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COMMISSION STAFF WORKING DOCUMENT

accompanying the

REPORT FROM THE COMMISSION

on the Mid-Term Review of the implementation of the EU Drugs Action Plan (2009-2012)

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1. INTRODUCTION

The EU Drugs Strategy 2005-2012 sets out the basic principles for a European model of drugs policy based on the balanced approach to reducing the supply of and the demand for drugs. It aims to protect and improve the well-being of society and the individual, to protect public health, to offer a high level of security for the general public.

The EU Drugs Action Plan 2009-2012, adopted by the European Council in December 2008, is the last of two Action Plans that aim to implement the objectives of the EU Drugs Strategy. The Action Plans help coordinate government interventions in the field of illegal drugs covering public health, law enforcement, customs, criminal justice and international cooperation.

The EU Drugs Action Plan 2009-2012 has five priorities: to strengthen coordination among all drugs policy actors, to reduce drug use and its adverse health and social consequences, to reduce drugs availability, to strengthen international cooperation and to improve our understanding of the drugs problem.

It consists of 24 objectives and 72 actions in total. Its implementation is mainly the responsibility of the Member States with support from the European Commission and technical assistance from the EU agencies, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol and Eurojust. For each action, the responsible parties and a suggested deadline for its completion have been provided for. Furthermore, for each action an objectively verifiable indicator to monitor progress as well as the main documents in which such progress can be assessed, have been identified.

In the following sections, a mid-term review of the state of play regarding the current EU Drugs Action Plan 2009-2012 is presented. For each action the available information on progress has been summarised. The output for each action that has reached its implementation deadline has been analysed. Ongoing actions are also monitored. For five actions[1] the deadline for completion was not yet indicated or no relevant information was available to date. In this mid-term review the Commission was assisted by the Member States, the EMCDDA, and Europol. This assessment covers 2009 and the first half of 2010 and follows the structure of the Action Plan.

[1] Actions 16, 28, 32, 55 and 66.

2. COORDINATION (OBJECTIVES 1-4)

Priority defined in the Drugs Action Plan 2009-2012: Coordination and cooperation in the drug field can be strengthened at both European and national level so that drug policies are relevant to professionals and civil society, while at the same time enabling these structures to provide feedback to inform policy.

COORDINATION		
Objective / Action	**Responsible party**	**State of play**
Objective 1. Ensure that a balanced and integrated approach is reflected in national policies and in the EU approach towards third countries and in international fora		
1. Member States and EU institutions to effectively coordinate drugs policy to reflect the objectives of the EU Drugs Strategy 2005-2012 and this Action Plan	MS COM Council	The EU Drugs Strategy 2005-2012 and the EU Drugs Action Plan 2009-2012 are considered to be the main policy documents providing guidance for the drugs policy of the Member States and EU institutions. A survey conducted by the Commission in preparation of this annual assessment showed that 12 of the 24 Member States responding considered that the current Action Plan had provided guidance for the development of new national drugs policies. Eight of these had acceded to the EU in 2004. Ten Member States indicated that the Action Plan had been discussed and assessed against the background of their existing national policy. The extent to which the objectives of the EU Drugs Strategy and current EU Drugs Action Plan are actually reflected in national actions on drugs needs to be further assessed.
Objective 2. Ensure effective coordination at EU level		
2. The Council's Horizontal Drugs Group (HDG), as the working group with leading and steering responsibility for drugs in the Council, should pro-actively coordinate EU drugs policy. The HDG should identify specific	Council	Even though the Horizontal Drugs Group (HDG) continues to be the main coordinating structure in the Council dealing with drugs policy, some concerns have been raised about the involvement of the HDG in initiatives addressed in the Multi-Disciplinary Group on Organised Crime (MDG) and in the newly established Standing Committee on Internal Security (COSI). The European Pact against international drug trafficking, for instance, which was adopted in June 2010, was presented directly at political level and

areas of work in other Council working groups and work towards effective coordination.		discussed and adopted through COSI. The coordination with the HDG was not always considered adequate. The three Presidencies[2] in 2009 and the first half of 2010 each presented a specific list of priorities to be addressed. The Czech Presidency placed emphasis on *Migration, Integration and Drugs*; *Production, Trafficking and Use of Methamphetamine*; and *Evaluation of Supply Reduction Interventions*. The Swedish Presidency focused on initiatives to prevent or delay the use of drugs among young people, a more effective fight against crime at EU level to reduce drug supply, and a more extensive knowledge base for drugs policy and international cooperation. Spain's priorities included the expansion of information and data in the field of drugs, cooperation between the EU and the LAC countries, and law enforcement cooperation in particular on the use of non-commercial aviation by criminal organisations for drug trafficking. During the Czech Presidency, the Council adopted Conclusions on the development and implementation of *indicators in the field of drug supply* (9634/09; CORDROGUE 26; 8.5.2009), under Action 67 of the EU Drugs Action Plan 2009-2012. During the Swedish Presidency, the Council adopted Conclusions on the promotion of *universal prevention programmes* (11818/2/09; CORDROGUE 48, 4.9.2009), on *strengthening the fight against drug trafficking in Western Africa* (15248/09; CORDROGUE 69; 4.11.2009) and on *strengthening EU research capacity on illicit drugs* (15594/1/09 Rev1; CORDDROGUE 78; 26.11.2009). During the Spanish Presidency the Council adopted Conclusions on *information systems on drugs* (5876/10Rev1; CORDROGUE 21; 29.1.2010) and on t*he threat assessment of airfields and medium, small-size and light aircrafts that can be used for drug trafficking* (10328/10; CORDROGUE 53; 28.5.2010). The Presidencies regularly ensured feedback to the Horizontal Drugs Group on the drug-related activities of other working groups, notably the *Multi-Disciplinary Group on Organised Crime (MDG)*, the *Customs Cooperation Working Group* (dealing with drug precursors) and the *Standing Committee on Internal Security (COSI)*.
3. The Commission and Council to ensure coherence between internal and external drugs policy	COM Council	Following the entry into force of the Lisbon Treaty and the creation of the European External Action Service (EEAS), the preparation of a Commission Communication on coherence between internal and external drugs policy has been postponed to 2012.
4. The Council to examine the state of the drug problem once a year, on the basis of the Commission's annual progress review, relevant reports from	Council COM	Presenting together the different strands of information from the Commission, EMCDDA, Europol and other agencies such as Eurojust enables the Council to obtain coherent and coordinated insight into the main developments and challenges in the field of drugs each year.

[2] 2009/1: Czech Republic; 2009/2: Sweden; 2010/1: Spain.

the EMCDDA, Europol and Eurojust	MS EMCDDA Europol Eurojust	
5. Presidency to convene meetings of the national drugs coordinators or their equivalents on a regular basis to advance coordination on specific and urgent issues requiring action. The coordinators to be invited to contribute to the Council's annual examination of the state of the drugs problem (see action 4 above)	PRES MS	During the Czech, Swedish and Spanish Presidencies, meetings were organised between the national drug coordinators (NDC). The Czech Presidency focused on two topics during the NDC meeting in April 2009: *Drugs Policy Coordination* and *Migration, Integration and Drugs*. The coordinators concluded that the exchange of experience and good practices in the field of drugs policy coordination needs to be encouraged and that action plans should include a cost-benefit analysis and have a proper financial basis. Moreover, they pointed out that migration requires special attention as in several countries specific migrant groups and national minority groups run a particular risk of developing drug problems. The Swedish Presidency devoted the NDC meeting in November 2009 to the *prevention or delay of first use of illicit drugs among young people*. The Spanish Presidency addressed *poly-drug use in the EU*, with an emphasis on *alcohol use*. The coordinators concluded that the EU should examine whether a more holistic policy dealing with all psychoactive substances could be developed, taking into account the important links between illicit and licit drug use and the related problems related.
Objective 3. Ensure effective coordination at national level		
6. Taking into account the work on Drugs coordination mechanisms in all EU Member States made by EMCDDA, Member States to examine inter-departmental coordination on drugs to ensure that coordinated positions are presented at EU level and that the objectives of the EU Action Plan are relayed to the most effective implementing level	MS	All EU Member States have a drug coordination mechanism and most of these have three main components: – A *strategic inter-ministerial board, commission, committee, council or coordination group on drugs,* which defines the general framework for drugs policy and adopts the national drug strategies and action plans. Usually this body includes all or most ministries and government departments concerned with drug-related matters. Experts and regional authorities are in some cases also members of these coordination bodies. – An *operative body*, which can be the secretariat of the inter-ministerial body, a national drug coordinator, a national drugs agency or drug strategy team and/or a department in a given ministry (mostly the Ministry of Health). These bodies perform day-to-day coordination in the drugs policy field and oversee the implementation and monitoring of drug strategies and action plans. – *Regional and/or municipal bodies*, which coordinate at local level. Their task is to coordinate the

		implementation of drug-related interventions. At EU level, there are several Council working parties and management boards of agencies dealing with illicit drugs policies where Member States are represented. In addition, Member States are represented in several international structures and platforms (UNODC, CND, UNAIDS) that deal with different aspects of the drug phenomenon. For this annual assessment, the Commission asked Member States to report on how their positions on drugs policy in international organisations and in EU structures are coordinated at national level. A large number of Member States[3] indicated that their positions in different Council Working Parties and in UN organisations are coordinated through inter-ministerial structures. Seven Member States[4] indicated that one specific department may be responsible for the coordination of national drugs policy and that positions at EU and international level are coordinated on an ad-hoc basis. In some cases, working groups dealing with EU affairs have been set up within such coordinating departments. In Finland, a specific EU interdepartmental drug working group has been set up, while the Belgian Ministry of Foreign Affairs may set up a specific working group on EU affairs in the field of drugs. In France and Greece, the Ministry of Foreign Affairs has the leading role in coordinating positions on drugs in the various bodies. In Latvia and Lithuania, specific mechanisms have been set up to coordinate positions in the EU, but not specifically related to drugs. Regarding coordination in international organisations such as the Council of Europe's Pompidou Group and UN bodies, in most Member States, the national drug coordination mechanisms are in charge of preparing positions, and the Ministry of Foreign Affairs is often also structurally part of these mechanisms. For the coordination of positions in e.g. WHO and UNAIDS, the picture is more fragmented, as these organisations address a variety of issues other than drugs. In countries such as France, the Ministry of Foreign Affairs takes the lead, but coordinates positions with the inter-ministerial drug coordination structure. In Germany and Hungary, the coordination of international positions involves government agencies and civil society organisations.
Objective 4. Ensure the participation of civil society in drugs policy		
7. The Commission to seek at least once a year feedback on drugs policy	COM	The third meeting of the EU Civil Society Forum on Drugs (CSF) was held in Brussels 3-4 March 2009. A number of issues were addressed at this meeting, including the EU Drugs Action Plan 2009-2012,

[3] Austria, Bulgaria, Czech Republic, Cyprus, Germany, Hungary, Luxembourg, Portugal, Romania, Slovakia and Spain.

