Assessment tool/Indicator: Prevalence indicators on HIV, hepatitis C and other infections (EMCDDA)

State of play

A large majority (18) of EU countries have clearly spelled out their approach to the prevention of infectious diseases among drug users and included concrete objectives in their national drugs strategy documents or have adopted specific policy documents which define how infectious disease prevention among drug users is to be tackled at national level. Two further countries are planning to draw up specific policies for their approach in the area. Infectious disease prevention policies are noticeably focused on HIV/AIDS prevention in most countries, but in more than one third of EU countries (namely ten of them) a strategic approach to the prevention of hepatitis C among drug users was documented too.

Access to a comprehensive range of treatment options, including substitution treatment, is a key element of an effective evidence-based response to prevent infectious diseases among drug users. The evolution of the availability of these treatments is described above (Action 11).

Despite increased awareness of the issue and some programme developments, hepatitis C infection prevalence and incidence remain an extremely worrying public health issue. Access for problematic drug users to general health services treating hepatitis C virus-related problems remains limited in many countries.

Infectious disease prevention measures for drug users are typically provided by specialised agencies within the general healthcare system. Almost all countries also report to the EMCDDA on local actions to prevent infectious diseases related to drug use. These actions are in general based on a locally developed strategy and are implemented especially in cities with high levels of drug use. A range of information, education and communication measures to inform and educate drug users about infection risks and prevention, as well as the distribution of sterile injecting equipment, were the priorities that were most often identified.

Action 17 – Reduction of drug related deaths to be included as a specific target at all levels with interventions specifically designed for this purpose, such as promoting outreach work, e.g. the work of street units, through well-trained healthcare operators

Responsible Party: MS

Assessment tool/Indicator: Drug related deaths indicator (EMCDDA)

State of play

In fourteen EU Member States, the reduction of drug-related deaths is an explicit target at national level, usually laid down in the national drugs strategy or in a dedicated strategic document. Nine countries do not explicitly identify the reduction of drug deaths as a strategic target at national level. Besides national strategies or action plans, additional approaches at city level are also common.

A relatively homogenous profile of responses to reduce drug-related deaths is emerging in the European Union countries. According to a survey among specialised focal point experts in the

EU countries, opioid substitution treatment represents one of the main responses to reduce acute drug-related deaths in nineteen countries.

Besides access to treatment, strategies to inform and educate drug users on overdose risk and prevention play a further major role across the European Union. For most countries, experts rated the following measures as common or predominant approaches:

- dissemination of specifically developed printed or multimedia information; materials (flyers, websites, mass media campaigns) containing risk awareness messages and overdose management instructions;
- integration of individual overdose risk assessments into counselling and treatment routines;
- organisation of group education sessions for drug users to train them in overdose risk avoidance and management.

Research into the circumstances of overdose deaths supports the development of actions that target risk situations and risk behaviour. Studies have shown that treatment offers a protective effect and the expansion of treatment is therefore likely to have a significant impact on overdose deaths. Substitution treatment plays a particularly important role, as increasing the coverage of heroin users in opioid substitution treatment will reduce their risk exposure and influence the number of overdose deaths. Recent reversals in the long-term upward trend in overdose deaths observed in some Member States are likely to reflect a number of factors including: increased drug prevention efforts, treatment uptake and higher retention in treatment, as well as decreased levels of risk taking, especially injecting.

SUPPLY REDUCTION

Action 18.1 – Implement:

- **Operational law enforcement projects, such as joint investigation teams, joint customs operations and joint investigations.**
- **Law enforcement intelligence projects to improve both the intelligence picture and interventions made.**

These projects should involve at least 2 Member States and should be focused on drug production, illicit cross-border trafficking and criminal networks engaged in these activities.

Responsible Party: MS, Europol and Eurojust

Assessment tools/Indicators:

- 1. Number of operational and intelligence law enforcement projects initiated or completed**
- 2. Quantity and value of precursors and drugs seized**
- 3. Number of criminal groups disrupted**
- 4. Number of illicit labs dismantled**

State of play

Indicator 1 (Number of operational and intelligence law enforcement projects initiated or completed). Some Member States unfortunately have not provided any information on this indicator. According to the replies from 18 Member States, more than 60 different operational and law enforcement projects have been initiated or completed so far. Law enforcement services tackling drug trafficking are involved in close cooperation. Many Member States

completed various projects aimed at the trafficking of large amounts of cocaine, heroin and cannabis or projects focused on identifying criminal groups in the EU responsible for manufacturing and trafficking in synthetic drugs.

An EU Strategic Threat Assessment on Cocaine Smuggling and several joint customs operations (JCO) targeting trafficking on heroine (operation "ROOTS II"), cocaine (operation "COMPAS"), and precursors (operation "PALLAS"), co-financed by the AGIS programme, were carried out under the management of the Customs Cooperation Working Party in 2005/2006. In addition, several regional joint customs operations to counter drug trafficking were organised by MS in 2006.

Indicator 2 (Quantity and value of precursors and drugs seized). The replies received do not make it possible to provide data on this indicator and few Member States supplied figures for this. However, Member States' reports on seizures and stopped shipments of drug precursors provided to the Commission via "Form D" and pursuant to Article 29 of Commission Regulation (EC) No 1277/2005 are given under Action Point 22.1.

Indicator 3 (Number of criminal groups disrupted). According to the replies from 18 Member States, 48 criminal groups and different channels responsible for trafficking in drugs have been disrupted. No data have been provided on the type of criminal groups.

Indicator 4 (Number of illicit labs dismantled). According to replies from 18 Member States, 15 illicit laboratories were dismantled during the reference period. No data have been provided on the size of laboratories dismantled.

Intelligence-led drugs law enforcement was discussed within the HDG (September 2005). The subsequent conclusions paper contains a summary of the discussion¹¹.

In line with its mandate, Europol on a regular basis supports various operational and intelligence law enforcement projects in the Member States in combating serious and organised crime. Some of these projects are initiated by Europol.

During the reporting period, seventeen Sub-Projects in the framework of the existing projects operated by the Europol Drugs Unit i.e. Project Cola (8) on cocaine trafficking with an emphasis on Latin American criminal organisations, Project Mustard (5) on heroin trafficking with an emphasis on Turkish criminal groups and Project Synergy (4) on the production and trafficking of synthetic drugs, chemical precursors and production equipment focussing on indigenous criminal organisations were initiated, either by Member States or Europol. These Sub-Projects were initiated to support many common investigations in the Member States. Eight Sub-Projects have been completed, four of which were closed due to limited operational results; another nine are ongoing (Cola (4), Mustard (2) and Synergy (3)).

Europol also participated in, and supported actively, two Joint Investigation Teams (JIT) and three Joint Customs Operations (JCO). One of the JITs was initiated by Europol and is ongoing.

The experiences made in setting up and cooperating within Joint Investigation Teams have revealed juridical, administrative and practical problems leading to considerable delays and

¹¹ CORDROGUE 74, 2005.

the hindrance of the proper flow of information. The existing constraints and the lessons already learnt should be evaluated and considered carefully when preparing a JIT.

The quantities of seized precursors and drugs, the number of disrupted criminal groups and the number of dismantled illicit laboratories can not be provided by Europol as such data is available at Member States level and is only partially provided to Europol. On average, however, some 60 to 70 productions sites for synthetic drugs are seized in the European Union every year.

Recommendation: For some actions of the Supply Reduction section, it is difficult to assess the implementation of the Action Plan. This is due to several factors:

- No data collection channels are available through EMCDDA or Europol regarding the assessment tools/indicators for this action. Therefore, a questionnaire to Member States was used. 18 Member States replied but it was difficult to link some of the replies to the indicators in the Action Plan.
- There is overlap between some actions, such as 18.1 and 18.4, and also between some assessment tools/indicators.

The Commission presents some possible ways of overcoming these difficulties in the Conclusions section.

Action 18.2 – Seek to exploit to the full the operational and strategic potential of Europol, building on existing collaboration between Europol and the Europol National Units and improving the intelligence picture of supply and distribution, by: (...)
Responsible Party: MS and Europol
Assessment tool/Indicator: Europol reports

State of play

To support the implementation of the European Strategy on Drugs 2005-2012, Europol's Drugs Unit dedicates the most significant share of allocated resources to operational activities. This is done through operational projects supported by analytical work files, expert systems, on the spot assistance for operational law enforcement teams in the Member States and where possible through Joint Investigation Teams. The Europol Drugs Unit contributes to a European Union exchange of best practices, mainstreaming and strategic and operative analysis of the drugs crime phenomena.

The Europol Drugs Unit ensures that compiled information is available for Member States' operational and strategic use by providing operational and strategic reports in the framework of three drug related projects supported by analysis work files, expert systems and expertise. With regard to the provision of strategic threat assessments, the Drugs Unit contributes to the Organised Crime Threat Assessment (OCTA). Additionally, ad hoc reports on specific crime phenomena are drafted to enhance the intelligence picture of the Member States. The issue of data provision and the level of commitment by Member States in this regard need to be addressed.

To promote Europol's intelligence and working methods with special focus on strengthening Member States' law enforcement agencies' operational capacity, Europol supported the development, the promotion and the implementation of the European Criminal Intelligence Model (ECIM) based upon the concept of Intelligence Led Law Enforcement. Member States

were requested to utilise Europol's operational working methods in accordance with the agreed principles for Intelligence Led Law Enforcement. Europol's aim is to become the official main channel for information and intelligence exchange on all Organised Crime related information and intelligence within the European Union. This includes organised drugs production and trafficking.

Additionally, Europol and the Member States developed the Organised Crime Threat Assessment (OCTA) with emphasis on the qualitative assessment of this complex and multi-faceted phenomenon. The OCTA, being a forward-looking document, will help decision makers to identify strategic priority areas in the fight against serious and organised crime and to initiate an intelligence process to define operational targets. It will support the streamlining of law enforcement activities at a European and regional level.

With the introduction of the ECIM and the publication of the OCTA in April 2006, the Police Chiefs Task Force (PCTF) agreed to ensure that its operational activity as directed through Comprehensive Operational Strategic Planning for the Police (COSPOL) addresses the priorities set out by the Council on the basis of the OCTA. COSPOL is a multi-lateral law enforcement instrument, intended to support Europol and its Projects, including the analytical work files. It should be the instrument for the Police Chiefs Task Force to decide on, to monitor, and to give guidance and necessary support to activities in the format of projects. These projects are set up with a view to achieving tangible operational results in terms of arrests of top level criminals and the dismantling of criminal and terrorist organisations or networks. Two COSPOL initiatives refer to drug related projects on synthetic drugs and cocaine.