[4] Belgium, Denmark, Ireland, Italy, Malta, Poland and Sweden.

from the Civil Society Forum on Drugs		negotiations on the new UN Political Declaration and Plan of Action on international cooperation towards an integrated and balanced strategy to counter the world drug problem, and a Commission study into the global illicit drugs market 1998-2007[5]. It was agreed that the CSF members would actively participate in establishing the agenda on drugs policy, with the help of a core group of its members, which is to meet in between the official gatherings of the Forum. The next meeting of the CSF will be held by the end of 2010 and will discuss a possible input to the drafting of the new EU Drugs Strategy. An open call for applications to renew membership of the Forum will be launched in the second half of 2010.
8. The Commission to launch an initiative, 'The European Alliance on Drugs', inviting civil society organisations across the EU (including e.g. schools, commercial enterprises, public bodies and NGOs) to participate in a common framework designed to create public commitment about and to take action on drug problems in society.	COM	The title 'European Alliance on Drugs' was changed into the 'European Action on Drugs' (EAD) to better reflect its mission: to engage civil society in concrete action to address illicit drugs and their potential risks. The awareness-raising campaign aims to involve individuals and groups, whose commitment to action may then have a multiplier effect among other groups in society. The actors involved include municipalities, media, clubs, schools, parent and youth associations, and companies. The campaign provides a platform[6] and networking opportunities for civil-society bodies in the Member States. In addition, several events bringing together campaign participants are organised each year in the Member States and in Brussels. The EAD was launched by Jacques Barrot, Vice-President in charge of Justice, Freedom and Security at a high-profile event on 26 June 2009 (World Drugs Day) and national events were held subsequently in Rome (2009), Berlin (2010) and London (2010). The 2010 annual EAD event took place on 25 June in Brussels, focusing on the prevention of drug-related crime among young people and bringing together personalities from the worlds of sports and entertainment to share their experiences on drugs. Viviane Reding, Commission Vice-President in charge of justice, opened the event via a pre-recorded speech. To date, around 700 individuals and organisations from civil society have engaged in the EAD campaign. An independent evaluation of the campaign will be launched towards the end of 2010.
9. Member States to involve civil society at all appropriate levels of drugs policy, in accordance with	COM MS	The ongoing reporting in this area seems to suggest an increasing involvement of civil society in drugs policy within the Member States in recent years. In a survey conducted in preparation of this annual assessment, the Commission asked the Member States about specific aspects of civil society involvement at

5 European Commission, A Study on Global Illicit Drug Markets 1998-2007, JLS/2007/C4/005; by Trimbos Institute and RAND.

6 Website of the European Action on Drugs: http://ec.europa.eu/ead/html/index.jsp.

national practices		national level. Of the 24 responding Member States, 23 indicated that they involved civil society in drugs policy. Non-governmental organisations representing the interests of individual stakeholders in the field of drugs (e.g. users and/or their families) participate in the policy process in 17 Member States[7]. The same number of Member States[8] report the involvement of NGOs that are specifically active in the field of drugs policy. Nineteen Member States[9] report the involvement of professional drug service providers in the development of national drugs policies. In seven Member States[10], citizens' opinion panels and surveys are used as a feedback instrument. Four Member States report that other specific groups are involved or consulted.

[7] Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Poland, Romania, Spain, Sweden and UK.

[8] Belgium, Czech Republic, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Spain, Sweden and UK.

[9] Austria, Belgium, Cyprus, Czech Republic, Denmark, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia and UK.

[10] France, Hungary, Italy, Luxembourg, Malta, Slovakia and UK.

3. DRUG DEMAND REDUCTION (OBJECTIVES 5-10)

Priority defined in the Drugs Action Plan 2009-2012: We need to further improve the effectiveness of measures to reduce drug use and its consequences by improving the coverage, quality and effectiveness of demand reduction interventions, i.e. prevention, treatment and harm reduction. This includes particular attention to vulnerable groups and the prevention of poly-drug use (combined use of illicit and licit substances, including alcohol, volatile substances and tobacco).

DRUG DEMAND REDUCTION		
Objective	**Responsible party**	**State of play**
Objective 5. Prevent the use of drugs and the risks associated with it		
10. To promote innovation in and systematically make available evidence-based and evaluated universal prevention programmes and interventions in different settings (e.g. towards young people in youth centres, and schools and towards adults in workplace and prison), aiming to prevent or delay first use of drugs. Prevention should also cover poly-drug use (combined use of illicit and licit substances, in particular alcohol) as well as drugs and driving	MS	The EMCDDA has recently reviewed current evidence regarding universal prevention in school settings[11]. School-based programmes working with social influence principles have been found to have positive effects on young people's drug use. Life skills-focused programmes also have beneficial effects on both mediating variables (e.g. self-esteem, peer pressure resistance) and substance use. However, some reviews have raised concerns regarding the existing evaluations and concluded that effectiveness may be overstated. The effects of knowledge-focused programmes on behaviour change are very limited. The research evidence for the effectiveness of school-based programmes through the involvement of peers is inconclusive. Programmes that include booster sessions appear more effective. Interactive programmes have preventive effects on consumption behaviour (for tobacco, alcohol, cannabis and other illegal drugs) and are 'statistically superior' to non-interactive interventions in preventing drug use. In 2007, EU Member States provided qualitative data on universal prevention in their country with expert ratings of the level of provision and the policy importance of different types of intervention. Follow-up data will be collected in 2010. According to the 2007 data, a wide variety of prevention interventions were implemented in European schools with very different levels of provision. Overall, these data showed that most pupils took part in programmes without evidence-based content (information provision and effective

[11] http://emcdda.europa.eu/themes/best-practice/evidence/universal-prevention.

		education). Information provided by the National Focal Points in 2008 and 2009 mentioned mainly one-off and isolated prevention interventions, with few evidence-based and evaluated programmes. In conclusion, there seems to be no indication that evidence-based and evaluated programmes and strategies, including those targeting first use, are used more often in Member States.
Objective 6. Prevent high risk behaviour of drug users — including injecting drug users — through targeted prevention		
11. To further develop early detection and intervention techniques and implement effective, evaluated selective prevention for vulnerable groups at high risk of developing drug problems, including injecting drug use	MS	In 2007, EU Member States provided qualitative data on selective prevention with expert ratings of the level of provision and the policy importance of different types of interventions. Follow-up data will be collected in 2010. According to the 2007 data, there is limited provision of selective prevention in Europe, with most interventions targeting young offenders, vulnerable families and ethnic groups. The data indicate that the coverage of selective prevention has not increased in recent years. Information provided by the National Focal Points in 2008 and 2009 highlighted recently implemented selective prevention interventions for ethnic groups in Belgium, Luxembourg and Hungary. FRED[12], a systematic intervention protocol for young offenders in Germany, is being implemented with EU support in 15 other Member States[13]. Interventions based on the Strengthening Families model — an evidence-based parenting intervention for vulnerable families — have been implemented and evaluated in Ireland, Spain, the Netherlands, Portugal and Sweden. Overall trends in drug use are unlikely to reflect directly the impact of selective prevention interventions in Europe, as many other factors influence the numbers and characteristics of (problem) drug users. Information on the time lag between the age at which drug users enter drug treatment for the first time and the age at which they first used drugs might be an indicator of early intervention needs, a measure to assess whether early intervention programmes are achieving the objective of bringing (problem) drug users into services earlier. For clients who entered treatment for the first time in 2008, around 42 % started to use their main drug between the ages of 15 and 19, and 17 % before the age of 15 — regardless of the type of drug. For clients with cannabis as their primary drug, 39 % started to use the drug before the age of 15. Currently, for new outpatient clients, the average time lag between first use of primary drug and first treatment request is around 9 years[14]. This differs by main drug of use and gender. A multiannual dataset, making longer-term trends visible for this indicator, is not yet available.

12 http://www.lwl.org/LWL/Jugend/lwl_ks/Projekte_KS1/Fgn-english/?lang=en.

13 Belgium, Denmark, Ireland, Cyprus, Latvia, Lithuania, Luxembourg, Netherlands, Austria, Poland, Romania, Slovakia, Slovenia, Sweden, United Kingdom.

14 The 'primary drug' means the drug for which treatment is requested.

12. To further develop and implement effective, evaluated indicative prevention for specific high-risk groups of (poly-) drug users, by offering low-threshold access to counselling, problem behaviour management and outreach work where relevant	MS	In 2009, five [15] Member States reported interventions for children with ADHD or disruptive behaviour and a third[16] of EU countries reported early detection and counselling interventions for individuals who already use substances (early intervention). Overall, the number of reported interventions is low but they are more often evaluated and evidence-based than is the case in other areas of prevention. In 2008, the EMCDDA commissioned a study on indicated prevention[17], including a literature review that identified six programmes (four of which are being assessed as 'best practice'), and a data collection exercise in Member States that identified 23 programmes (three of which were 'best practice', i.e. compatible with EDDRA[18] criteria). Another survey on internet-based counselling and treatment interventions[19] found several internet-based drug treatment interventions, designed for cannabis, cocaine and 'club drug' (e.g. ecstasy) users. Four targeted young adults and adolescents, three were counsellor-guided and one was a fully automated self-help programme. Only one programme, 'Quit the shit' (QTS) in Germany, was evaluated for effectiveness. In the first half of 2010, an EU-led project targeting recreational drug use in nightlife settings, 'Healthy Nightlife Toolbox'[20], was completed. As part of this project, a website provides information on a range of prevention programmes and projects targeting recreational drug use, which have been critically reviewed and classified according to strength of evidence information. The project was funded by the European Commission's Programme of Community Action in the field of Public Health (2003-2008).
Objective 7. Enhance the effectiveness of drug treatment and rehabilitation by improving the availability, accessibility and quality of services		
13. Increase the effectiveness and spread of evidence-based drug treatment options covering a variety of psychosocial and pharmacological approaches, corresponding to the needs	MS	Opioid substitution treatment, combined with psychosocial interventions, has been found to be the most effective treatment option for opioid users. As yet, no drug has been found to be effective for treatment of cocaine dependence. However, more than 100 ongoing randomised controlled trials are testing new substances, sometimes in association with psychological interventions. A number of clinical trials of pharmaceuticals for use in treating amphetamine dependence have recently been published or are in

15 Luxembourg, Netherlands, Poland, Slovenia, Slovakia and Sweden.

16 Czech Republic, Denmark, Germany, Greece, France, Hungary, Portugal, Slovakia, United Kingdom, Norway.

17 European Monitoring Centre for Drugs and Drug Addiction (2009), Preventing later substance use disorders in at-risk children and adolescents: a review of the theory and evidence base of indicated prevention. Thematic papers; http://emcdda.europa.eu/publications/thematic-papers/indicated-prevention.

18 Exchange on Drug Demand Reduction Action.

19 http://emcdda.europa.eu/html.cfm/index78701EN.htm.