Action 18.3 – Strengthen controls at the external borders of the EU to stem the flow of drugs from third countries

Responsible Party: MS

Assessment tool/Indicator: 1. Quantity and value of drugs and precursors seized at the external borders

2. MS reports on actions taken by services on strengthening controls at external borders

State of play

Indicator 1 (Quantity and value of drugs and precursors seized at the external borders).

According to the replies from 18 Member States, law enforcement agencies have identified and seized large quantities of drugs transported by sea, as well as significant quantities of drugs transported by air.

As to the value of precursors, according to the MS replies it should be noted that there is a difference between the legal value of the substances and the price paid in the illegal market. The price of illegal products can be 10-20 times higher than legal products. Member States' reports on seizures and stopped shipments of drug precursors provided to the Commission via "Form D" and pursuant to Article 29 of Commission Regulation (EC) No 1277/2005 are given under Action Point 22.1. However, the value of drugs or precursors seized at the external border has not been reported.

Indicator 2 (MS reports on actions taken by services on strengthening controls at external borders). According to the replies from 18 MS, actions taken by services on strengthening controls at external borders can be summarised as follows:

- technical means for identifying narcotic and psychotropic substances have been acquired;
- cash carrying projects have been carried out to combat money laundering (money carried across a border);
- new mobile devices for scanning trucks (RTG) have been purchased;
- bilateral treaties on law enforcement cooperation have been signed;
- new customs information systems linked with police information systems and also usable with regard to drugs smuggling have been set up (installed at the border with Ukraine);
- several measures have been taken to implement the PHARE 2002 technical assistance project (development of the information system linking SIRENE offices);
- annual conferences were organised for drug investigation teams that work on the external borders of the EU, in order to facilitate the exchange of experience and share best practices.

Action 18.4 – Carry out specific actions in the fight against cross-border drug trafficking inside the EU

Responsible Party: MS

Assessment tool/Indicator: Member States reports on specific actions taken

State of play

According to the replies from 18 Member States, specific actions have been carried out to tackle cross-border drug trafficking, involving police and customs services, and also to combat trafficking in heroin, cocaine, precursors and cannabis. Monitoring of movements of members of criminal groups and identification of drug suppliers from other Member States has also been reported.

Some specific actions have been reported by Member States, such as an International Seminar on Cocaine Trafficking by Air organised by Portugal. The European Investigation Group "E-4" was established among 4 MS to investigate international crime. The creation of a Maritime Analyses and Operations Centre on Narcotics (MAOC-N) is being prepared by 7 MS (Spain, France, the Netherlands, Ireland, Italy, Portugal and the United Kingdom).

Action 18.5 – Assess the feasibility of developing a strategy for the use of heroin and cocaine forensic profiling results for law enforcement strategic and operational purposes and make recommendations regarding same.

Responsible Party: MS

Assessment tool/Indicator: Feasibility report including recommendations completed

State of play

A project has been funded by one MS to enable the Forensic Science Services to work with Colombian authorities to analyse and profile cocaine seizures. Consideration is being given by European forensic science laboratories to developing a profiling methodology for heroin and cocaine which is compatible with the US and Australian system.

Some MS question the practical usefulness of a harmonised profiling system for determining the origins of cocaine and heroine when it is known that these substances are not produced in Europe.

Action 19 – Implement joint multidisciplinary operational and intelligence gathering projects, share best practice, and increase counter narcotics work. Focus this work on external countries and regions associated with the production of and cross-border trafficking in heroin, cocaine and cannabis into the EU.

Responsible Party: MS and Europol

Assessment tool/Indicator: - Number of operations initiated or completed

- Quantity and value of heroin, cocaine and cannabis seized

- Number of criminal groups disrupted

State of play

Out of the 18 MS replies received, only a few reported on this action. According to those MS, 11 operations were completed (including 9 investigations into heroin, with 91 kg of heroin seizure, and 2 operations into cocaine, with 13 kg of cocaine seized). 12 Criminal groups were disrupted. No relevant data were provided regarding the value of seized drugs.

Within the framework of Europol's drug related Projects, five Sub-Projects have contributed to the implementation of joint multidisciplinary operational and intelligence gathering projects, focusing the work on external countries and regions associated with the production of and the cross border trafficking in heroin (4) and cocaine (1) into the European Union.

Action 20.1 – Develop operations and intelligence gathering projects to prevent and combat synthetic drug manufacture and trafficking. These operations should involve at least 2 Member States. In this regard full use should be made of the Synergy Project.

Responsible Party: MS and Europol

Assessment tool/Indicator: - Number of operations and intelligence gathering projects initiated or completed

- Quantity and value of synthetic drugs and synthetic drug precursors seized

- Number of criminal groups disrupted

- Number of illicit labs dismantled

State of play

14 joint operations were reported which led to the seizure of 146 kg of amphetamine sulphate, 13 kg of cannabis, 7.5 kg of cocaine, 26 kg of methamphetamine and 3 5645 doses of MDMA. No data were provided on criminal groups disrupted or illicit labs dismantled.

In the reporting period, four operational / intelligence Sub-Projects have been initiated in the framework of Europol Project SYNERGY, three of them by Europol. One Sub-Project is completed; the other three are ongoing.

In close co-operation with Member States including COSPOL partners, Project SYNERGY initiated and/or supported several high-impact investigations. This directly and/or indirectly resulted in the identification and targeting of criminal groups, arrests and the dismantling of major production sites carried out within the Member State investigations, involving valuable co-operation with industry.

More specifically, SYNERGY Sub-Projects support several investigations in the Member States targeting major synthetic drug production and their facilitation plus trafficking of precursor chemicals. As a result of the co-operation between the Member States and Europol in the framework of the Sub-Projects, four criminal groups (twenty-eight arrests), suspected to

have co-operated in the production of over hundred million MDMA (ecstasy) tablets over at least three years, were dismantled, seven major amphetamine and MDMA production/storage sites, over two tonnes of precursors plus 100,000 litres of other chemicals and over fifty items of sophisticated production equipment were seized.

Building upon the positive foundation of ongoing co-operation, the COSPOL Synthetic Drugs Group endeavours to further enhance co-operation with principal stakeholders.

Remaining constraints with regard to the systematic supply of intelligence to Europol from several Member States are resolved, to some extent, via direct communication between the SYNERGY Project Team and concerned operational teams. However, medium-long term viability and sustained success requires continued and/or enhanced Member State commitment and investment with regard to mutual communication.

The Europol Project Synergy has delivered, pro-actively and on request, 187 operational and strategic reports from the three project components i.e. the Europol Ecstasy Logo System - EELS (32), Europol Illicit Laboratory Comparison System – EILCS (79) and the analysis work file - AWF (76). Several reports led to the initiation of investigations in the Member States, whilst many others supported the development and outcomes of investigations or were used for prosecution purposes. In addition, numerous technical investigations were provided by Europol specialists supporting the Member States investigations on the large scale illegal synthetic drug production sites.

Action 20.3 – Implement fully the Council Decision on information exchange, risk assessment and control of new psychoactive substances

Responsible Party: Council, MS, COM, Europol, EMCDDA, EMEA

Assessment tool/Indicator: Europol/EMCDDA annual report to the Council, EP and the Commission

State of play

In compliance with the provisions of Council Decision 2005/387/JHA¹² and after the notification of a new substance, mCPP, Europol and the EMCDDA launched a procedure for collecting further information on this, in order to prepare a Joint Report. The Joint Report was submitted to the HDG, which agreed that the EMCDDA and Europol should assess the importance of mCPP in the EU illicit market, by proposing that National Focal Points (NFP) and Europol National Units (ENU) monitor the substance for one year and that a scientific evaluation be organised by the EMCDDA with national experts, Europol, EMEA (European Medicines Agency) and the Commission.

The first EMCDDA/Europol annual report on the implementation of the Council Decision was sent to the EP, the Council and the Commission on 27 February 2006. This report, covering the period 21 May to 31 December 2005, outlines the strengths and weaknesses of the instrument, the role of the different partners (NFP, ENU, EMEA, Commission), cooperation with the WHO, updating of the tools (guidelines for the Early Warning System and reporting tools), the substances notified and future developments. During the first year of implementation of the Council Decision, 14 new psychoactive substances were notified; all

¹² OJ L 127, 20.5.2005, p. 32.

were synthetic drugs (similar to schedule I and II of the UN 71 Convention). A new Joint Annual Report for 2006 will be submitted to the Council, European Parliament and the Commission in the first quarter of 2007.

Commission staff are studying the scope for amending the Council Decision with a view to being able to respond to the need for action on substances that are linked to pharmaceuticals production. This would clearly require careful separation of first and third pillar aspects.

Action 21 – Implement law enforcement projects such as the European Joint Unit on Precursors. These projects should involve at least 2 Member States

Responsible Party: MS, Europol, Eurojust

Assessment tool/Indicator: - Number of law enforcement projects initiated or completed

- Quantity and value of precursors and drugs seized

- Number of criminal groups disrupted

State of play

Project SYNERGY supports the activities of the European Joint Unit on Precursors (EJUP), a multinational, multi-disciplinary Joint Unit consisting of law enforcement national experts from Austria, Belgium, France, Germany, the Netherlands and the United Kingdom. Belgium currently is leading the EJUP. The EJUP continues to be a significant supportive tool for the numerous investigations in the Member States on precursor chemicals trafficking from the source countries to the large scale synthetic drug production sites. No new law enforcement projects such as the EJUP have been set up since January 2005.

In 2006, a joint customs operation for combating smuggling of amphetamine type stimulant precursors was organised under the management of the Customs Cooperation Working Party.

Action 22.1 – Implement the Community drug precursor legislation, in particular the cooperation between MS in relation to controls of imports of synthetic drug precursors.

Strengthen external border controls by customs or other competent authorities and strengthening intra-Community controls

Responsible Party: MS and COM

Assessment tool/Indicator: Number of seizures/stopped shipments

State of play

On 27 July 2005, the Commission adopted implementing rules for the new EU legislation on drug precursors, which strengthens the control regime for trade in these substances – especially on the import side - whilst enhancing transparency for enterprises. The new legislation and its implementing rules entered into force on 18 August 2005. The Drug Precursors Committee (a "comitology committee"), which brings together the regulatory and enforcement authorities of the 25 Member States, acceding countries and members of EFTA, meets several times a year to discuss implementation issues.