20 http://ec.europa.eu/eahc/documents/projects/highlights/2007_5986_EN_85.pdf; project No 2006345; project website: www.hnt-info.eu.

of drug users (including relevant treatment adapted to new drugs or types of use)		progress. Among all studies, only naltrexone was associated with a significant benefit in terms of use reduction. In a clinical study, the addition of contingency management improved the results compared to treatment alone. Few studies have assessed the effectiveness of interventions for cannabis users, despite the increase in the demand for treatment. According to estimates using information from different sources, at least one million people received drug-related treatment in Europe in 2007, most receiving opioid substitution treatment. Opioid substitution treatment was provided to around 670 000 opioid users in 2008. Availability of this type of treatment has risen tenfold since 1993 in the EU, an increase which has been facilitated in several countries by involving general practitioners, alongside specialist facilities, in delivery. As part of the survey conducted in preparation of this annual assessment, the Commission asked the Member States what action had been taken to monitor and/ or evaluate the effectiveness of drug treatment in the past two to three years. Of the 23 countries that provided information, three[21] indicated that no such action had been undertaken recently. Four[22] reported that ad-hoc evaluations were being carried out (on individual programmes), but not structurally at national level. Ten Member States[23] indicated that they had conducted evaluation studies to assess the effectiveness of drug treatment, and in almost half of these the evaluation specifically targeted substitution treatment. In France, therapeutic communities were evaluated, while Ireland reported structural evaluations in the field of drug treatment and the UK stated it had a national indicator for the delivery of treatment. Three Member States[24] reported that they were developing indicators to better monitor the delivery of treatment, while four Member States[25] indicated that they structurally monitor the delivery and effectiveness of drug treatment services. In Denmark, this is part of a national programme to improve quality in the health sector. The survey also asked the Member States whether they had taken any specific measures since 2008 to

21 Belgium, Romania and Sweden.
22 Austria, Finland, Greece and Poland.
23 Bulgaria, France, Hungary, Ireland, Italy, Latvia, Lithuania, Portugal, Slovakia and UK.
24 Finland, Denmark and Lithuania.
25 Denmark, Germany, Spain and UK.
26 Belgium, Finland, Germany, Greece, Latvia, Poland, Portugal and Romania.
27 Austria, Hungary, Italy, Romania and Spain.
28 Denmark, France, Ireland, Lithuania, Luxembourg, Sweden and UK.
29 Belgium, Cyprus, Finland, France, Greece, Hungary, Lithuania, Luxembourg, Malta, Portugal and Slovakia.
30 Austria, Ireland, Italy, Latvia and Spain.

		implement evidence-based drug treatment options on a structural basis. Of the 23 Member States that responded, eight[26] indicated that no specific measures had been taken, in Germany because this is the responsibility of the *Länder*. In Bulgaria and Luxembourg all services are already evidence- and best-practice-based. Five Member States[27] reported that the implementation of evidence-based programmes was an ongoing process, but not necessarily based on scientific grounds alone (Austria) and also involved the need to convince professionals to pursue an evaluation culture in their work (Italy). Seven Member States[28] reported that they had undertaken specific action to implement evidence-based treatment, mostly by developing and implementing treatment guidelines. Finally, the survey also asked whether Member States had made the application of evidence-based guidelines for drug treatment a precondition for public funding of treatment services. Of the 20 Member States that answered this question, 13[29] indicated that this was not a precondition as such. For Germany, this was because services are often not publicly funded but are financed by e.g. insurance companies. However, Germany did report an increased use of evidence-based guidelines. In Sweden, local authorities that purchase drug treatment services will most likely include quality criteria in their orders. In Denmark and the UK, evidence-based drug treatment is not a direct precondition, but often part of broader good practice guidelines and rules for medical services. Finally, in five Member States[30], the delivery of evidence-based treatment is a precondition for public funding.
14. To deliver existing and develop innovative rehabilitation and social re-integration programmes that have measurable outcomes	MS	One way to identify both the need for and impact of rehabilitation and social reintegration programmes is to follow changes in the demographic profile of clients entering treatment. Treatment clients are characterised by disadvantaged social conditions. Data on clients entering outpatient drug treatment in the EU in 2008 found: – low levels of education (only 38 % had completed primary education and 2 % had not completed obligatory schooling); – precarious living situations (9 % were living in unstable accommodation, most being homeless); – high levels of unemployment (35 % were unemployed and 12 % economically inactive). Social reintegration programmes may include vocational counselling, work placements and housing support. Prison-based interventions, which have an impact on relapse and re-offending, may link inmates to community-based housing and social support services in preparation for their release. Information is scarce on the availability and coverage of social reintegration interventions in the Member States, the target groups they address and their outcomes. All Member States report the availability of housing, education and employment programmes and services. Often, the educational or vocational training interventions that specifically target drug users are contingent upon participants being drug-free for a

		certain period. Five Member States[31] report prioritising *employment-related aspects* of the recovery process through new initiatives and increased funding allocation. In most cases, these are part of drug users' treatment care plans or contingent upon starting treatment. More information will be collected by the EMCDDA in 2010 with a new questionnaire on social reintegration, with a focus on employability-related interventions for drug users in treatment.
15. To publicise, where appropriate the existence of treatment and rehabilitation services and the variety of options these services offer at national, regional and local level for potential target audiences	MS	In 2010, the EMCDDA conducted a survey among National Focal Points in order to assess the availability of public registers (e.g. internet portals) informing the public of the existence of treatment and rehabilitation services and the options these services offer at national, regional and local level. The survey found that public registers were available in all 25 responding EU Member States. In most countries, they provide national coverage of available treatment facilities and programmes, with a regional breakdown. In some cases they allow the public to search for specific treatment programmes by drug, target group (e.g. gender-specific, age-related), type of programme (e.g. outpatient or residential), costs, etc. In all reporting countries, these registers are accessible via the internet and in most cases on the website of the national treatment agencies or another relevant national health agency. In some cases, the list of facilities can be downloaded. Almost half of the countries also provide maps to facilitate geographical searching of available treatment and rehabilitation programmes. These public registers are also available to the public in the EMCDDA's national drug treatment profiles for each respective country. These are available online and are among the first hits in all popular search engines (only available in English). (http://www.emcdda.europa.eu/responses/treatment-overviews). As part of the survey conducted among Member States in preparation of this annual assessment report, the Commission asked Member States about the 'channels' through which potential users of drug treatment services are made aware of the existence and availability of such services, apart from the internet. Nineteen out of 24 responding countries mention family doctors while 21 countries point to outreach services and government information services. In 22 countries, telephone help lines as well as family and friends play an important role. In 17 countries, drug treatment service providers advertise their services directly, while in 14 Member States public awareness campaigns draw attention to the availability of services. In Cyprus, potential clients are also referred to services by schools or the army. In Denmark and Germany, social welfare services play a role, while in Germany and Spain hospital (emergency) departments refer clients to services as well. In the UK, referral is often by specialised community drug treatment services.

[31] Germany, Italy, Austria, Portugal and the United Kingdom.

Objective 8. Enhance the quality and effectiveness of drug demand reduction activities, taking account of specific needs of drug users according to gender, cultural background, age, etc.		
17. To develop, implement and exchange good practice guidelines/quality standards for prevention, treatment, harm reduction and rehabilitation interventions and services	MS COM EMCDDA	The development, implementation and exchange of good practice guidelines and quality standards in the field of drug demand reduction is primarily a task of national authorities and service providers in this area. However, such guidelines and quality standards are not common practice in most Member States. A study commissioned by the EMCDDA, aiming to identify existing guidelines in Member States in the field of *drug treatment*, found out that 72 sets of guidelines existed in the 27 reporting countries. Most common were guidelines covering psychosocial interventions (n=29); substitution treatment (n=28), and detoxification (n=22). Countries with higher rates of patients in oral substitution treatment were more likely to have treatment guidelines. Many guidelines targeted professionals (58), service providers (52) and health-care planners (25) as end users. Seventeen countries involved relevant professionals in expert groups to develop the guidelines, nine countries involved a researcher, four countries involved 'other' unspecified professionals, three countries involved politicians and one country involved clients. The study also found that guidelines were usually mandatory for opioid substitution treatment, and in approximately half of the responding countries guidelines are required in order to obtain authorisation to operate a treatment centre.
18. Member States to survey the availability and effectiveness of prevention, treatment, harm reduction and rehabilitation services, in responding to specific needs, on the basis of a methodological framework to be developed by the Commission - with the support of the EMCDDA - and that is compatible with existing methodologies	MS COM EMCDDA	Although the provision of drug demand reduction services is the responsibility of the Member States, EMCDDA reports as well as the final evaluation report on the EU Drugs Action Plan 2005-2008 show that the link is often unclear between the availability, accessibility and delivery of drug demand reduction services and actual needs in society. In preparation of this annual assessment, the Commission asked the Member States to indicate whether they had conducted a national survey to assess the availability, coverage and effectiveness of demand reduction services in the past three years. Of the 24 countries responding, eight[32] indicated that no such survey had been carried out recently. Malta indicated that a survey was underway, while Denmark pointed out that the delivery of demand reduction services is decentralised to local social services. Some specific areas were surveyed nationally though, e.g. hepatitis C provision. Finland indicated that surveys had been carried out to map available services, but this did not necessarily include coverage or the link with potential needs. Germany indicated that a central register of all addiction services exists at federal level, but this does

[32] Austria, Belgium, France, Greece, Italy, Latvia, Poland and Romania.

		not include data on coverage and availability. Eleven Member States[33] indicated that surveys had been conducted. In Hungary this included ad-hoc surveys into non-school prevention, rehabilitation and substitution treatment. In addition, with Structural Fund support, a pilot project had been launched in four regions to assess the need for and corresponding availability of demand reduction services with the aim of improving provision. In Ireland, an inventory for needle and syringe exchange was conducted, while in Lithuania an assessment of needs and matching availability was conducted structurally on the basis of the number of users applying for services. In Luxembourg a dedicated working group had been set up to assess demand-reduction needs, while in Portugal a gap analysis had been conducted in 2007. In Sweden, needs assessments primarily covered the field of prevention, while in the UK such assessments were the task of local services, supported by the National Treatment Agency. In the UK, specific attention was devoted to matching the treatment needs of young people and available services. The Member States were also asked how the planning authorities in their countries allocated resources to the various drug treatment and harm reduction services, if surveys of coverage and availability were not conducted on a regular basis. Many of the 19 Member States[34] that responded to this question indicated that national indicators were used, such as the EMCDDA Key Indicators (e.g. Treatment Demand, Problem Drug Use). In Austria, Bulgaria, Denmark, France, Germany, Spain and the UK, statistical data are often supplemented by expert estimations and needs assessments at local level. In Germany and Poland, services are mostly provided by private drug services and/or NGOs who estimate the needs and apply for funding.
19. To develop an EU consensus on minimum quality standards and benchmarks for prevention, treatment, harm reduction and rehabilitation interventions and services taking into account needs of specific groups and the work done at national and international level	MS Council COM EMCDDA	The Commission is actively promoting the development, collection and exchange of quality standards and benchmarks in the field of drug demand reduction in the EU. In the field of prevention, the Commission funded a project 'European standards in evidence for drug prevention'[35] in 2008, under the Programme of Community Action in the field of Public Health (2003-2008). The project aims to produce a set of evidence-based drug prevention standards for use in the EU. In 2010, the Commission made funding available for the study *'EU Consensus on minimum quality standards and benchmarks in drug demand reduction*[36], as preparatory work for a Commission proposal for a Council Recommendation in this field by 2012. The proposal will aim to help bring about a measurable

33 Bulgaria, Cyprus, Hungary, Ireland, Lithuania, Luxembourg, Portugal, Slovakia, Spain, Sweden and UK.

34 Austria, Belgium, Bulgaria, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Latvia, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Spain and UK.

35 http://ec.europa.eu/eahc/projects/database.html; Project No 2007304; project website: http://www.cph.org.uk/drugprevention/.