According to the new legislation Member States' competent authorities report on seizures and stopped shipments of drug precursors via the Form D and pursuant to Article 29 of Commission Regulation (EC) No 1277/2005. On the basis of these reports, EU statistics on seizures and stopped shipments on drug precursors have been prepared. This data includes

number and quantities of seizures and stopped shipments for drugs precursors and non scheduled substances (including preparations containing ephedrine and pseudo-ephedrine).

1. Seizures and stopped shipments – breakdown by substance

| Drug Precursor | Seizure | Stopped shipment | Total |
|--------------------------------------|------------|------------------|------------|
| 1 Phenyl 2 propanone | 19 | | 19 |
| 3,4 Methylenedioxyphenylpropan 2 one | 4 | | 4 |
| Acetic anhydride | 6 | 3 | 9 |
| Acetone | 11 | 2 | 13 |
| Anthranilic acid | 1 | | 1 |
| Ephedra | 1 | 1 | 2 |
| Ephedrine | 31 | | 31 |
| Ergometrine | 1 | | 1 |
| Ethyl ether | 3 | | 3 |
| Hydrochloric acid | 28 | 1 | 29 |
| Methylethylketone (MEK) | 2 | 1 | 3 |
| N-Acetylanthranilic acid | | 1 | 1 |
| Phenylacetic acid | 1 | | 1 |
| Piperidine | 1 | | 1 |
| Potassium permanganate | 4 | 2 | 6 |
| Pseudoephedrine | 8 | 1 | 9 |
| Safrole | 2 | | 2 |
| Sassafras oil | 12 | | 12 |
| Sulphuric acid | 9 | | 9 |
| Toluene | 18 | 1 | 19 |
| Non-Scheduled Substance | | | |
| 1,4-Butanediol | 2 | 1 | 3 |
| Benzaldehyde | 3 | | 3 |
| Formamide | 2 | | 2 |
| Gamma Butyrolactone | 24 | 1 | 25 |
| Methylamine | 3 | | 3 |
| others | 35 | | 35 |
| Preparations (E) | 16 | | 16 |
| Preparations (PSE) | 7 | | 7 |
| Red Phosphorus | 1 | | 1 |
| Total | 255 | 15 | 270 |

2. Seizures and stopped shipments – breakdown by country

| Member State | Seizure | Stopped shipment | Total |
|----------------|------------|------------------|------------|
| Austria | 2 | | 2 |
| Belgium | 17 | | 17 |
| Cyprus | | | 0 |
| Czech Republic | 7 | | 7 |
| Denmark | | 1 | 1 |
| Estonia | 11 | 1 | 12 |
| Finland | 36 | | 36 |
| France | 21 | 1 | 22 |
| Germany | 21 | 3 | 24 |
| Greece | 1 | | 1 |
| Hungary | 3 | | 3 |
| Ireland | 2 | | 2 |
| Italy | 1 | 1 | 2 |
| Latvia | 1 | | 1 |
| Lithuania | 2 | | 2 |
| Luxemburg | | 3 | 3 |
| Malta | | | 0 |
| Netherlands | 14 | 5 | 19 |
| Poland | 17 | | 17 |
| Portugal | | | 0 |
| Romania | 14 | | 14 |
| Slovakia | 54 | | 54 |
| Slovenia | | | 0 |
| Spain | 20 | | 20 |
| Sweden | 3 | | 3 |
| United Kingdom | 8 | | 8 |
| Total | 255 | 15 | 270 |

3. Cases (seizures and stopped shipments) – breakdown by country and by substance

| Drug Precursor/MS | AT | BE | CY | CZ | DK | EE | FI | FR | DE | GR | HU | IE | IT | LV | LT | LU | MT | PL | PT | RO | SK | SI | ES | SE | NL | UK | Total |
|--------------------------------------|----------|-----------|----------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|-----------|-----------|----------|-----------|----------|-----------|----------|------------|
| 1 Phenyl 2 propanone | | | | | | 2 | | | 2 | | | | | | 1 | | | 9 | | | | | | | 5 | | 19 |
| 3,4 Methylenedioxyphenylpropan 2 one | | 1 | | | | | | 1 | | | | | | | | | | | | | | | | | 2 | | 4 |
| Acetic anhydride | | | | | | 1 | | 1 | 3 | | | | | | 1 | | | 1 | | 2 | | | | | | | 9 |
| Acetone | | 3 | | | | 1 | | | 2 | | | | | | | 1 | | 1 | | 1 | 1 | | 1 | | 2 | | 13 |
| Anthranilic acid | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| Ephedra | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | 2 |
| Ephedrine | | | | 4 | | | | 11 | 4 | 1 | 1 | | | 1 | | | | | | 1 | 7 | | | 1 | | | 31 |
| Ergometrine | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| Ethyl ether | 1 | | | | | | | | | | | | | | | | | | | 1 | | | 1 | | | | 3 |
| Hydrochloric acid | 1 | 2 | | | | 1 | | | 2 | | | | 2 | | | | | 1 | | | 18 | | 1 | | 1 | | 29 |
| Methylethylketone (MEK) | | | | | | | | | | | | | | | | 1 | | | | 1 | | | 1 | | | | 3 |
| N-Acetyl-anthranilic acid | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | 1 |
| Phenylacetic acid | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| Piperidine | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| Potassium permanganate | | | | | | 1 | | | | | | | | | | | | | | 1 | | | 1 | | 2 | 1 | 6 |
| Pseudoephedrine | | | | 1 | 1 | | | | | | | | | | | | | | | | 6 | | | 1 | | | 9 |
| Safrole | | | | | | 1 | | | 1 | | | | | | | | | | | | | | | | | | 2 |
| Sassafras oil | | | | | | | | 9 | 2 | | | 1 | | | | | | | | | | | | | | | 12 |
| Sulphuric acid | | | | | | 1 | | | 2 | | | | | | | | | 1 | | 2 | 2 | | 1 | | | | 9 |
| Toluene | | | | 2 | | 1 | | | 1 | | | | | | | | | 1 | | 2 | 11 | | | | 1 | | 19 |
| Non-Scheduled Substance | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,4-Butanediol | | | | | | 1 | | | 2 | | | | | | | | | | | | | | | | | | 3 |
| Benzaldehyde | | | | | | | | | 1 | | | | | | | | | 1 | | | | | 1 | | | | 3 |
| Formamide | | 1 | | | | | | | | | | | | | | | | 1 | | | | | | | | | 2 |
| Gamma Butyrolactone | | | | | | 2 | 19 | | 2 | | | | | | | | | 1 | | | | | 1 | | | | 25 |
| Methylamine | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | 3 |
| others | | 7 | | | | | | | | | 2 | 1 | | | | | | | | | 2 | | 11 | | 5 | 7 | 35 |
| Preparations (E) | | | | | | | 16 | | | | | | | | | | | | | | | | | | | | 16 |
| Preparations (PSE) | | | | | | | 1 | | | | | | | | | | | | | | 6 | | | | | | 7 |
| Red Phosphorus | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| Total | 2 | 17 | 0 | 7 | 1 | 12 | 36 | 22 | 24 | 1 | 3 | 2 | 2 | 1 | 2 | 3 | 0 | 17 | 0 | 14 | 54 | 0 | 20 | 3 | 19 | 8 | 270 |

4. Quantities (kilograms) – breakdown by country and substance

| Drug Precursor (kilograms) | AT | BE | CZ | DK | EE | FR | DE | GR | HU | IE | IT | LV | RO | SK | ES | SE | NL | UK | Total |
|--------------------------------------|------------|------------|--------------|-----------|--------------|--------------|-------------|-------------|-----------|-------------|-------------|-------------|--------------|--------------|--------------|-------------|----------------|-----------|---------------------|
| 1 Phenyl 2 propanone | | | | | | | | | | | | | | | | | | | |
| 3,4-Methylenedioxyphenylpropan-2-one | | | | | | | | | | | | | | | | | | | |
| Acetic anhydride | | | | | | | | | | | | | | | | | 12320 | | 12320 |
| Acetone | | | | | | | | | | | | | | | | | | | |
| Anthranilic acid | | | | | | | | | | | | | | | | | | | |
| Ephedra | | | | | | | | | | | | | | | | 2000 | 800000 | | 802000 |
| Ephedrine | | | 27.3 | | | 5.35 | 75.5 | 1088 | 15 | | | 0.02 | 35.38 | 2.28 | | 374 | | | 1620.54 |
| Ergometrine | | | | | | | | | | | | | 0.06 | | | | | | 0.06 |
| Ethyl ether | 25 | | | | | | | | | | | | | | | | | | 25 |
| Hydrochloric acid | 140 | | | | | | | | | | 8.86 | | | | | | | | 148.86 |
| Methylethylketone (MEK) | | | | | | | | | | | | | 20.7 | | | | | | 20.7 |
| N-Acetylanthranilic acid | | | | | | | | | | | | | | | | | | | |
| Phenylacetic acid | | | | | | | | | | | | | | | 4.5 | | | | 4.5 |
| Piperidine | | | | | | | | | | | | | | | | | | | |
| Potassium permanganate | | | | | 1.11 | | | | | | | | | | 131.8 | | 3900 | 10 | 4042.91 |
| Pseudoephedrine | | | 0.03 | 25 | | | | | | | | | | 0.03 | | 17 | | | 42.06 |
| Safrole | | | | | 0 | | | | | | | | | | | | | | |
| Sassafras oil | | | | | | | | | | | | | | | | | | | |
| Sulphuric acid | | | | | 0 | | | | | | | | | | | | | | |
| Toluene | | | | | 0 | | | | | | | | | 1.81 | | | 1000000 | | 100001.81 |
| Non-Scheduled Substance | | | | | | | | | | | | | | | | | | | |
| 1,4-Butanediol | | | | | 0.43 | | | | | | | | | | | | | | 0.44 |
| Benzaldehyde | | | | | | | | | | | | | | | | | | | |
| Formamide | | | | | | | | | | | | | | | | | | | |
| Gamma-Butyrolactone | | | | | 4.52 | | | | | | | | | | | | | | 4.52 |
| Methylamine | | 675 | | | | | | | | | | | | | | | | | 675 |
| others | | | | | | | | | | 1.03 | | | | 12.61 | | | | | 13.64 |
| Preparations (E) | | | | | | | | | | | | | | | | | | | |
| Preparations (PSE) | | | | | | | | | | | | | | | | | | | |
| Red Phosphorus | | | | | | | | | | | | | | 1.24 | | | | | 1.24 |
| Total | 165 | 675 | 27.33 | 25 | 6.059 | 5.351 | 75.5 | 1088 | 15 | 1.03 | 8.86 | 0.02 | 56.14 | 17.97 | 136.3 | 2391 | 1816220 | 10 | 1.820.915,28 |

5. Quantities (litres) – breakdown by country and substance

| Drug Precursor (litres) | BE | CZ | EE | FI | FR | DE | IE | IT | LT | LU | PL | RO | SK | ES | NL | Total |
|--------------------------------------|--------------|-------------|--------------|--------------|-------------|----------------|----------|----------|-------------|-------------|-------------|----------------|--------------|---------------|--------------|------------------|
| 1 Phenyl 2 propanone | | | 26.81 | | | 1310 | | | 2.82 | | 562 | | | | 340 | 2213.63 |
| 3.4 Methylenedioxyphenylpropan 2 one | 25 | | | | 3960 | | | | | | | | | | 1162 | 5147 |
| Acetic anhydride | | | 0.003 | | 1 | 16702.5 | | | 0.81 | | 0.5 | 43.47 | | | | 16747.775 |
| Acetone | 25600 | | 0.03 | | | 4 | | | | 1 | 9.3 | 124.6 | 15.5 | 1196.8 | 19040 | 45989.43 |
| Anthranilic acid | | | | | | | | | | | | 3 | | | | 3 |
| Ephedra | | | | | | | | | | | | | | | | |
| Ephedrine | | | | | | | | | | | | | | | | 0.01 |
| Ergometrine | | | | | | | | | | | | | | | | |
| Ethyl ether | | | | | | | | | | | | 14.08 | | 1.5 | | 15.58 |
| Hydrochloric acid | 8850 | | 0.33 | | | 13 | | 5 | | | 285.5 | | 8.7 | 11.3 | 4205 | 13093.33 |
| Methyl ethyl ketone (MEK) | | | | | | | | | | 6 | | | | 16 | | 22 |
| N-Acetyl anthranilic acid | | | | | | | | | | 0.025 | | | | | | 0.03 |
| Phenylacetic acid | | | | | | | | | | | | | | | | |
| Piperidine | | | | | | | | | | | | 10.35 | | | | 10.35 |
| Potassium permanganate | | | | | | | | | | | | 145.24 | | | | 145.236 |
| Pseudoephedrine | | | | | | | | | | | | | 0.03 | | | 0.03 |
| Safrole | | | 7.01 | | | 25.5 | | | | | | | | | | 32.51 |
| Sassafras oil | | | | | 9 | 7 | 1 | | | | | | | | | 17 |
| Sulphuric acid | | | 15.18 | | | 3.5 | | | | | 124.2 | 809.56 | 0.05 | 9.5 | | 837.79 |
| Toluene | | 0.83 | 9.51 | | | 3 | | | | | 27 | 72.46 | 62.64 | | | 85.8 |
| Non-Scheduled Substance | | | | | | | | | | | | | | | | |
| 1.4-Butanediol | | | | | | 21 | | | | | | | | | | 21 |
| Benzaldehyde | | | | | | 1 | | | | | 4 | | | 6 | | 7 |
| Formamide | 150 | | | | | | | | | | 64.5 | | | | | 150 |
| Gamma Butyrolactone | | | | 13.176 | | 945 | | | | | 2 | | | 0.5 | | 958.68 |
| Methylamine | 1375 | | | | | | | | | | | | | | 3950 | 14959 |
| others | | | | | | | | | | | | | 4 | 2.5 | 13584 | 13590.5 |
| Preparations (E) | | | | | | | | | | | | | | | | |
| Preparations (PSE) | | | | | | | | | | | | | | | | |
| Red Phosphorus | | | | | | | | | | | | | | | | |
| Total | 36000 | 0.83 | 58.87 | 13.18 | 3970 | 19035.5 | 1 | 5 | 3.63 | 7.03 | 1079 | 1222.76 | 90.92 | 1244.1 | 42281 | 114561.74 |

6. Quantities (tablets) – breakdown by country and substance

| Non-Scheduled Substance (tablets) | FI | SK | |
|-----------------------------------|--------------------|------------|-------------|
| Preparations (E) | 5339 ¹³ | | 5339 |
| Preparations (PSE) | 8 | 847 | 855 |
| Total | 5347 | 847 | 6194 |

Action 22.2 – Support international operations of the UN INCB (International Narcotics Control Board), in particular Project Prism
Responsible Party: MS, COM and Europol
Assessment tool/Indicator: Number of seizures/stopped shipments

State of play

Project Prism is focused on backtracking investigations related to seizures of precursors of amphetamine-type stimulants (ATS) at ports of entry or illicit drug laboratory sites. Project Prism includes the monitoring of the international trade in safrole, used in the production of ecstasy; preventing diversion of (pseudo) ephedrine, main precursor for the methamphetamine production and locating laboratories involved in the illicit manufacture of 1-phenyl-2-propanone (BMK), principal precursor for the production of amphetamine. The European Commission is member of the international Task Force of Project Prism.

Europol supports international actions against the production and trafficking of synthetic drugs and precursor chemicals. Europol, via the EILCS, co-ordinates law enforcement activities in the European Union in the framework of the equipment part of the Project Prism, relating to tableting machines used in the production of synthetic drugs.

The European Focal Point (the Netherlands) for Project PRISM reported 9 stopped shipments in 2005 (all related to ephedrine).

A recently initiated new SYNERGY Sub-Project exactly focuses on the facilitation of tableting machines to the large scale ecstasy production sites. The Sub-Project supports three major joint investigations in several Member States. Seventeen different types tableting machines were seized in the EU in the reporting period.

The recent Commission initiative launched to stem the flow of precursors into Afghanistan from its neighbouring countries will contribute to reduce the production of heroin.

¹³ Includes 100 capsules.

Action 22.3 – Develop cooperation between Member States' authorities competent for precursor control and Industry**Responsible Party: MS and COM****Assessment tool/Indicator: Number of Memoranda of Understanding/similar arrangements with Industry and/or Number of seminars with Industry****Number of notifications and number of investigations resulting from this****State of play**

One MS reported on a memorandum on cooperation which was signed between police, customs, industry and employees, with a view to checking suspicious orders and preventing trafficking in precursors.

The Commission, together with a group of experts from Member States, has drafted a guidance document which is being distributed among operators legally trading in drug precursors. Representatives of relevant industry federations took part in the work. This document will in particular set out recommendations that will help operators to detect and report suspicious transactions and orders. It will also provide them with an updated list of "non-scheduled substances". Although they lie outside the scope of the legislation, these substances can nevertheless be used in the illicit manufacture of narcotic drugs and psychotropic substances. Operators are therefore invited to monitor trade in these chemicals on a voluntary basis.

A new substance was added to that list at the beginning of this year on the basis of information received from competent authorities. Finally, the Commission and the national competent authorities took part in various seminars aimed at facilitating implementation of the legislation in new Member States.

| | | | |
|-----------------------|------------------------|-----------------------------|---------------------------|
| EU25 wide | EU Industry Guidelines | 1 | |
| Member State | Number of MoUs | Similar arrangements | Number of seminars |
| Belgium | | 1 ¹⁴ | |
| Czech Republic | 1 | | |
| Estonia | | | 1 ¹⁵ |
| France | | 1 | |
| Germany | 1 | | 1 |
| Greece | 2 | | 1 ¹⁶ |
| Hungary | 1 | | |
| Latvia | 1 | | |
| Lithuania | 1 | | |
| Luxembourg | | | 1 ¹⁷ |
| Malta | 4 | | |
| Netherlands | | 1 | |
| Slovakia | 1 | | 4 ¹⁸ |
| Slovenia | | | 1 ¹⁹ |
| Sweden | | 1 ²⁰ | |

¹⁴ Information material provided to Industry.

¹⁵ One seminar was planned this year. It has been postponed until the new EC Guidelines for Industry are published.

¹⁶ One seminar held in 2005.

¹⁷ One seminar in August 2006.

¹⁸ Four seminars held in the second quarter of 2006.

¹⁹ One seminar per year.

Action 23.1 – Implement operational law enforcement projects such as
(i) projects to pursue drug trafficking organisations including concurrent and in depth investigation of the criminals' finances and assets (of whatever kind) aimed at maximising recovery of assets and the compilation/sharing of associated intelligence; and
(ii) projects aimed at detecting and disrupting criminal cash flows within the EU and from the EU to specific high-risk destinations outside the EU and source countries. These operational law enforcement projects should involve at least 2 Member States
Responsible Party: MS, Europol and Eurojust
Assessment tool/Indicator:
- Number of operational law enforcement projects initiated or completed
- Seizure of cash and assets seized as a result of drug related investigations
- Value of assets recovered and confiscated relative to the number of operational law enforcement projects completed

State of play

Only 3 Member States reported on this action. According to the replies, cash and assets worth more than 12 million euros were seized in six law enforcement operations as part of drug related investigations.

(i) Project SATURN was implemented within Europol Project Sustrans to comply with Council decision (Cordroque 40) in order to detect and disrupt drug related illegal cash flows as well as to identify high risk destinations within and beyond the European Union territory. The project was supported by seven Member States. Within this project, Member States involved reported more than fourteen million Euro as a total amount of drug related cash money seized.

(ii) The Europol Asset Seizure Centre was established in September 2004 with the specific objective to identify criminal proceeds where the assets are located outside of investigators normal jurisdictional area and the investigation falls within Europol's mandate. Since January 2005, the project has supported a total of eighty-nine investigations.

Europol initiated the Europol Asset Seizure Centre (including the Europol FCIC Website and CARIN, for which Europol is the Secretariat). This project is ongoing. It has facilitated twenty-nine requests to identify criminal proceeds originating specifically from drug trafficking investigations, where the assets are located outside of investigators normal jurisdictional area, and the investigation falls within Europol's mandate. As Europol's mandate is to support MS investigations, the project deals with the law enforcement part of asset confiscation which is the identification of the assets. The subsequent freezing, seizure, confiscation and asset sharing is not dealt with at Europol as this requires judicial intervention. Eurojust offers support here.

²⁰

The agreement is currently in the process of being renewed.

Action 23.2 – Develop cooperation in the exchange of information between Financial Intelligence Units (FIUs) by installing FIU-Net as a means of exchanging information between them

Responsible Party: MS

Assessment tool/Indicator: Number of MS using FIU-Net

State of play

25 MS are now connected to FIU-Net.

Action 27 – MS and CEPOL, within their respective competences, to include in their annual work (training) programmes more training courses for law enforcement officers specifically relating to combating drug production and trafficking

Responsible Party: MS and CEPOL

Assessment tool/Indicator: Additional relevant training included in the respective Annual Work Programmes

State of play

CEPOL's work programme for 2006 includes a course on "Drug Strategy". The two planned sessions have already been delivered. The first one was held in Poland (25-28 April), the second one took place in Slovakia (12-15 June); both had Italy as a supporting College. External Supporters were Europol and EMCDDA.