36 Call for tender: JLS/2009/DPIP/PR/1023.

		improvement in minimum quality standards and benchmarks covering all components in the field of drug demand reduction: prevention, treatment, harm reduction, and rehabilitation and reintegration in the EU Member States. The project will: – Conduct an inventory of existing (minimum) quality standards and benchmarks at national, EU and — where relevant — international level for the various types of demand-reduction interventions; – Develop a workable design for a realistic, feasible and scientifically robust framework for EU minimum quality standards and benchmarks; – Establish a framework for effective consultation and an advisory mechanism for consensus building among experts and relevant stakeholders in the Member States and the EU institutions. The final report will set out options for EU minimum quality standards and benchmarks in the field of drug demand reduction.
20. To develop, as appropriate, services for minorities, including, for example, migrants	MS	In 2007, EU Member States provided qualitative data on selective prevention with expert ratings of the level of provision and the policy importance of different types of interventions, including those targeting specific minority groups in society. Follow-up data will be collected in 2011. According to the 2007 data, three countries reported the provision of prevention interventions for immigrants, in locations with sufficient numbers of the target population, while 11 countries reported no or rare provision or did not have information. Four countries reported provision for ethnic groups, while ten countries reported no or rare provision or did not have information. More recent information provided by the National Focal Points in 2008 and 2009 mentioned interventions for ethnic groups in Belgium, Luxembourg, Hungary, Romania (low coverage) and Italy. No evaluated interventions for ethnic groups have been recorded in the EMCDDA's EDDRA database since 2008. In 2008, eight countries[37] reported specific drug treatment programmes for minorities and ethnic groups, with different levels of provision. Only Greece reported that specialised programmes were available to nearly all drug-using members of ethnic groups who actively seek treatment. In three countries, national experts estimated that specialist treatment for these groups is available to less than half of users seeking it, while in four countries only a few could obtain treatment. National experts from 17 Member States

[37] Belgium, Germany, Greece, Spain, Italy, Slovenia, Finland and UK.

		reported that specific treatment services for ethnic groups did not exist in their country. Denmark and Ireland had no information and two countries[38] did not respond to the survey. Only Italy and Greece reported that treatment programmes were available for undocumented migrants. In 2008 gender-specific treatment programmes were reported in 16 EU Member States, and in four countries such programmes specifically targeted addicted pregnant women and their children. However, national experts rated the availability of these programmes as 'limited to rare' in most countries, i.e. only a minority of women in need would actually obtain treatment. Nine countries had no gender-specific treatment programmes. Children and adolescents are the most common target groups addressed by specialised treatment programmes in Europe. In 24 EU Member States, a variety of interventions are being implemented at both outpatient and inpatient level. National experts in six countries considered the provision of these programmes as extensive to full, i.e. the majority of children or adolescents in need would obtain treatment. In the remaining 18 countries, however, only a minority of the target group have access to treatment. Only one country reported no specific treatment programmes for children/adolescents.
Objective 9. Provide access to health care for drug users in prison to prevent and reduce health-related harm associated with drug abuse		
21. To develop and implement prevention, treatment, harm reduction and rehabilitation services for people in prison, equivalent to services available outside prison. Particular emphasis to be placed on follow-up care after release from prison.	MS	The general principle of equivalence of care for prisoners compared to services for people outside prison is widely recognised by EU Member States. Objectives for drug-related services in prison are part of an increasing number of national drug strategies and drug action plans, targeting among other things the improvement of the quality and continuity of prison treatment and care. Some Member States have specific health and drug strategies for the prison system[39]. Information about the availability and level of provision of specific health measures, based on expert sources, shows that services for inmates with drug problems are provided in all Member States in at least some prisons, but they generally reach few prisoners. On the basis of data available to the EMCDDA, commonly available interventions include infectious-disease risk counselling (in all EU prison systems), and hepatitis C testing, which is routinely offered upon prison entry in at least 22 countries. Thirteen countries report that prison staff receive drug-specific training, twelve countries provide hepatitis B vaccination programmes and seven countries have developed

[38] Malta and Sweden.
[39] Spain and Luxembourg.

		information material on drug overdoses and emergencies for the prison setting. The provision of information material on drugs and health issues and the treatment of drug dependence, including detoxification, drug-free treatment as well as opioid substitution treatment, are widespread across the EU. Since 2006, opioid substitution treatment has been introduced in prison in another six European countries[40]. In most countries, official regulations allow both the continuation in prison of opioid substitution treatment started in the community and the initiation of treatment inside prison. In five EU countries, substitution treatment is currently not available to prisoners. The level of provision of opioid substitution treatment is variable and often depends on local conditions, but a link seems to exist between coverage in prisons and the scaling up of treatment in the community. Drug use continues to be more prevalent among prisoners than among the general population. Drug use and regular drug use in the month before imprisonment was reported by small proportions of respondents (1 % and 3 %, respectively) in some countries and by a clear majority in others (58 % and 77 %). Studies also indicate that the most harmful forms of drug use may be more frequent among prisoners, with between 6 % and 38 % of those surveyed reported having injected drugs at some time. On admission to prison, most users reduce or stop consuming drugs, mainly due to problems in acquiring the substances. However, experts and policymakers in the EU admit that illicit drugs find their way into most prisons, despite all the measures taken to reduce their supply. Studies carried out since 2003 show that drug use in prison is reported by 1 % to 56 % of inmates. Injecting drug users in custody appear to share their equipment more often than users not in prison. This raises questions about the potential spread of infectious diseases among the prison population.
22. Member States to endorse and implement in prison settings indicators to monitor drug use, drug-related health problems and drug services delivery on the basis of a methodological framework developed by the Commission – with the support	MS COM EMCDDA	In many European countries the number of prisoners has dramatically increased over the past two decades. More than 600 000 people are incarcerated[41] in the 27 EU Member States on a given day. At the same time, only limited information is available on drug use, drug-related health problems and drug services delivery in the EU Member States. Over the years, the EMCDDA has developed a number of instruments to provide information on drug use in prison. These include specific sections in the National Reports, but also standard tables and structured questionnaires to collect data on prevalence of drug use and drug use patterns among prisoners, data on

[40] In 2006 in prisons in Poland, Sweden and the Czech Republic, and in 2008 in Bulgaria, Estonia and Romania.

[41] European Commission (EUROSTAT) — Statistics in Focus — Crime and Criminal Justice, 36/2009; total prison population in the EU27 in 2006.

of the EMCDDA that is compatible with existing methodologies, and taking into account the work done by the UNODC (in the project area of HIV/AIDS and treat.net) and by WHO (Health in prisons)		infectious diseases with information on the health status (serological status) of drug users in several settings, including prisons, data on patients entering drug treatment in prison, information on health and social responses to drug users in prison, including data on substitution treatment, data on harm reduction interventions in several settings, including prison, and data on syringe availability in several settings, including prison. Despite this broad range of data sources, the reported information is often still scarce and fragmented, among other things due to a lack of uniform monitoring mechanisms in prison settings within Member States and at EU level. As part of this Drugs Action Plan, the EMCDDA will work on the definition and implementation of a prison monitoring strategy with the aim of filling information gaps, harmonising the existing data collection tools, and improving data and information comparability. An additional objective is to identify experts in the field of drugs and prison, making potential use of existing networks (e.g. the Council of Europe annual survey on penal statistics) in consultation with the National Focal Points.
Objective 10. Ensure access to harm reduction services, in order to reduce the spread of HIV/AIDS, hepatitis C and other drug-related blood-borne infectious diseases and to reduce the number of drug-related deaths in the EU		
23. To provide access to, and improve coverage of, harm reduction services and the variety of options these services offer options as an integral part of drug demand reduction, making use of interventions of proven effectiveness where available	MS	The prevention and reduction of drug-related harm is a public health objective in all Member States[42]. A range of health and social services to prevent and reduce harm associated with drug dependence are recommended in the Council Recommendation of 18 June 2003[43], including those suggested by WHO, UNODC and UNAIDS (2009), as part of a 'comprehensive package' for HIV prevention among drug injectors. Among the main interventions with proven effectiveness in preventing drug-related harm are opioid substitution treatment and needle and syringe exchange programmes. Responses to the spread of infectious diseases among drug users include: drug treatment, particularly opioid substitution treatment; the provision of sterile injection equipment; community-based activities that provide information and safer-use education; condom promotion among injecting drug users; infectious disease testing and counselling; antiretroviral treatment; and vaccination against viral hepatitis. Around 40 million syringes per year are distributed through specialised programmes. This is equivalent to an average of 80 syringes per injecting drug user in the 25 countries reporting syringe data. The information available indicates a scarcity of specific harm-reduction responses to prevent drug-induced

[42] European Commission, 'Report from the Commission to the European Parliament and the Council on the implementation of the Council recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence', COM(2007)199 final.

[43] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:165:0031:0033:EN:PDF.

		deaths and overdose-related morbidity, despite the fact that the reduction of drug-related deaths is an explicit policy objective in 16 countries. In general, harm reduction policies and interventions in the EU have progressed, but major differences exist between countries in the level of implementation of specific measures, reflecting their individual drug situation as well as policy priorities. *HIV infection rates* are generally falling in the EU, following a peak in 2001-2002. HIV prevalence monitoring data in samples of injecting drug users are available from 23 countries over the period 2003–2008. In 16 countries, HIV prevalence remained unchanged, while in six countries it decreased. HCV prevalence is reported to be declining in nine countries and increasing in three others. During the period 1995–2007, between 6400 and 8500 *drug-induced deaths* were reported each year in Europe. Among Europeans aged 15–39 years, drug overdoses accounted for 4% of all deaths. Areas with a higher prevalence of problem drug use can be disproportionally affected. Between 2000 and 2003, most EU Member States reported a decrease in *drug-induced deaths* — the total number declined by 23%. In subsequent years, the number stabilised at 6500 to 7000 per year. Preliminary data available for 2008 suggest an overall figure at least equal to that for the previous year and possibly a rise of as much as 5%, with increases reported by 12 out of 19 countries where a comparison was possible. Indications seem to suggest that more overdose deaths are occurring because of cocaine use. Mortality rates for drug users are roughly 10 to 20 times higher than those of same age group in the general population. Generally, the main cause of death among problem drug users is drug overdose, accounting for up to 50–60% of deaths among injectors in countries with a low prevalence of HIV/AIDS. In 2009, the Commission published a Communication on combating HIV/AIDS in the European Union and neighbouring countries 2009-2013[44]. In this Communication the Commission proposes a number of specific measures to scale up the implementation of prevention strategies, support an effective response to HIV/AIDS in priority regions, such as the most affected EU Member States, the Russian Federation and the most affected neighbouring countries, and develop means to reach and support the populations most at risk and most vulnerable to HIV/AIDS across Europe.

[44] COM(2009) 569 final, 26.10.2009.

4. DRUG SUPPLY REDUCTION (OBJECTIVES 11-15)

Priority defined in the Drugs Action Plan 2009-2012: We need more effective law enforcement at EU level to counter drug production and trafficking, making full use of the capacities of Europol and other EU structures. Actions should be based on an intelligence-led approach that systematically prioritises the suppliers causing the most harm or posing the most serious threat. The work currently being undertaken to strengthen the links and coherence between the data used by the various EU JHA entities will be necessary to support this. More coordinated operations via regional security platforms should be supported. The new platforms should be set up without overlapping and be compatible with existing structures.