The replies from the MS refer to the following training programmes:

- regular training of personnel from other countries, customs agencies;
- training programmes for colleagues abroad that can last from a few weeks to several years;
- training of customs officers on the topics of drug control, risk assessment, etc.;
- special training programmes such as covert operations courses and surveillance training, money laundering training, courses on operational coordination, investigation of drug crime;
- purchase and training of new drug tracker dogs and training of dog handlers;
- different international seminars and programmes on combating illicit drugs;
- educational programmes introduced in the police academies;
- CEPOL training courses organised in Spain, Poland, Finland and Slovakia;
- a range of bilateral/multilateral counter narcotics training courses organised to support Latin America, West Africa, Caribbean countries and eastern hemisphere countries (Pakistan, Afghanistan, Iran, Turkey, Tajikistan, Colombia, Bolivia, Ecuador, Venezuela, Peru, Panama, Brazil, Ghana, Jamaica, Trinidad and Tobago, Guyana).

INTERNATIONAL COOPERATION

Action 28 – EU positions at international meetings dealing with drugs issues to be prepared in the HDG and other coordination fora. EU coordination meetings to take place during Commission on Narcotic Drugs (CND) and other meetings

Responsible Party: PRES, MS and COM

Assessment tool/Indicator: number of EU positions for relevant international meetings in relation to the number of national positions

State of play

At the CND in March 2006, the Austrian Presidency made statements on behalf of the EU on:

- follow-up to the 20th Special Session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the year 2008 set out in the Political Declaration adopted by the Assembly at its 20th Special Session;
 - drug demand reduction;
 - implementation of the international drug control treaties;
 - policy directives of UNODC and strengthening UNODC's drug programme and the role of the CND as its governing body;
 - illicit drug trafficking and supply;
 - alternative development.
- The European Community delivered a statement on precursors.

At the CND in March 2006, the EU held every morning coordination meetings that proved effective in reaching EU common positions. Some extraordinary meetings were also organised to handle the negotiations on the EU Resolution on UNGASS evaluation.

As for the Second Ministerial Conference on drug trafficking routes from Afghanistan ("Paris 2 - Moscow 1") in the framework of the Paris Pact initiative, following the Commission's Recommendation the HDG was able to coordinate the EU position before the meeting and agree on an EU statement.

Action 29 – The Presidency and/or Commission to take the lead role in articulating and promoting the EU's balanced approach

Responsible Party: PRES, MS and COM

Assessment tool/Indicator: Number of EU statements in relation to the number of national statements

State of play

See Actions 28 and 30. The EU statements and positions in all fora promoted the EU's balanced approach. The Commission helped to ensure that the balanced approach was explicit in the Paris II/Moscow I Ministerial Declaration of 28 June 2006. The Commission continues to insist on this approach also in the framework of the Paris Pact Process and has maintained informal negotiations with third countries to ensure that future geographical Paris Pact Roundtables systematically address not only trafficking but also demand reduction issues.

Action 30 – At the UN, in particular the CND, the Presidency to endeavour to have resolutions brought forward as EU joint resolutions and/or EU co-sponsoring of other resolutions

Responsible Party: PRES, MS and COM

Assessment tool/Indicator: Number of EU joint resolutions and co-sponsored resolutions in relation to the total number of resolutions; Convergence Indicator

State of play

At the CND in March 2006 the EU presented a Draft Resolution on the evaluation of UNGASS that was adopted with amendments but with its essence intact, after intensive debate.

The EU co-sponsored seven Resolutions on:

- support for the national drugs control strategy of Afghanistan;
- the contribution of civil society;
- alternative development;
- HIV/AIDS and other blood borne diseases;
- the Paris Pact initiative;
- saffron-rich oils;
- law enforcement.

Belgium and France co-sponsored the Resolution on the listing of ketamine as a controlled substance and the Resolution on the need for a balance between demand for and supply of opiates used to meet medical and scientific needs.

Convergence indicator²¹: The convergence indicator is 100% for the EU Resolution on UNGASS and 100% for the EU co-sponsorship of the 7 above mentioned Resolutions. The convergence indicator is 84% for the Belgium and France co-sponsorship on ketamine and on the need for a balance between demand for and supply of opiates used to meet medical and scientific needs.

Action 31.1 – Take an initiative to propose common EU criteria, in the framework of the CND, for the final evaluation of the implementation of the Political Declaration, the Declaration on the guiding principles of drug demand reduction and the Measures to enhance international cooperation to counter the world drug problem adopted at UNGASS 1998

Responsible Party: COM, Council and PRES

Assessment tool/Indicator: EU proposal for CND 2006 on the basis of a Commission initiative

State of play

In November 2005 the Commission brought forward a non-paper to help define an EU position on the final evaluation of UNGASS. On this basis a draft EU Resolution was presented and agreed at the HDG in February. The text was presented as a draft Resolution at the 49th CND and adopted with amendments but with most of its essence intact, after intensive debate.

As provided for in the Resolution, the UNODC will engage with national and regional experts from all geographical regions, as well as experts from relevant international organisations, in the collection and use of supplementary data and expertise to support the global assessment by Member States. The Commission volunteered to finance the expert working group to be set up under the auspices of the UNODC.

²¹ CORDROGUE 27, May 2005 on "Measuring conformity of positions of Member States/European Commission at CND meetings – Introduction of Convergence Indicator".

Action 32 – Provide the necessary technical and other assistance to the candidate and stabilisation and association process countries to familiarise them with the EU acquis and to assist them in carrying out the required actions

Responsible Party: MS, COM, EMCDDA and Europol

Deadline for action: 2008

Assessment tool/Indicator: Number of projects completed; expenditure and percentage of total expenditure on assistance to these countries

State of play

In May 2005, the 20-month PHARE-EMCDDA project on the participation of Bulgaria and Romania in the EMCDDA started. Its aim was to strengthen the Bulgarian and Romanian National Focal Points and their national drug information networks. Twinning projects, co-financed by PHARE, also aimed at strengthening the National Focal Points were initiated with Bulgaria (2002-2003 with the UK) and Romania (the last one 2005-2006 with Spain). In November 2005, Bulgaria and Romania were involved in the launch of the EMCDDA Annual Report, which was also published in Bulgarian and Romanian.

A €500 000 PHARE-EMCDDA project on the participation of Croatia and Turkey in the EMCDDA started in May 2006. In parallel, twinning projects aiming at strengthening Croatia's and Turkey's capacity to combat drugs trafficking and drugs abuse are being developed. They are co-financed by CARDS and Pre-Accession' Fund for Turkey. Germany and Poland are the partners in the twinning with Croatia; and Spain and Greece in the twinning with Turkey.

A new CARDS Regional Programme on the capacity of the Western Balkan countries (excluding Croatia) to participate in the EMCDDA is being considered.

A twinning project with FYROM (the Member States involved are Hungary and Netherlands) started in June 2006. This project, co-financed by CARDS, is aimed at developing capacity to combat drugs-related crime

In 2006 a seminar has been organised in the framework of TAIEX assistance focusing on the *acquis communautaire* and coordination of the national drugs strategies among Western Balkan countries. Two other seminars should be organized in 2007.

The Europol Drugs Unit provides regularly on-the-spot technical assistance to the Member States in dismantling illicit synthetic drug production sites. Comprehensive specialised training on all aspects of combating illicit synthetic drug production is given to law enforcement officers and forensic scientists from the Member States and third countries.

Two Bulgarian police and forensic specialists attended the training course at Europol in September 2005. One Croatian police officer participated in the training course provided by Europol in Austria in June 2006. In October 2006 Europol is going to deliver the training in Belgrade for thirty Serbian law enforcement officers. Additionally, a TAIEX seminar held in January 2006 in Hungary was supported by the Europol.

From 2007, the Instrument for Pre-accession Assistance (IPA) will replace CARDS assistance and other forms of pre-accession assistance. The JHA area will continue to be a key priority.

Recommendation: The deadline for this action is 2008. However, this is a permanent activity and it would be appropriate to regard it as ongoing.

| |
|--|
| <p>Action 33 – Conclude agreements with candidate countries to enable them to participate in the work of EMCDDA, Europol and Eurojust Responsible Party: Council and COM Deadline for action: 2008 Assessment tool/Indicator: Number of cooperation agreements concluded</p> |
|--|

State of play

Romania, Bulgaria and Turkey have initialled agreements with the European Community with a view to their participation in the **EMCDDA**. These agreements have yet to be formally signed and concluded before they enter into force. It should be noted that in January 2007 Romania and Bulgaria will become full members of the EMCDDA when acceding to the EU.

In July 2006, the Council adopted a mandate authorising the Commission to open negotiations with Croatia with a view to its participation in the EMCDDA.

The Croatian Parliament has ratified the operational cooperation agreement with **Europol** on 30 June 2006.

The Management Board of Europol has adopted strategic cooperation agreements with Albania, Moldova, FYROM and Bosnia; these texts are now to be submitted to the Council.

Eurojust has concluded a formal third country agreement with Romania. Turkey and Croatia have appointed contact points for cooperation with Eurojust. The Former Yugoslav Republic of Macedonia has been added to the 2007 list of priority countries with which Eurojust would wish to conclude agreements.

Recommendation: The deadline for this action is 2008. However, this is a permanent activity and it would be appropriate to regard it as ongoing.

| |
|---|
| <p>Action 34.2 – Implement drugs section of the EU-Russia Action Plan against organised crime and of the Roadmap to the Common Space of Freedom, Security and Justice; explore scope for enhanced action with Russia, especially in this roadmap, and other neighbouring countries to reduce the drug-related risk Responsible Party: MS and COM Assessment tool/Indicator: Number of drugs provisions implemented</p> |
|---|

State of play

On 13 October 2005 the JHA Permanent Partnership Council endorsed broad areas of cooperation to take forward EU/Russia cooperation on drugs in order to implement the Road Map for the Common Space of Freedom, Security and Justice, thereby completing Stage 1 of the process. An EU-Russia conference on drugs was held in Warsaw on 13 and 14 November 2006 and helped to identify joint initiatives and actions to complete Stages 2 and 3.

By way of implementation of the Road Map:

The EMCDDA and the Director of the Russian Federal Drugs Control Service exchanged information on data collection and drug information systems in Moscow (January 2006) and Lisbon (September 2006).

Consultations are taking place between Europol and the Russian Federal Service on the Control of Drugs Trafficking to strengthen cooperation with Europol within the framework of the Europol/Russia agreement.