DRUG SUPPLY REDUCTION		
Objective	**Responsible party**	**State of play**
Objective 11. Enhance effective law enforcement cooperation in the EU to counter drug production and trafficking		
24. To target criminal organisations and emerging threats, using an intelligence-led approach (based on the European Criminal Intelligence Model (ECIM) methodology) that prioritises the criminal networks and markets that pose the most serious threats	MS Europol Eurojust Council	Every year, the Council adopts Conclusions regarding the priorities for the fight against organised crime. These priorities are largely based on the Organised Crime Threat Assessment (OCTA) published by Europol. According to the European Criminal Intelligence Model (ECIM), the OCTA findings should inform the Intelligence Requirement (IR) for the next OCTA. The IR directs intelligence data collection in the Member States. Apart from the OCTA findings, the IR should also take into consideration emerging threats that are based on criminal environment scans. The data collected through the IR are submitted to Europol, which acts as the central analysis capability in the EU, enabling it to produce more specific, regional or commodity-oriented Threat Assessments, and identify top-level criminal networks in the EU, in line with the priorities set by the Council. These top-level criminal networks are then targeted with EU-level resources such as COSPOL[45], Joint Investigation Teams (JITs), Joint Customs Operations (JCOs), with the support of Eurojust where necessary. Information from investigations and operations should be submitted to Europol to feed into the next OCTA and for other

[45] *Comprehensive Operational Strategic Planning for the Police*; the objective of COSPOL projects is to facilitate best use of information at EU level, to identify opportunities for operational projects and to solve barriers in day-to-day cooperation by making use of existing tools, in particular Europol's analytical capacities. In the field of drugs, there are COSPOL projects on cocaine (COLA), heroin (MUSTARD) and synthetic drugs (SYNERGY).

		analysis purposes. So far, the COSPOL projects run by the European Police Chiefs Task Force (ECPTF) are not fully intelligence-led. The ECPTF checks ex-post whether existing projects correspond with OCTA priorities. In future, the aim is for the priorities to be set by the Council on the basis of the OCTA, which will influence more directly the planning of operational cooperation in the area of justice, freedom and home affairs in the EU. The establishment of COSI may help achieve this objective, as COSI will set the priorities for COSPOL, which is to become an operational arm of COSI. The OCTA priorities and Europol's identification of top-level criminal networks based on these priorities should in the future inform COSI's planning of operational cooperation.
25. Multidisciplinary law enforcement operations, involving Europol and Eurojust, as well as police, customs and border control services, will be used to a greater extent through bilateral and multilateral cooperation initiatives, joint investigation teams (JIT) and joint customs operations (JCO). Member States will examine which measures are possible to facilitate and speed up the process and encourage greater use of these instruments in drugs cases	MS Europol Eurojust	Europol, in cooperation with Eurojust, has continued to support the Joint Investigation Team (JIT) experts network. In 2009 the experts network focused, among other things, on updating the JIT model agreement[46], which was approved by the Council in early 2010. The new model agreement now includes a JIT model arrangement for cooperation with Europol and a new operational action plan. The 2010 meeting of the experts network will focus on funding possibilities for EU Member States to set up JITs and exchange best practices on how to reduce the costs of JITs. Europol has continued to provide training for its staff and for Member State liaison officers involved in setting up and running JITs. Eurojust was invited to the training to present its support functionalities for JITs. Europol has continued to provide support for JIT courses based on CEPOL learning tools. In addition to practical support (analysis, expertise and on-the-spot support for Member States) Europol also provides support, via its legal service, in the drafting of JIT agreements and assesses JIT arrangements. JITs are supposed to provide a suitable tool to combat serious international crime at Member State level. Europol encourages Member States to set up JITs at awareness events and in its day-to-day dealings with national experts. However, the final decision to set up a JIT remains the responsibility of the Member States. Member States work together in multidisciplinary law enforcement operations. They contribute to Europol's activities in the field of drugs, among other things by contributing to Analysis Work Files (AWFs). In 2010, Europol started a new drug-related project on cannabis (Project Cannabis), which includes an AWF on cannabis. One objective of the project is to support multidisciplinary law enforcement operations, including JITs and JCOs. Cocaine investigations are supported by Europol's Project COLA, where appropriate under the umbrella of a JIT. Project COLA also provides support for JCOs and is

[46] 2010/C70/01 — Council Resolution of 26 February 2010 on a Model Agreement for Joint Investigation Teams.

		currently involved in the planning of the *Joint Customs and Police Operation Radar*, which focuses on the smuggling of cocaine entering Europe from South America via Africa. Regarding cooperation in tackling heroin trafficking, in 2009 Eurojust and Europol prepared and published a Joint Investigation Team Manual[47] under the JITs Project. The Manual supplements the existing Eurojust/Europol document *'Guide to EU Member States Legislation on Joint Investigation Teams'*. The main goal of the manual is to inform practitioners about the legal basis and requirements for setting up a JIT and to provide advice on when a JIT can be usefully employed. Member States increasingly use Europol as a facilitator/coordinator in ongoing intelligence projects for combating drug/heroin trafficking and its illegal production. AWF Heroin was not involved in any JCO or JIT during the reporting period, although the project has supported a number of live investigations run by Member States' law enforcement teams, such as the West African anti-drugs trafficking network initiative, operations against trafficking in acetic anhydride (a key precursor for the manufacturing of heroin), and the COSPOL Project on heroin trafficking (high-value targets). Overall, the quantity and quality of contributions has improved notably since the Opening Order was amended in December 2008. However, there is still room for improvement in the area of cooperation with Europol: in particular, the Member States need to be more pro-active in initiating new sub-projects, sharing live intelligence and involving Europol in JITs. Synthetic drug investigations are supported by Europol's Project SYNERGY. In 2009 and 2010, no JITs or JCOs were supported by SYNERGY. In general, the involvement of Member States in the project varies. While several key partners participate in most large-scale multilateral cases, the involvement of other countries is limited to a few specific cases.
27. Implementation of drugs-related COSPOL projects, paying special attention to - the input of appropriate levels of expertise in COSPOL meetings - the value added in terms of appropriate intelligence and investigation capacity, and making	MS Europol	There are three drugs-related COSPOL projects: COLA, MUSTARD and SYNERGY. These ongoing projects provided support for Member State investigations in 2009 and the first half of 2010. Project COLA has made important progress in the past two years, even though it has also encountered problems. Several bilateral operations are underway, although none have yet progressed to JIT status. The identification of criminal high-value targets (HVT) engaged in trafficking cocaine to the EU has been less than effective, as only 10 of the 12 forerunner Member States reported HVT targets and the required investigation intelligence to AWF COLA. Nevertheless, the number of HVTs identified by contributing Member States has reached 63, which is too much to handle and should be limited to high-value upstream

[47] 13598/09; Enfopol 218.

appropriate use to this end of already existing or future Analytical Work Files (AWF)		traffickers. The COLA working group has joined with the COSPOL Heroin and Synthetic drugs projects and revised the approach to identification of HVTs, providing a more prescriptive approach to follow and a limit of five targets (those that cause the most harm) for each forerunner Member State. Furthermore, some lead Member States have failed to devote resources or planning to the COSPOL Cocaine project, hampering the development of key intelligence lines and the targeting of upstream traffickers. In addition, many of the forerunner Member States have indicated that prosecutors in their countries refuse to share information collected during investigations. In order for AWF COLA to function properly, the data provided to it need to be up-to-date and include information on ongoing investigations, otherwise the AWF is at risk of becoming obsolete. Finally, awareness needs to be raised that major drug seizure locations in the EU should be considered as normal crime scenes and made subject to forensic examination. The COSPOL project on heroin trafficking aims to identify and dismantle transnational criminal organisations involved in international heroin trafficking from Afghanistan to the EU, in particular Turkish organisations and associated groups, using existing instruments, e.g. Europol analytical support for Project Heroin. COSPOL was initially set up to encourage support for the AWFs. Participation in the COSPOL project on heroin should be aligned with Member States' participation in Europol AWFs that support developing investigations. In 2010 there was an increase in the number of contributions under the COSPOL umbrella to AWF Heroin, offering the possibility of meaningful intelligence developments. HVTs engaged in trafficking heroin to the European illegal drugs market have been identified in the AWF. Details of more than 80 HVTs have been submitted to AWF Heroin by five COSPOL Member States. A number of match reports were generated, and the project team maintains close cooperation with the COSPOL Driver and Co-Driver on this. The COSPOL Synthetic Drugs Group comprises 12 Member States[48] and Europol. The Action Plan 2009-2010 for the COSPOL Synthetic Drugs project has three main objectives: - controlled delivery of BMK and disrupting identified criminal groups along the trafficking chain - thematic approach: barrier model — tackling synthetic drugs by creating sub-action plans within each identified phase of the logistic supply chain - subject approach: overview of top criminals in Europe — listing and targeting HVTs in Europe that are active in the field of synthetic drugs.

[48] Belgium (Co-driver), Finland, France, Germany, Italy (joined in November 2009), Lithuania, the Netherlands (Driver), Poland, Spain, Sweden, the United Kingdom.

		The first objective was removed from the action plan as it had been pending for a few years without any results. The second objective has been more successful. A barrier model is under development in which Member States and Europol work together to create so-called barriers in the drug-supply logistic chain targeting the acquisition of precursors and other chemicals, hardware and production or storage places, along with the production of drugs, the dumping of waste, and retail sales. The third objective is ongoing and has already achieved significant operational results. On the basis of the information submitted by the Member States, Europol has introduced a methodology and ranked 64 HVTs. Based on the Europol ranking and ongoing inquiries in several Member States, one HVT was selected for joint investigation and subsequently arrested with six other associates. Four other HVTs were selected for potential targeting. While the overall intelligence contributions by COSPOL members to AWF Synergy need to be improved, particularly from crucial key partners (e.g. LT, PL and UK), in the case of specific operations, Europol appreciates the high-level commitment from concerned MS (e.g. BE, DE and NL). Project Cannabis was established in March 2010. In parallel, the European Expert Group on Cannabis has been created to provide expertise to the Project. The experts have therefore concluded that no COSPOL project is necessary to support this drug-related project.
29. To make more systematic use of Member State liaison officers and liaison magistrates, where appropriate, in third countries for the exchange of information and intelligence between MS law enforcement agencies and Europol taking into account the Council Decision 2003/170/JHA of the 27th February 2003 on the common use of liaison officers posted abroad by the law enforcement agencies of the Member States in the version of 24th July 2006, Council Decision 2006/560/JHA	MS Europol Eurojust	Specific liaison officer meetings took place in 2009 and in the first half of 2010, some of which also concerned cooperation in the field of drugs. In March 2009 a bilateral liaison officers meeting in Russia focused on the outcomes of work conducted by three working groups, namely on drugs, on cybercrime and on counterfeit goods. These groups aim to enhance cooperation with the Russian authorities, share technical or operational information and exchange plans for strategic cooperation. In November 2009, at another bilateral liaison officers meeting in Russia, the Russian delegates made several positive comments on the improved cooperation with Europol via EU Member States with regard to money counterfeiting cases and drugs investigations. The limitations of a pending operational agreement with Europol were also discussed. Europol praised the good cooperation with Russia under the existing strategic agreement (limited to training, awareness and exchange of non-personal information). In March 2010, a liaison officers meeting took place in Bogotá, Colombia. EU liaison officers participated and discussed the enhancement of cooperation with Colombia, with reference to the upcoming signature of an operational cooperation agreement and the possibility of using Colombia as a gateway for the exchange of information with Latin America via Ameripol.
30. To adopt and implement an EU-	MS	The European Drug Profiling System, which is co-financed by the Commission and driven by the Dutch

wide system for the forensic profiling in relation to drugs law enforcement for synthetic drugs and for other drugs, where appropriate, drawing on, inter alia, the experience gained through projects such as SYNERGY and CHAIN, the structure and expertise of Europol and the Commission's Joint Research Centre, and ongoing MS law enforcement activities and experiences in this area	COM EUROPOL	Police Agency and the Dutch Forensic Institute, in partnership with other European law enforcement agencies and forensic laboratories[49], Europol and the Commission, was launched in February 2010 in Stockholm. EDPS, as a law enforcement-led project, is expected to provide an extra tool for strengthening drug enforcement abilities to curb drug trafficking in Europe. With an initial focus on amphetamines profiling, which was the main focus of the forerunner projects CHAIN and SYNERGY, EDPS has the ambition to expand its range to the profiling of other synthetic drugs. Furthermore, EDPS countries have started working on a feasibility study to profile heroin and cocaine, which they expect to conclude in March 2011. In order to make good use of the EDPS, it is essential for the amphetamine profiling standards acquired within the CHAIN and SYNERGY projects to be applied to other drugs at EU level. The Western Australian Chemistry Centre owns the copyright on the profiling database, which is to be hosted by Europol according to the Council Conclusions on a European system for forensic drug profiling adopted in 2009[50]. The project has a budget of €3.2 million for a duration of 36 months. Annual assessments are to provide a clear vision of the state of the project.
Objective 12. Enhance effective judicial cooperation in the area of combating drug trafficking and law enforcement as regards production, trafficking of drugs and/or precursors, and money laundering related to this traffic		
31. To encourage the full use of the existing EU instruments on mutual assistance requests in criminal matters, of European arrest warrants, and of sanctions issued by MS jurisdictions	MS COM Eurojust	In 2009, the Commission published its report on the implementation of Framework Decision 2004/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking. Eurojust contributed to the Commission's report as regards judicial cooperation in the field of drugs. Eurojust's input was based on data from 2004 to 2008. During that period, 771 drug trafficking cases were submitted to Eurojust, rising from 77 in 2004 to 207 in 2007. As a consequence, the conclusion seems to be justified that judicial cooperation through Eurojust in the field of drug trafficking has improved.
33. To strengthen the cooperation among EU Member States in order to achieve the full application of the legal	MS COM	At EU level, there are two legal instruments to which the principle of mutual recognition of confiscation orders seems to apply. These instruments concern a) the freezing orders issued by a *judicial authority* for the purpose of securing evidence or subsequent confiscation of property[51] and b) confiscation orders issued

49 Sweden, Finland, Belgium, France, UK and Switzerland.

50 17024/09 CO EUR-PREP 3 JAI 896 POLGEN 229.

51 Council Framework Decision 2003/577/JHA of 22 July 2003 on the execution in the European Union of orders freezing property or evidence.

instruments relating to mutual recognition of confiscation of orders	Council Eurojust Europol	by a *court* competent in criminal matters concerning either an amount of money or specific items of property[52]. Both Council Framework Decisions provide for the Commission to produce a written report on the measures taken by Member States to comply with their provisions. The Commission adopted the implementation report on the first Framework Decision in December 2008[53] and the implementation report on the second Framework Decision is due in 2010. Both reports show that the implementation of these Framework Decisions adopted under the former 'third pillar' is not satisfactory. In regard to the Framework Decision on freezing orders, four Member States are yet to transpose it into national law while regarding the Framework Decision on confiscation orders, only 13 Member States have notified the Commission on implementation.
34. To support the establishment of effective Asset Recovery Offices in the Member States in accordance with the Council Decision 2007/845/JHA and to further support the Member States involved through the CARIN network. To support investigations through Europol and related Europol AWFs	COM MS Europol Eurojust	Since January 2009 the Commission has organised five meetings of an informal EU Asset Recovery Offices (ARO) Platform in order to enhance their cooperation and coordination at EU level. So far 23 Member States have established or designated Asset Recovery Offices[54]. While there are differences in the AROs' structure, mandate and access to information, asset tracing requests from Member States seem to have generally increased and response times seem to have shortened. Progress has also been made in the deployment of a secure channel of communication for the exchange of information between AROs. Twelve AROs have agreed to participate in a pilot project using Europol's Siena system. The pilot will end in September 2010. The Commission will adopt a report on the implementation of Council Decision 2007/845/JHA[55] by the end of 2010. Extensive use has been made of Commission funding programmes in this area, in particular the Specific Programme 'Prevention of and Fight against Crime[56]. The Commission has co-financed the activities of the CARIN Network in 2010 as well as the development of investigation methods and techniques in the field of asset recovery. Furthermore, a high-level pan-European conference on Asset Recovery Offices in the EU Member States will take place in December 2010.

52 Council Framework Decision 2006/783/JHA of 6 October 2006 on the application of the principle of mutual recognition to confiscation orders.

53 COM(2008) 885 final.

54 The Commission has received 20 official notifications.

55 Council Decision 2007/845/JHA of 6 December 2007 concerning cooperation between Asset Recovery Offices of the Member States in the field of tracing and identification of proceeds from, or other property related to, crime.

56 Council Decision of 12 February 2007 establishing for the period 2007 to 2013, as part of the General Programme on Security and Safeguarding Liberties, the Specific Programme 'Prevention of and Fight against Crime'.

		One problem identified in the implementation of this action concerns the lack of statistical information. For the years 2009 and 2009, no statistical data are available on investigations supported by the Europol Criminal Asset Bureau on drug-related criminal activities. Furthermore, not all Member States have statistics on the value of assets confiscated and recovered in connection with drug-related criminal activities, information which is crucial for assessing the added value of these cooperation instruments.
Objective 13. Respond rapidly and effectively at operational, policy and political levels to emerging threats (e.g. emerging drugs, new routes)		
35. To set up, where necessary, regional security platforms (e.g. MAOC-N, Baltic Sea TF) to counter emerging threats by means of coordinated operational responses. Such action to be compatible with existing legal and operational arrangements at EU level and based on specific threat assessments (see also action 42). New platforms should be set up without overlapping and be compatible with existing structures.	MS Council Europol COM	Following the model of MAOC-N and seeking to replicate its success in interdicting drugs in the Atlantic Ocean, ten Mediterranean Member States (including five EU Member States) have launched the *Centre de Coordination pour la lutte anti-drogue en Méditerranée* (CeCLAD-M), which focuses on interdiction in the Mediterranean Sea. Based in Toulon, CeCLAD-M has been active in the Western Mediterranean mainly by targeting the smuggling of cannabis resin from Morocco. At the end of 2009, MAOC-N became a legal entity after its founding treaty was ratified by three contracting parties (Ireland, Portugal and France). An independent evaluation, presented in October 2009, concluded that over the past two years MAOC has had considerable success. Its achievements, in particular the coordination of drugs interdiction operations in the Atlantic, which led to the seizure of more than 43 tonnes of cocaine, illustrate the added value of sharing information and pooling assets to prevent drugs from reaching Europe. However, the evaluation pointed out that the sharing of information with Europol had to be improved. During the period under review for this annual assessment, MAOC-N has continued to hamper the shipment of cocaine from Latin America to Europe. However, seizures of illicit drugs in operations coordinated by MAOC-N and CeCLAD-M have declined over the past months. The main reason seems to be the high versatility of criminal networks, which have already established new trafficking routes to circumvent the law enforcement platforms. MAOC-N is now seeking to become active in West Africa, in order to gather more and better intelligence about traffickers' activities in this transit zone for Latin American cocaine bound for Europe. In 2010, under the Spanish Presidency, the JHA Council adopted two initiatives to improve the coordination of actions undertaken by Member States, the Commission, international organisations and third countries to fight illegal drug trafficking. In April, the JHA Council adopted the *Action Oriented*

		Paper: Strategic and concerted action to improve cooperation in combating organised crime, especially drug trafficking, originating in West Africa[57] and in June 2010 it endorsed the *European Pact to combat international drug trafficking — disrupting cocaine and heroin routes*[58]. The pact proposes a pragmatic division of tasks between Member States, as each can make a different contribution depending on what it is best equipped for. The pact has three parts, focusing on cocaine (in particular trafficking through WA), heroin (Western Balkans) and countering the proceeds of crime. Similar pacts covering synthetic drugs and cannabis are planned over the coming years. The practical implementation of the pact will follow a methodology based on the 'project-based approach' proposed by the Belgian Presidency. Under this approach, groups of volunteer countries should coordinate the implementation of the three parts of the pact. These groups will inform COSI about their work at least twice during each presidency and will inform the HDG as appropriate. COSI will report to the JHA Council once per presidency. While this approach is likely to enable flexible and speedy action to facilitate the implementation of the pact, it does pose challenges. From a political point of view, the risk of fragmentation should be avoided by carefully drafting the mandate of these project groups, which should not be able to pre-empt EU decisions. In addition, there is a coordination challenge that must be addressed, in order to ensure coherence between the work of these groups and that of Council working parties dealing with drugs matters.
36. The EU to focus on coordinated and joint efforts between the Member States and regions most highly exposed to particular drug production/trafficking phenomena, in cooperation with Europol as appropriate	MS Europol Eurojust Council	EU Member States have stepped up their efforts to coordinate anti-trafficking actions within and outside Europe. The setting up of MAOC-N in 2007 and then CeCLAD-M, which aim to stop drugs shipments before they reach European shores, marked a turning point in these efforts. In addition, groups of Member States set up in 2009 two intelligence-led cooperation platforms in Ghana (UK-led) and Senegal (led by France). These bring together law enforcement officers posted in the region by EU Member States, who share intelligence and/or coordinate operational and capacity-building activities. Under French leadership, Member States have created the Fontanot Group, which is an informal group gathering the heads of Police services in charge of technical cooperation, to coordinate non-operational cooperation (capacity building and training) in West Africa. A similar development is envisaged for the Western Balkan region. Europol is associated with these developments. It participates in MAOC-N Management Board meetings as

57 5069/3/10 CORDROGUE 4

58 8495/10 COR 1 CORDROGUE 38

		an observer and is regularly invited to attend CeCLAD-M and the Fontanot Group meetings. However, the intensity and quality of information exchange between MAOC-N and Europol (in particular post-operation debriefings) must be improved.
Objective 14. Reduce the manufacture and supply of synthetic drugs		
37. Member States to actively maintain law enforcement cooperation/joint operations in this area and to share intelligence and best practices. Optimal use to be made of Europol's Analytical Work File SYNERGY, its components[59] and the associated EJUP and COSPOL initiatives	MS Europol Eurojust	Project Synergy includes the Europol Illicit Laboratory Comparison System (EILCS) and the Europol Ecstasy Logo System (EELS), the latter incorporated within the general Europol Synthetic Drug System (ESDS). The EILCS collates detailed photographic and technical information on synthetic drug production, storage and dump sites, enabling the identification of matches between seized equipment, materials and chemicals, and the initiation of information exchange, backtracking investigations and forensic examination for the targeting of facilitators and criminal groups. The ESDS collates modus operandi, photographic information and basic forensic information on significant seizures, enabling the identification of matches between seizures or seized punches, and the initiation of information exchange, further investigations and forensic profiling for the targeting of criminal groups. Related criminal data arising from the findings of the ESDS and EILCS may be analysed within the AWF component. In 2009, 130 contributions were submitted by Member States to the EILCS (2008: 128 contributions). To date in 2010, 46 contributions have been received. This generated five Synergy technical/operational reports in 2009 and seven reports in 2010. Member States dismantled 96 illicit synthetic drug production sites in 2009. In previous years these numbers were relatively stable (2005: 90; 2006: 75; 2007: 91; 2008: 83). In 2010, Member States have so far reported the dismantling of 11 illicit synthetic drug production sites, but there may be a delay in reporting. In 2009, Project Synergy supported 244 bilateral and/or multilateral court cases, while in 2010 it has so far supported 120 cases. In 2009, 136 Synergy operational reports were delivered to support Member States, and 41 reports have so far been delivered in 2010. Twenty-one Member States in total cooperated in Project Synergy in 2009. So far in 2010, 17 Member States have been cooperating.
Objective 15. Reduce the diversion and trafficking in/via the EU of drug precursors used for the manufacturing of illicit drugs		

[59] Project Synergy includes the Analysis Work File (AWF), the Europol Illicit Laboratory Comparison System (EILCS) and the Ecstasy Logo System, the latter incorporated within the general Europol Synthetic Drugs Seizure System (ESDSS).