In addition, an Action–Oriented Paper on Russia to implement certain aspects of the EU–Russia Road Map, including drugs, is under discussion in the Council working groups (COEST, CATS/SCIFA, MDG) with a view to adoption by the Council at the end of 2006.

A negotiation mandate for a new agreement to provide a comprehensive framework for EU/Russia relations is under preparation.

Recommendation: It would be appropriate to link the indicator with actions under the roadmap of the Common Space for Justice, Freedom and Security.

Action 35 – Mainstream projects in the drugs field into the EU's cooperation with third countries/regions, especially those affected by drug problems. Particular attention should be paid to providing assistance to and cooperating with:

- the countries on the Eastern border of the EU
- the Balkan States
- Afghanistan (particularly in the context of the delivery of its 2005 Counter-Narcotics Implementation Plan and future implementation plans) and its neighbours; the EU and Member States should aim to increase their assistance
- the Latin American and Caribbean countries
- Morocco
- countries on other drug routes

This assistance and cooperation to be linked to the drugs action plans adopted by the EU with various regions and the drug sections of other action plans with EU partners, where applicable.

Responsible Party: MS, COM

Assessment tool/Indicator: Number of projects completed; expenditure and percentage of total expenditure on assistance to these countries/regions

State of play

Drug projects have remained a top priority in the EC's cooperation with countries that are particularly affected by the cultivation or the transit/trafficking of drugs. The focus of efforts in recent years has been Afghanistan which receives assistance upwards of 200 million euro/year, much of which is undertaken in opium poppy cultivation areas – the greatest bulk of assistance is for the promotion of rural development and alternative livelihoods, even if significant funds are devoted to helping finance the Police Trust Fund and, to a lesser extent, border control. Central Asia, the Caucasus and Eastern Europe continue to benefit from new phases of a set of similar anti-drug regional programmes mostly focused on supply control but also containing a demand reduction component under the names of, respectively, CADAP, SCAD and BUMAD. Central Asia also benefits from BOMCA, a border management programme. The Commission has proposed under the Regional Assistance Strategies 2007–2013 for Eastern Neighbourhood countries and Central Asia to keep actions on drugs as a priority.

The Balkans have received in recent years very large volumes of assistance from the Commission in the area of justice and home affairs, although assistance was for general capacity-building rather than drug-specific. This has changed recently: twinning projects, mentoring and training seminars on drugs as well as technical assistance through the EMCDDA are being undertaken now.

The Latin American/Caribbean region is the other major destination of Commission funding for anti-drug efforts. The largest part is focused on three Andean countries (Bolivia, Colombia

and Peru), which receive high volume of assistance to finance alternative development projects and programmes. Nonetheless, the entire LAC region has benefited from several inter-regional drug projects financed through the North/South Drugs budget line. These projects have covered or / and are covering intelligence sharing, experience exchanges among monitoring centres and city partnerships against drug use. Two other projects that have covered this region as well as Asia have focused on harm reduction.

Recommendation: The deadline for this action is 2008. However, this is a permanent activity and it would be appropriate to regard it as ongoing.

Action 36.1 – Create and/or further develop MS liaison officers' networks. Each network to meet, at least on a six monthly basis, to improve operational cooperation and coordination of MS action in third countries

Responsible Party: MS

Assessment tool/Indicator: Number of MS liaison officer networks created and/or further developed; Number of meetings held

State of play

No information was provided by Member States on liaison officers' networks. Some MS reported on some exchanges with a view to coordination with third countries.

Recommendation: see Action 18.1.

Action 36.2 – Provide relevant training to MS liaison officers

Responsible Party: MS

Assessment tool/Indicator: Training for MS liaison officers provided in MS Annual (training) Work Programmes

State of play

According to replies received from 18 MS it can be assumed that liaison officers are experienced and highly trained officers in the field of the fight against serious organised crime. They are usually posted after they have completed the required training in language; they should have investigative abilities, be aware of legal requirements, and display operational expertise. Training is provided by the Ministry of Interior and/or the Ministry of Foreign Affairs, sometimes at Europol. Special seminars are occasionally organised for the purpose.

Action 36.3 – Implement or support, as appropriate, operational law enforcement projects, share best practice and increase counter narcotics work in the countries/regions listed in Action 35

Responsible Party: MS

Assessment tool/Indicator:

- Number of operational law enforcement projects initiated or completed
- Quantity and value of precursors and drugs seized
- Number of criminal groups disrupted
- Number of illicit labs dismantled

State of play

Indicator 1 (Number of operational law enforcement projects initiated or completed). Eight Member States referred to 17 operational law enforcement projects.

Indicator 2 (Quantity and value of precursors and drugs seized). According to these replies 1.2 kg of amphetamine, 7 kg of cannabis resin, 91.4 kg of heroin and 644 kg of cocaine were seized.

Member States' reports on seizures and stopped shipments of drug precursors provided to the Commission via "Form D" and pursuant to Article 29 of Commission Regulation (EC) No 1277/2005 are given under Action Point 22.1. No data were provided on the value of precursors and drugs seized.

Indicator 3 (Number of criminal groups disrupted). According to data provided, 1 criminal group was disrupted.

Indicator 4 (Number of illicit labs dismantled). No data were provided on this indicator.

Action 36.4 – Provide assistance to the law enforcement agencies of the countries/regions listed in Action 35, in the field of counteracting the production and trafficking of drugs and diversion of precursors. This assistance should include assistance in the field of training

Responsible Party: MS and COM

Assessment tool/Indicator:

- Number of law enforcement drugs projects completed
- Expenditure on law enforcement drugs projects

State of play

Only 4 Member States replied on this action. In total, 17 law enforcement projects were launched.

A mentoring scheme in intelligence sharing for implementation by the UNODC in the Balkan/Mediterranean region was launched by the Commission through the North/South Drugs Budget Line. Latin America and Caribbean law enforcement agency will also be strengthened through a recently – established framework financed by the Commission for intelligence sharing among those regions and with the EU.

Action 37.1 – Use mechanisms, such as the Coordination and Cooperation Mechanism on Drugs between the EU/Latin America and the Caribbean, UE specialized dialogue on drugs with the Andean community and Drug Troika meetings to pursue an active political dialogue with the countries and regions concerned

Responsible Party: Council and COM

Assessment tool/Indicator: Annual report on the use of these mechanisms

State of play

A meeting of the EU-LAC Monitoring Centres took place in Caracas on 28-30 November 2005 to exchange information and best practices on data collection, processing and dissemination.

The IVth EU-LAC Summit of 12 May 2006 reiterated the commitment of both regions to cooperate, in accordance with the principle of shared responsibility, in combating the problem of illicit drugs. An important development in this regard was the first meeting of the EU-LAC intelligence sharing working group in April 2006, which resulted in a list of actions to improve the exchange of drugs trafficking intelligence in the EU/LAC region. The Summit endorsed the proposal of the VIIIth High Level Meeting of the Mechanism that a full review be conducted of the Panama Action Plan agreed in 1999 and the Lisbon areas for action, which together set out the priorities for EU/LAC cooperation in the drugs field.

The annual report 2006, produced by the corresponding EU-LAC co-presidency, is not yet available. There have been constructive and fruitful meetings of the EU-CAN High Level Specialized Dialogue on Drugs in June 2005 and in September 2006.

Action 37.2 – Review the activities and measures and, where appropriate, establish new priorities in the drugs action plans the EU has adopted with:

- Latin America and the Caribbean (2006)

- Central Asia (2007)

- Western Balkan countries (2008)

Responsible Party: Council and COM

Assessment tool/Indicator: Review reports

State of play

With regard to the Panama Action Plan agreed with Latin American and Caribbean countries, preparation for review has begun and a High Level Conference will take place in Cartagena, Colombia, in 2007 to launch the review process.

Action 37.3 – Participate fully in the work of international organisations and fora concerned with the drugs problem, such as the Council of Europe (Pompidou Group), UNODC, WHO and UNAIDS

Responsible Party: Council, MS and COM

Assessment tool/Indicator: Report on EU activities within these organisations and fora

State of play

The Commission has participated in the meetings of the Permanent Representatives of the Pompidou Group. It has given the group information on the Commission's drugs-related activities and on the implementation of the EU Action Plan. The Commission took part (on 30 November and 1-2 December 2005) in the prevention platform of the Pompidou Group for the exchange of best practices: "Do it - share it!". Presentations covered the topics of young

people at risk – early intervention model, prevention and security at the workplace, and pregnancy and addiction.

The European Commission, representing the European Community, actively participates (although as an observer) in UNODC's main governing bodies, namely the Commission on Narcotic Drugs (CND) and the Commission on Crime Prevention and Criminal Justice (CCPCJ). Moreover, the European Community is party to the 1988 UN Convention against Illicit Traffic of Narcotic Drugs and Psychotropic Substances. The European Commission also finances specific UNODC projects.

The WHO/UNAIDS are represented in the Commission-funded HIV/AIDS Think Tank and its working groups. The Commission has established regular bilateral meetings with the WHO/UNAIDS in order to update each other on developments. The Commission collaborates with the ECDC, Member States, neighbouring countries and other partners such as WHO/UNAIDS to improve HIV/AIDS surveillance including the improvement of the geographic coverage of HIV case reporting, the design of a standardised approach for collecting relevant prevention indicators, the development of estimates of HIV incidence, and the setting-up of sentinel surveillance in high-risk groups.

Several projects on drug demand reduction are co-funded through the Community Public Health Programme 2003-2008, such as the project coordinated by the WHO for developing a system to collect relevant data on prison health with a view to developing evidence-based guidance on cost-effective disease control and health promotion as part of national strategies for public health protection and promotion.

Action 37.4 – Utilise fully the Dublin Group as a flexible, informal consultation and coordination mechanism for global, regional and country-specific problems of illicit drugs production, trafficking and demand

Responsible Party: Council and Dublin Group

Assessment tool/Indicator: Report on EU activities within the Dublin Group

State of play

The Dublin Group remains a very valuable instrument for Member States and the Commission for consultations and for inspiring cooperation activities. The EU regional chairs have produced regular detailed regional reports on the drugs situation in Northern Africa, France, the Caribbean and South America (February 2006) and the Balkans, the Near East, Eastern Europe and South-West Asia (July 2006).

Action 37.5 – Maintain an active dialogue with third countries for the implementation of Mini Dublin Groups' recommendations

Responsible Party: Council and Dublin Group

Assessment tool/Indicator: Number of Dublin Group recommendations implemented

State of play

Mini Dublin Groups have received the mandate of implementing within the limits of their competences and transmit to their respective host governments the recommendations adopted by the Council Dublin Group as regards their respective host country.