38. The EU to develop a clear and unified position on this matter at international level and in the relevant international fora, based on existing legislation and cooperative practices with the private sector, through effective coordination through the relevant Council committees	COM Council MS	The EU acted in a coordinated fashion on drug-precursor matters at the 53rd Commission on Narcotic Drugs. This included a proposal to reschedule phenylacetic acid under the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances. The EU also reached a joint position on a Russian-Argentinean draft Resolution[60] as well as on joint statements delivered on behalf of the EU.
39. Customs and border control services to integrate precursor controls at a strategic level, enhancing the effectiveness of border control management through implementing the Community Risk Management, and to coordinate more closely with other law enforcement agencies engaged in combating drug production and trafficking	MS	Drug precursors have been selected as a priority control area for EU customs. This calls for EU-wide risk criteria to be developed for targeting and selection and applied uniformly along EU borders. Moreover, several activities have been undertaken to ensure EU-level customs control of drug precursors under the Customs 2013 Programme.
40. The EU to give full support to international operational cooperation aimed at preventing the diversion of drug precursors, such as the INCB-led projects PRISM and COHESION. The operational cooperation among the investigation authorities within the EU is to be supported by the EJUP cooperation framework and the Europol-AWF co-operation framework. This cooperation	COM MS	The EU strongly supports and actively participates in international operational cooperation, i.e. the INCB-led projects Cohesion and Prism. It is an active member of the Task Forces for both projects (DG TAXUD and OLAF). It has taken part in the voluntary international time-bound operations launched within these projects, i.e. Operations 'Crystal Flow' and 'PILA' under Project Prism, and Operation 'DICE' under Project Cohesion. These operations provide a strong and flexible approach to counter the ever-changing use of substitute/non-controlled substances and modus operandi of diversion techniques. During operations there has been an intense exchange of information between the INCB and the members of the Task Force. This has helped to identify a substantial number of diversion attempts, prevent deliveries and/or enable seizures of drug precursors. For specific figures, see the INCB annual reports on precursors for 2008 and 2009.

[60] E/CN.7/2010/L.19 — Strengthening international cooperation and regulatory and institutional frameworks for the control of substances frequently used in the manufacture of narcotic drugs and psychotropic substances.

framework should be further intensified/utilised.		
41. From a law enforcement and intelligence-led perspective, the EU and Members States to fully support Europol's drug related projects and EJUP, with a view to combating criminal networks involved in precursor trafficking	MS EJUP Europol	Since 2004, Project Synergy has supported the activities of the European Joint Unit on Precursors (EJUP), a joint multinational, multi-disciplinary unit consisting of law enforcement national experts from Austria, Belgium, France, Germany, the Netherlands (lead country) and the United Kingdom. Since 2009, however, EJUP's activities have significantly decreased and Project Synergy support has been requested on few occasions. Only seven EJUP contributions by two Member States were submitted to AWF Synergy in 2009 and one so far in 2010. Project Synergy focuses on criminal networks involved in precursor trafficking. This is implemented via two ongoing Sub-Projects (BMK trafficking from the Russian Federation and precursor trafficking from Asia incl. China). The first project strongly depends on the involvement of crucial Member States[61]. However, submissions from Lithuania and Poland decreased in the second half of 2009 and in 2010. The European Commission now participates in EJUP meetings. Furthermore, there has been a regular exchange of information between Europol and OLAF. Exchange visits have been arranged between OLAF and Europol and initial steps have been taken to prepare an operational working arrangement. This will facilitate a more in-depth exchange of data.
42. To evaluate EU drug precursor control legislation and its implementation	COM MS	The Commission has completed its evaluation of the European drug precursors legislation. The European legislation (Regulation (EC) No 273/2004 and Council Regulation (EC) No 111/2005) establishes harmonised rules for the control and monitoring of the trade in drug precursors, which have licit uses in a broad range of products (e.g. chemicals, pharmaceuticals, plastics) but are also frequently used for the illicit manufacture of narcotic drugs and psychotropic substances, with a view to preventing their diversion from the legal trade. The results of the Commission's evaluation are summarised in a report from the Commission to the Council and the European Parliament on the implementation and functioning of the European legislation on drug precursors[62], which was published on 7 January 2010. The Commission's report was prepared under Article 16 of Regulation (EC) No 273/2004 and Article 32 of Council Regulation (EC) No 111/2005. It describes the state of implementation of the European legislation, including the actions undertaken by the Commission, Member States and industry to facilitate

61 e.g. Lithuania, Germany, Poland, the Netherlands and Belgium.

62 COM(2009) 709 final; 7.1.2010; Report from the Commission to the Council and the European Parliament pursuant to Article 16 of Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 and to Article 32 of Council Regulation (EC) No 111/2005 on the implementation and functioning of the Community legislation on monitoring and control of trade in drug precursors.

		implementation, as well as the strengths and weaknesses identified during the evaluation. It also reports the main trends in the diversion of drug precursors. The report makes recommendations for improving the current framework. These primarily involve support measures to improve the implementation of the existing legislation in order to gain from established best practices. Furthermore, the recommendations set out possible modifications of the legislation, subject to further analysis of the impacts of various options for both competent authorities and economic operators. Based on the Commission's report, the Council adopted conclusions on the functioning and implementation of the European legislation on drug precursors [63] on 25 May 2010. The Council recognises the importance of the achievements in drug precursor control and underlines the need to continue these activities, in particular to improve the implementation of the existing legislation. Furthermore, the Council invites the Commission to propose legislative amendments after carefully assessing their potential impacts on Member State authorities and economic operators.
43. The EU to develop and exploit, where possible in consultation with Europol, cooperation agreements with principal identified source countries of main synthetic drug precursors	COM	An agreement has been concluded with the People's Republic of China, which can be considered a major step as China plays an important role in the production of drug precursors. An EU-China Technical Best Practice Expert Workshop on Drug Precursors was held in October 2009 to facilitate the practical implementation of the agreement, and other practical activities to implement it are planned. Furthermore, agreement was reached in 2010 with the Russian Federation to start negotiations on an EU-Russia agreement on precursors.
44. The Commission, OLAF, Europol, EJUP and COSPOL to enhance inter-disciplinary cooperation, with a view to establishing joint initiatives	COM MS/EJUP Europol	A number of steps have been taken to improve inter-agency cooperation. Since 2009 Europol has been invited to participate in the European Commission's Drug Precursors Control Committee as an observer. The European Commission has been invited to participate in meetings of Europol's European Joint Unit on Precursors (EJUP). Cooperation with OLAF has also been developed under one specific AWF Synergy Sub-Project regarding precursor trafficking from China. Project Cannabis has established the European Expert Group on Cannabis (EEGC). The aim of the EEGC is to improve the collective operational response to the cannabis problem in the European Union. This group will provide expertise in the area of cannabis production/cultivation (detection, dismantling and registration of plantations, definitions, security matters, techniques, manual) and trafficking, including modus operandi, e.g. concealment methods, financial investigation information, gathering and exchange of additional investigation information (apart from already used intelligence and information for operational

[63] http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/intm/114613.pdf.

		analysis within AWF Cannabis), exchange of expertise, best practices and networking. Being Member State-led, the EEGC provides additional expertise and may advise Project Cannabis. Project Heroin has recently been in contact with the Commission in the field of precursor chemicals, more specifically acetic anhydride, the key chemical diverted from international trade and smuggled to Afghanistan for use in the illicit production of heroin. COSPOL has raised the matter of criminal activity in the EU concerning the trafficking of acetic anhydride, and joint initiatives have been discussed. A number of significant acetic anhydride data / case investigation contributions were forwarded to AWF Heroin in the first half of the year, and this work is increasingly being taken forward with LE agencies in the MS most affected. Europol and the Commission intend to work closely in this field.

5. INTERNATIONAL COOPERATION (OBJECTIVES 16-20)

Priority as defined in the Drugs Action Plan 2009-2012: The effectiveness of EU, the world's major donor in the struggle for sustainable solutions to the global drug problem, would benefit greatly from better coordination of national and Community policies. We are ready to intensify our commitment in the field of international cooperation to this end, while reaffirming that effective drug control must be based on the concept of a 'balanced approach' — emphasizing that illicit drug cultivation is an important component of drug supply.

INTERNATIONAL COOPERATION		
Objective	**Responsible party**	**State of play**
Objective 16. Systematically include EU drug policy concerns in relations with third countries and regions where appropriate and within the broader development and security agenda. To do so on the basis of strategic planning and coordination between all actors concerned		
45. To ensure that EU relations with third countries reflect the objectives of the EU Drugs Strategy and Action Plans	MS COM	Agreements concluded by the EU with third countries in the reporting period also cover cooperation in the field of drugs and seek to reflect the balanced approach. In the period under review, 15 Member States concluded bilateral agreements with third countries which also address cooperation in the field of drugs. Such agreements were concluded with countries in Eastern Europe / Central Asia (Russia, Ukraine, Kazakhstan, Georgia, Belarus, Armenia) and the Western Balkans (Macedonia, Serbia, Bosnia and Herzegovina, Croatia, Kosovo and Albania), and with third countries elsewhere, including Afghanistan, Iraq, Algeria, UAE, Saudi Arabia, Libya, Brazil, Venezuela, Colombia, the USA and Japan. The majority concerned cooperation in the field of drug supply reduction. Two Member States, Germany and Portugal, mentioned that they had also signed bilateral cooperation documents that also covered drug demand reduction and/or alternative development. In the case of Germany, this concerned agreements with the government of Afghanistan (alternative development) and with Peru (demand reduction & alternative development). Portugal has signed a bilateral protocol (2006-2008) to foster cooperation between researchers.
46. To improve the effectiveness of existing frameworks on drugs such as the Cooperation and Coordination	Council COM	Bi-regional dialogue on drugs is via the EU-LAC Cooperation and Coordination Mechanism on Drugs, which is prepared by the EU-LAC Technical Committee on Drugs. The added value of the EU-LAC dialogue on drugs was recognised at the EU-LAC Summit in Lima in May 2008, which called for the

Mechanism between the EU and LAC, the EU-Andean Specialised Dialogue and of 'Drug Troikas' with third countries and regions, by identifying specific areas of cooperation and establishing outcome indicators		strengthening of the Mechanism. New working procedures for the Mechanism were subsequently endorsed by the XIth High Level Meeting on 26-27 May 2009 in Quito. The XII High Level Meeting of the EU-LAC Mechanism on Drugs, held in Madrid on 26-27 April 2010, emphasised the use of evidence-based criteria, joint evaluation processes and impact assessments in the development of new initiatives. A number of meetings with third countries with a special (shared) interest in the field of drugs took place over the past period. During the Czech Presidency in 2009, 'Drug Troikas'[64] were organised with Ukraine, Central Asia, the Western Balkans, the United States and the EU-West-Africa Dialogue on Drugs (ECOWAS). During the Swedish Presidency in the second half of 2009, Drugs Troikas were held with Russia, with the United States and with Pakistan. The Spanish Presidency organised Political Dialogue meetings with the Western Balkans, the United States and a meeting under the EU West-Africa Dialogue (ECOWAS).
47. In line with the EU's political decisions and strategies and with the support of the MS and EC assistance programmes, to address drug-related concerns in producer countries and those along (emerging) trafficking routes, such as West Africa, through projects aimed at reducing the demand for and the supply of drugs, including measures of alternative development, and preventing the diversion of chemical precursors. The assistance is to be coordinated, where appropriate, to the drug action plans between the EU and third countries and regions (see Actions 46 and 50)	COM MS	As EU external aid funding decisions are generally taken at the end of year, the reporting covers the years 2008 (as this year was not covered under the previous reporting exercise) and 2009 (as no funding decision was taken in the first half of 2010). The Commission continued to provide funding in 2008 and 2009 for actions in priority regions and countries in the field of drug supply and demand reduction, covering strategy development, institution and capacity building and alternative development, thus reflecting the comprehensive and balanced approach of the EU Drug Strategy. In 2008, the fifth phase of the **Central Asia Drug Programme (CADAP 5**) with a budget of €5 million was approved under the **Development Cooperation Instrument (DCI)**. This consolidates the previous phases and supports new areas in the field of drug demand reduction. On the law enforcement side, capacity-building measures in Central Asian countries continue to be supported under the **Border Management Programme in Central Asia (BOMCA),** whose eighth phase was approved in 2009. With regard to projects along the cocaine trafficking routes at bilateral level the Commission approved in 2008 a €3.3 million project under the DCI to support the Venezuelan anti-drug agency, in addition to bilateral anti-drug actions financed by the Commission in the three cocaine-producing countries (Colombia, Peru and Bolivia). For the new trafficking route of West Africa, the Commission approved in 2008 a €2 million project under the 9th European Development Fund to strengthen drug law enforcement capacities in Guinea-Bissau. At regional level, the Commission approved in 2008 under the DCI a new drugs programme (€3.25