Recommendation: Regional chairs should indicate how many recommendations have been implemented.

| |
|---|
| <p>Action 38.1 – Exchange information on drug related technical assistance projects and operational activities in candidate countries and third countries/regions, in particular to identify duplication and gaps in technical assistance and operational activities</p> <p>Responsible Party: Council and COM</p> <p>Assessment tool/Indicator: Annual report by COM to the Council</p> |
|---|

State of play

The Commission established the EU Matrix of Drugs Assistance for 2004. This allowed the Commission to present its assessment on the level of funding and the geographic and thematic distribution of EU drugs projects in 2004 to the Horizontal Drugs Working Group in February 2006 (CORDROGUE 13).

The Commission has requested data from the Member States for the EU Matrix of Drug Assistance for 2005.

INFORMATION, RESEARCH AND EVALUATION

| |
|--|
| <p>Action 40.1 – REITOX National Focal Points and Europol National Drugs Units to pursue their work to ensure their annual and standardised reporting on national drugs situations</p> <p>Responsible Party: MS</p> <p>Assessment tool/Indicator: Reports delivered</p> |
|--|

State of play

All REITOX National Focal Points delivered reports.

The EMCDDA has developed quality control and quality assurance mechanisms to monitor and improve the quality of data reporting by National Focal Points as outlined in the quality assurance strategy for data reporting adopted by the Centre. Continued monitoring of the quality of data reporting to the EMCDDA as well as the identification and assessment of problem areas will be achieved through established quality feedback instruments and guidelines. Standardised and quality reporting is supported by the expert technical groups that meet both at national and at European level. For example, each key indicator has an expert working group that meets annually and is responsible for developing and improving reporting tools. Improvement of information and quality of data submitted via national reports, structured questionnaires and standard tables and further development of actions including training is still needed and remains an ongoing activity for the Monitoring Centre.

During the reporting period, only seven national drug situation reports have been provided to the Europol Drugs Unit.

Recommendation: For REITOX, it seems appropriate to replace in 2007 the assessment tool, focusing on quality. The EMCDDA will be able to provide quality assessment on the 2006 REITOX National Reports.

| |
|---|
| <p>Action 40.2 – EMCDDA and Europol to pursue annual reporting on the drug phenomenon at EU scale</p> <p>Responsible Party: EMCDDA and Europol</p> <p>Assessment tool/Indicator: Reports delivered</p> |
|---|

State of play

In November 2005 and 2006, the EMCDDA launched its Annual report on the state of the drugs problem in Europe at the European Parliament in Brussels. This public launches to the

media followed a presentation the previous day to the Parliament's Committee on Citizen's Freedoms and Rights, Justice and Home Affairs (LIBE). National parliamentarians from across Europe also attended the presentation. Several Member States, and Bulgaria and Romania marked the occasion with national launches and events bringing together European and national perspectives. The majority of events were organised by, or in collaboration with, the national focal points.

The EMCDDA's Annual reports offered data from the 25 EU Member States, Norway, Bulgaria, Romania and Turkey. The reports have four chapters dedicated to individual drugs, which were complemented by further chapters relating to: drug policy and law; schools, youth and drugs; and crime and prison. They were available in 22 languages, and were complemented by a multilingual website offering full online versions. The annual report is accompanied by selected issues. In 2005 these covered drug-related nuisance; alternatives to imprisonment for drug using offenders; and the use of buprenorphine in substitution treatment. In 2006 they covered gender differences, drug policies: extended beyond illicit drugs? and developments in drug use within recreational settings.

The Europol Drugs Unit contributes to the Europol Organised Crime Threat Assessment (OCTA).

Action 43.1 – Promote research in the context of the Community Programme for Research and Development and of Member States' research programmes

- on biomedical, psychosocial and other factors contributing to drug use and addiction and

- on other relevant issues, such as the effectiveness of primary awareness campaigns, effective interventions to prevent HIV/AIDS and hepatitis C and the long term effects of Ecstasy use

Responsible Party: MS and COM

Assessment tool/Indicator: Identification and inclusion of topics in the Framework Programme and the work programmes as well as national research programmes

Amount of successful drug related applications to the Research Programme and number of projects supported at the MS level (RTD lead DG)

State of play

Under the Sixth Framework Programme, the Commission provided €19 million in funding for the DRUID (driving under the influence of drugs) project, launched in spring 2006.

The Seventh Framework Programme 2007-2013 of the European Community for Research, Technological Development and Demonstration Activities, to be adopted by the end of 2006, will include three areas of cooperation to support research in the drugs-related field: health, socio-economic sciences and security. The work programmes are under preparation.

RTD

Action 43.3 – Make full use of the research capacity of the Council of Europe (Pompidou Group)

Responsible Party: MS, COM

Assessment tool/Indicator: Report on research activities of the Pompidou Group

State of play

The Pompidou Group has set up a working group to build up an inventory of drug-related research. The Commission will participate in this group together with the EMCDDA.

Relevant international organisations have also been invited. The work of the group is scheduled to start in autumn 2006.

Action 45.1 – Establish a consolidated list of indicators and assessment tools for the evaluation of the EU Drug Strategy and Action Plans

Responsible Party: COM, EMCDDA and Europol

Assessment tool/Indicator: COM Annual review with the support of the EMCDDA and Europol

State of play

The assessment tools used for this report are those indicated in the Action Plan. For most of them, there were no particular difficulties with information collection, and the EMCDDA and Europol were able to provide valuable data for preparing this report.

For a number of actions (18.1, 18.3, 18.4, 18.5, 19, 20.1, 23.1, 36.3, 36.4, 46), mainly in the field of supply reduction, no data collection channels are established in the EU. This makes it more difficult to have a clear view of the situation in the EU. For these actions, the Commission made a direct information request to the Member States, via the Council's Horizontal Drugs Group. The results were disappointing and it has so far proved impossible to monitor or measure progress at national level in this area (see Action 18.1). The Commission proposes that the HDG examine the follow-up that should be given to this situation. More pro-active coordination both within the MS but also between Council working groups might be a possible way forward.

The Commission presented in August 2006 a communication²² on the development of a strategy to measure crime and criminal justice. The Commission also adopted a decision establishing a group of experts with a view to collecting statistical information on crime and criminal justice, including drugs²³. The EMCDDA will participate in this group.

In the case of Actions 10.2, 10.3, 11.2, 34.2 and 40.1 the assessment tools of the Action Plan did not enable an appropriate view to be formed on their implementation. The Commission, after consultation with the EMCDDA, therefore proposes the alternatives marked as "recommendations" in the text. If agreed with the Member States at the HDG, the 2007 progress review could use the new assessment tools suggested for these actions.

Action 45.2 – Commission to present progress reviews to the Council and the European Parliament on the implementation of the Action Plan and proposals to deal with identified gaps and possible new challenges

Responsible Party: COM

Assessment tool/Indicator: COM Annual review with the support of EMCDDA and Europol

State of play

Since the new Action Plan was endorsed by the Council on 27 June 2005, no report was made in 2005. Instead, a non-paper on the monitoring and evaluation process was presented to the Council's Horizontal Drugs Group (HDG) in December 2005 and the same information was transmitted to the European Parliament.

²² COM (2006) 437, 7.8.2006.

²³ OJ L 234, 28.8.2006.

The purpose of this progress review is to keep track of the implementation of the Action Plan and to draw conclusions based on experience. This continuous assessment is clearly an improvement on the method followed for the previous Action Plan and, combined with the EMCDDA and Europol annual reports, gives a clearer picture of the drugs phenomenon in the EU.

The Commission believes that a sustained monitoring exercise of this nature, which takes on board the lessons learnt along the way, is the right approach to creating transparency and insight into what is being done at all levels in the EU. It should form the basis of the final evaluation to which the Action Plan will be subject in 2008.

Recommendation: Some ideas with a view to improving the quality of the monitoring exercise are presented in Section 5: Conclusions.

| |
|---|
| Action 46 – Extent of implementation of recommendations for best practices |
|---|

| |
|-----------------------------------|
| Responsible Party: Council |
|-----------------------------------|

| |
|---|
| Assessment tool/Indicator: Council report and proposal for recommendations |
|---|

State of play

No report provided.

Recommendation: The mutual evaluation of drug law enforcement systems in the Member States referred to in this action took place three to six years ago, depending on the country. There seems little point in asking Member States to report on their national implementation of recommendations that were addressed to them as far back as 2000. The Presidency could ask Member States to provide a brief outline of particularly significant developments within their national drug law enforcement systems in recent years. These developments could then be examined in the light of the EU recommendations contained in the report on the evaluation mentioned. This would enable the Council to prepare a report and a proposal for recommendations, as envisaged in the action, by 2007.

Section 3: Actions under the current Plan for which the deadline is 2007 or 2008

DEMAND REDUCTION

Action 9 – Develop and improve prevention programmes for selected target groups (e.g. street operators, socially disadvantaged groups, socially excluded children and families at risk, young people in the out of school sector) and specific settings (e.g. drugs and driving, drugs in the work place, drugs in recreational settings) taking into account gender differences.

Responsible Party: MS and COM

Deadline for action: 2008

Assessment tool/Indicator: COM study by 2008; Number of MS having implemented programmes in the work place

State of play

National projects dealing with drug demand reduction were co-funded through the Community Public Health Programme 2003-2008, such as a project covering analysis, diagnosis and evaluation of risk behaviours (relating to drug use, sexuality, aggression, driving) in recreational settings with a view to designing, testing and disseminating suitable prevention protocols.

Action 12 – Support development of know how on drug treatment while continuing to develop and support the exchange of best practices in this field

Responsible Party: COM

Assessment tool/Indicator: COM report by 2007

State of play

The Commission has published a call for tenders on drugs policy and harm reduction to help preparing a report on the situation regarding drug treatment and exchange of best practises. The selection process ended and the contract is planned to be signed in autumn.

SUPPLY REDUCTION

Action 20.2 – Develop a long term solution at EU level for the use of synthetic drug forensic profiling results for law enforcement strategic and operational purposes. The development of such a solution should be done by law enforcement agencies and forensic authorities working together and building upon experiences in this field

Responsible Party: MS, COM and Europol

Deadline for action: 2008

Assessment tool/Indicator: Report on the development of a long term solution (MS report in cooperation with the Commission and Europol)

State of play

With the support of AGIS (Programme for Police and Judicial Cooperation in Criminal Matters) 2006 funding, Sweden, the Netherlands, UK, and Finland are cooperating to devise a medium-term solution for developing an EU amphetamine forensic profiling system (Project Chain). Project Chain and the Commission are exploring the scope for a long-term and EU-wide system.

Action 23.3 – Consider the possibility of creating national multidisciplinary Units for the detection and investigation of criminals' finances and assets

Responsible Party: MS and COM

Deadline for action: 2008

Assessment tool/Indicator: COM report on the creation of such Units

State of play

At the end of 2005, a proposal for a Council Decision on cooperation between asset recovery offices to trace and recover proceeds of crime and other property related to crime was submitted by Austria, Belgium and Finland. This text requires Member States to establish or designate a maximum of two such offices whose function would be to facilitate effective cooperation and exchange of pre-investigative operational information in the criminal asset recovery area. Council adopted a political agreement on the text at the end of June 2006.

Action 23.4 – Identify and evaluate best practice in criminal asset confiscation legislation and procedures of the Member States taking into account all relevant EU instruments

Responsible Party: COM

Deadline for action: 2007

Assessment tool/Indicator: Study on best practice

State of play

Under the Sixth Framework Programme for Research, Technological Development and Demonstration Activities, a call for proposals to evaluate the effectiveness of criminal confiscation was published on 22 December 2005. The objective of the research is to assess and contrast the crime preventive/reductive capacity of various MS practices in criminal confiscation; to assess and contrast the effectiveness of models for the return of confiscated assets as compensation or restitution to identifiable victims of crime or for local community or anti-crime projects; and to suggest one or more "best practice EU models" (based on an assessment of different approaches to criminal asset confiscation) and subsequently to analyse obstacles to the implementation of different approaches to confiscation in the MS. However, no bids were selected.

Action 23.5 – Explore best practice in Member States which have established and implemented a national fund used to provide funding for projects in the drugs field and financed from the confiscation of assets earned through drug production and trafficking

Responsible Party: COM

Deadline for action: 2007

Assessment tool/Indicator: Study on best practices in MS which have established and implemented such a fund.

State of play

See Action 23.4 above.

Action 24 – Identify possible links between drug production and trafficking and financing of terrorism and use this information to support or initiate investigations and/or actions

Responsible Party: COM, Europol and MS

Deadline for action: 2007

Assessment tool/Indicator: Number of investigations and/or actions initiated or completed

State of play

The possibility of financial support for projects exploring links between drug production and trafficking and the financing of terrorism was provided for in the AGIS 2006 Work Programme and Call for Proposals. No applications were received.

Action 26 – MS to collect data on drug-related crime and precursor diversion committed with the aid of information technology with a view to developing new methods and best practice to combat these phenomena

Responsible Party: MS and Council

Deadline for action: 2008

Assessment tool/Indicator: Results presented

State of play

Financial support under AGIS 2006 was available for research into and measures against drug-related crime and drug precursor diversion committed with the aid of information technology. However, no applications for funding were received.

INTERNATIONAL COOPERATION

Action 34.1 – Implement drugs sections of European Neighbourhood Policy Action Plans

Responsible Party: COM

Deadline for action: 2008

Assessment tool/Indicator: Number of drugs provisions implemented

State of play

An evaluation report on the implementation of the ENAPs is due to be published by the Commission by the end of 2006. The report should make appropriate reference and provide further details on the on-going co-operation in the sector of drugs with Moldova under the EU-Moldova Action Plan, as well as with Ukraine where - in the overall context of the EU-Ukraine Action Plan - specific co-operation with Ukraine is foreseen under the 2001 JHA Action Plan.

INFORMATION, RESEARCH AND EVALUATION

Action 39 - Full implementation of the five key epidemiological indicators and, as appropriate, fine tuning of these indicators

Responsible Party: MS, EMCDDA

Deadline for action: 2008

Assessment tool/Indicator: Reports from the MS identifying possible problems with implementation

State of play

The five key epidemiological indicators (EMCDDA) underpin reporting on trends and developments in the EU drug situation and are also a necessary component of any analysis of the coverage of responses or assessment of the impact of policies and actions.

Compared with five years ago there are considerable improvements within the reporting system at all levels, although progress has not been uniform across indicators and countries.

Recommendation: In some areas there remains a pressing need to invest in data collection using the agreed guidelines if trends over time across the EU are to be monitored effectively e.g. one population survey every 3 years containing the core European Model Questionnaire.

Action 41.1 - Achieve an agreement on EU guidelines and mechanisms on detecting, monitoring and responding to emerging trends

Responsible Party: Council, COM

Deadline for action: 2008

Assessment tool/Indicator: COM proposal by 2007 in cooperation with the EMCDDA and Europol

State of play

The Council Decision on new psychoactive substances plays a major role in identifying new trends in the use of currently uncontrolled substances. This is dealt with under Action 20.3. Another source for identifying new trends is the EMCDDA E-POD (European Perspectives on Drugs) project. The project started in 2005 with two selected case studies: hallucinogenic mushrooms and GHB.

In 2007, the EMCDDA will provide the Commission with the conclusions based on two emerging trend case studies. These will outline the proposed guidelines and mechanisms on detecting, monitoring and responding to emerging trends applicable at national level.

Section 4: Financing of the Actions of the Plan under new programmes being prepared in the context of the financial framework 2007-2013

The EU financial perspective 2007-2013 provides financing possibilities for several actions covered by the EU Action Plan on Drugs 2005-2008 and 2009-2012. These financing programmes, proposed by the Commission in 2005, are being discussed at the level of the European institutions and are expected to be adopted by the end of 2006.

The **main programmes** which cover directly or indirectly the drugs issue are the following:

- Specific Programme on **Drugs Prevention and Information**, under the General Programme on Fundamental Rights and Justice. Actions such as 3, 8.1, 8.2, 9, 10, 13.1, 31, 41.2, 44 and 45.2 could qualify for financial support under this programme.
- Specific Programme on **Prevention of and Fight against Crime**, as part of the Framework Programme on Security and Safeguarding Liberties. Actions such as 18.1, 18.3, 18.4, 18.5, 19, 20.1, 20.2, 21, 22.1, 23.1, 24, 25.2, 25.3, 26, 36.3, 36.4 and 46 could qualify for financial support under this programme.
- Community Programme on **Public Health**. Actions such as 5, 11, 12, 13.2, 14, 15, 16 and 17 could qualify for financial support under this programme.
- **Seventh Framework Programme for Research, Technological Development and Demonstration Activities**. Actions such as 23.1, 23.3, 23.4, 23.5 and 43.1 1st and 2nd indent could qualify for financial support under this programme.

Financial assistance for drugs projects in certain third countries and regions will be available under the External Relations budget (Instruments for Pre-Accession, European Neighbourhood and Partnership, Development Cooperation and Economic Cooperation and for Stability). Other actions can be implemented by the EMCDDA, which is funded almost exclusively by the Community budget.

Synergy and complementarity with the different Community instruments and the EMCDDA's programme will be sought. Some actions of the Plan could be financed through different programmes. This simply reflects the multi-faceted nature of the drugs issue.

To implement each of these programmes, an annual work programme setting out the specific objectives and thematic priorities is adopted under the relevant comitology procedures.

Section 5: Conclusions

This is the first monitoring exercise of the EU Action Plan on Drugs 2005-2008. It should be seen as a test run from which all stakeholders have lessons to learn about both the process and the substance.

The main developments that have taken place in the drugs field since the endorsement of the EU Action Plan in June 2005 have been summarised in Section 1, while Sections 2 and 3 show the specific progress which has been achieved for each individual action.

In terms of methodology, the current continuous monitoring exercise with its objective annual Progress Reviews leading to a final evaluation in 2008 seems to be an effective way of keeping track both of what is being done at all levels in the EU and of the ability of the Action Plan process itself to deliver the results. Some **general issues** need to be looked at in more detail:

- **Coordination.** Overall strategies in any field need be linked to specific practical programmes and measures in order to be effective. The successful implementation of the EU Drugs Strategy and Action Plans requires effective coordination at all levels and between all stakeholders: within and between Member States and at EU level, and within and between EU Institutions. Practice shows that this is not always the case: coordination between the public health and law enforcement communities is not always optimal, coordination between relevant Council working groups on drugs could be improved. The Commission Communication on coordination on drugs in the EU²⁴ remains valid.

One area where some progress has been made is in EU coordination at the UN's Commission on Narcotic Drugs, but it remains to be seen how much commitment exists to sustain this level of unity in the absence of any – even informal – arrangement in the future. The Commission suggests that a stronger framework be put in place to assist the Presidency at these meetings and to support it in negotiating on EU positions.

- **Monitoring.** Here too, internal coordination is an issue, both within EU institutions and within national administrations. For some actions relating mainly to supply reduction, it is proving difficult to measure progress at national level. The reasons why the Commission has not been able to identify data sources for some actions (18.1, 18.3, 18.4, 18.5, 19, 20.1, 23.1, 36.3 and 36.4) need to be analysed. The use of a questionnaire by the Commission for these actions had been announced in the HDG. 18 Member States replied. Some of the replies did not, however, relate to the indicators in the Action Plan.

The readiness or ability of the Member States to provide data for the monitoring of the actions concerned requires further discussion in the HDG, which might wish to reflect on the relevance of monitoring actions for which data are not going to be available or released. If, however, it were to be decided that such monitoring is useful, decisions will have to be taken in time for the next exercise on ways to overcome the problems encountered so far. The Commission is ready to examine ways of simplifying and rationalising the indicators concerned, in coordination with Europol and the EMCDDA.

²⁴ COM (2003) 681, 12.11.2003.

In this context the Commission welcomes the fact that certain data regarding drug supply issues will play a more important part in the monitoring and reporting activities of the EMCDDA in future, in close cooperation with Europol and avoiding any duplication of work.

- **Assessment tools/indicators** of the Action Plan. In the case of Actions 10.2, 10.3, 11.2, 34.2 and 40.1, the assessment tools of the Plan did not enable a clear view to be formed of their implementation. The Commission, in cooperation with the EMCDDA, is therefore proposing several alternatives, marked as "recommendations" in the text. These new assessment tools/indicators – if approved - will be used for the 2007 Progress Review.
- **Consultation of civil society** could add value to the evaluation exercise and make it more transparent. Following the publication of the Commission's Green paper on the consultation of civil society in the drugs field the organisation of an appropriate consultative process is planned for 2007 or 2008, depending on the timetable for implementation of the financial framework. The objective is to enable civil society representatives to contribute their particular insights to future progress reviews, in particular in the run-up to the 2008 monitoring and final evaluation of the current Action Plan.