[64] With the entry into force of the Lisbon Treaty in November 2009, the term 'Troika' is replaced by 'Political Dialogue'.

		million) to be implemented by the Secretariat General of the Andean Community in Colombia, Peru, Bolivia and Ecuador, which covers drug monitoring, exchange of experiences in alternative development and demand reduction, precursor control and capacity-building in forensics. In 2009, a new regional programme with €6 million for drugs policies (**COPOLAD)** was approved and funded by the DCI under the Regional Indicative Programme for Latin America. It is based on a balanced approach to drug demand and drug supply reduction and aims to support concrete anti-drug cooperation activities complementing the coordination efforts under the EU-LAC Mechanism. At trans-regional level, the Commission approved under the Instrument for Stability (IfS) the **PRELAC** project in 2008, which aims to help prevent the diversion of drugs precursors in the Latin American and Caribbean region. In 2009 €6.5 million were allocated under the IfS for capacity-building measures to strengthen law enforcement, in particular information and intelligence sharing, along the cocaine route, with several components in West Africa as well as Latin America and the Caribbean. In 2009, France and the UK established anti-drugs **intelligence-driven platforms** in West Africa in order to try to anticipate smuggling bound for Europe. France set up a platform in the French Embassy in Dakar, where liaison officers (LOs) from the UK, France, Spain and Portugal meet to coordinate law enforcement activities. The UK established a platform in Accra's British High Commission, which hosts LOs from the UK, Germany, France, Spain and also the US. Interpol is implementing Project **OASIS (Africa Operational Assistance Services and Infrastructure Support to Africa Police Forces)** with the aim of strengthening African law enforcement capabilities to combat organised crime, including narcotic smuggling. OASIS, funded by Germany, has a budget of €20 million for five years (2008-2012). In addition, the Commission is co-financing **the Maritime Analysis Operation and Coordination Centre — Narcotics (MAOC-N).** The Commission has also financed an initiative by the UK, France, Italy and Spain to carry out a feasibility study in order to agree a methodology and rules for sharing intelligence in the context of EU-led security operations against drug trafficking in West Africa. In order to improve the effectiveness of EU cooperation with third countries, the EU has provided financial support (more than €2.5 million up to 01/01/2013) to the Westbridge II project, led by the UK in partnership with the Netherlands and Germany. This project financed under the Instrument for Stability aims to disrupt and prevent the use of West African airports and ports as a transit route for drugs, especially cocaine originating in South America. Cooperation with host agencies (capacity building) in selected West African countries and intelligence-sharing with EU Member States are integral parts of this project
48. To step up regional and intra-	COM	As described under Action 47, the Commission has stepped up efforts to develop regional and inter-

regional cooperation to reduce the demand for and supply of drugs in third countries with the support of MS and EC funding programmes, such as the Development Cooperation Instrument and the European Development Fund, the Instrument for Stability and the European Neighbourhood Policy Instrument	MS	regional cooperation. One of the main initiatives in 2009-2010 was COPOLAD (Cooperation programme between Latin America and the EU on anti-drugs policies). For the **Caribbean** region, the Commission makes funds available for Caricom's Implementation Agency for Crime and Security to promote cooperation between the Caribbean countries in the fight against drugs. The Commission envisages providing financial support for ECOWAS's[65] Action Plan to combat drugs and organised crime under the European Development Fund's Regional indicative programme for West Africa to the tune of €16 million. It would cover support for ECOWAS's drugs unit, data collection and analysis, exchange of good practices on drug prevention and treatment, law enforcement coordination, strengthening the legal framework, and measures against money laundering. Negotiations with ECOWAS in view of the adoption of the programme were ongoing at the time the mid-term review was published. Major inter-regional initiatives have been launched under the Instrument for Stability to combat organised crime and drug trafficking along the cocaine and heroine route, notably: - The Cocaine Route Programme (€19 million — 2009-2011): The objective is to enhance the cooperation capacity of law enforcement and judicial authorities in beneficiary countries to contribute to the fight against international criminal networks, while fully respecting human rights. - The Heroin Route Programme: A €9.5 million project focusing on the fight against the trafficking of drugs and precursors and organised crime by setting up secured networks of national intelligence units covering the ten countries of the Economic Cooperation Organisation (ECO). The project involves cross-border cooperation between Afghanistan, Iran and Pakistan and will aim to strengthen the Drugs Control Coordination Unit of the ECO Secretariat. It complements other efforts in the region, in particular in the Central Asian countries (BOMCA, CADAP and CARICC) by extending their achievements throughout the region, enhancing their internal capacities and fostering trans-regional cooperation. The Commission is also envisaging further support for possible follow-up activities of the UNODC TARCET programme in Afghanistan, which has targeted the movement of precursors through the regional DCI Programme. Finally, the mid-term review of cooperation assistance under DCI and ENPI carried out in 2009-2010 reaffirmed the priority of this field for allocations at regional, sub-regional and national level.
49. In the interest of coordination, to	Council	Recognising the risk of duplication and the need to bridge gaps, EU Member States drew up in 2008 an

[65] EU Cooperation with Western African States in the field of drugs.

establish a monitoring mechanism on EU drug-related assistance given to third countries	MS COM	inventory, or matrix, of EU activities (national and Commission) in West Africa. The Member States decided to update the matrix twice a year. However, few Member States have so far sent information on time to the Council's General Secretariat on their updated lists of projects. In addition, the matrix has so far failed to deliver its full potential because it has been used only as a source of information on projects and not as a tool to help identify future funding priorities. Since 2009, the EU and the US are, in addition, exchanging information on their respective projects in the region and have created a joint matrix of activities in West Africa. The overall matrix on EU external assistance was published for the last time in 2008, covering information on Member State and EU expenditure on drug-related external assistance until 2006. These data are no longer collected as no proper reporting mechanism has been found to ensure timely, standardised and accurate reporting.
50. To carry out a survey of the scope and outcome of EC drug-related projects in 3rd countries	COM	In the beginning of 2010, the Commission launched a call for tender for a qualitative evaluation of a number of external relations projects funded by the EU. The evaluation is underway and will examine a selection of 20 projects, some of which will be assessed on the ground. The report on this evaluation is due after summer 2010.
51. To update and implement the EU Drug Action Plans for the Central Asian Republics[66]; Latin America and the Caribbean[67]; and Western Balkans and Candidate Countries[68]	MS COM	New Action Plans on drugs (2009-2013) between the EU and the Central Asian States and between the EU and Western Balkan countries were adopted during the Czech Presidency. The Commission devoted a considerable amount of work to the preparation of these Action Plans.
52. Utilise the Dublin Group consultative mechanism and maintain an active dialogue with third countries for the implementation of Mini Dublin Groups' recommendations	MS COM Dublin Group	Last year, the Dublin Group continued to perform its informal consultative and coordination tasks in drug supply and demand reduction, at regional and country level, along the guidelines established by the contracting parties (7641/1/06). Regional Dublin Group chairs, in cooperation with Mini Dublin Groups, provided detailed and extensive reports on the state of the drugs problem, focusing on selected countries. Regional chairs recommended actions to be implemented and evaluated those already in place. However, the recommendations of the regional chairs are not always precise enough, which hampers the implementation of concrete actions. Furthermore, no overall assessment tool has been made available for

66 12353/02 CORDROGUE 78 CORDROGUE 78 CODRO 1 NIS 107.

67 7163/1/99 REV 1 CORDROGUE 19 CODRO 2; Port of Spain Declaration — 10451/07 CORDROGUE 34 COLAT 9 AMLAT 54.

68 5062/2/03 REV 2 CORDROGUE 3 COWEB 76 + COR 1.

		this exercise. As part of a broader debate on expanding the drugs issue to a broader security dimension, the current French Chair has proposed to extend the Group's mission to all forms of serious crime, not only those involving drugs. This may cause some difficulty for other areas of the drugs issue, in particular the Group's work in the field of drug demand reduction.
Objective 17. Promote and implement the EU approach to alternative development (as defined in document 9597/06 CORDROGUE 44 and UNODC/CND/2008/WG.3/CRP.4) in cooperation with third countries, taking into account human rights, human security and specific framework conditions		
53. To intensify the financial support for the implementation of alternative development projects and programmes, making certain that interventions are properly sequenced and that development assistance is not conditional on reductions of illicit drug crop cultivation and finance initiatives for the prevention of illicit drug crop cultivation	MS COM	Of the EU Member States, the United Kingdom reports that it runs a €12 million alternative development project in Afghanistan, which started in 2008. Finland also reports a long-term alternative development project with Peru (€750 000), but this will end in 2010. The Commission has acquired experience with alternative development in Latin America and Afghanistan, by mainstreaming the EU approach to alternative development in its development agenda — no (forced) eradication, no conditionality, respect for human rights, and market access. Projects are based on the notion of correct sequencing, with eradication possible only when alternative livelihoods are in place. The ultimate goal is to address poverty. Regarding the **Andean Countries**, the Commission is funding alternative development programmes in **Bolivia** to the tune of €56 million, supporting sustainable livelihoods and social infrastructure in regions from which people migrate to coca-growing areas, strengthening local authorities and 'rationalisation' of the production of coca leaves, through the implementation of mechanisms of community control and capacity strengthening of local institutions and organisations of coca producers, also with a sector budget support programme. The Commission delegation in Bolivia has commissioned an evaluation of the EU's alternative development programmes, which will be finalised by the end of this year. Several programmes in **Colombia** have components for alternative development, including the €92 million Laboratorio de PAZ, Regional development for peace and stability (€26 million) and Regional development for peace and stability II (€8.4 million, with €4.2 million for the alternative development component), which aims to support vulnerable populations that cultivate illicit crops in developing legal, sustainable livelihood alternatives. In **Peru**, a project for supporting modernisation of the state and strengthening good governance and social inclusion (€6 million) includes support to the Peruvian anti-drug agency). A new alternative development programme is being formulated (€8 million), which aims to help reduce poverty, promote social integration and prevent the illegal cultivation of coca.

		The mid-term review of the cooperation assistance reaffirmed the priority of this field for allocations at regional, sub-regional and national level. Regarding **Afghanistan**, the European Commission's strategy associates the rural economy and the creation of alternative livelihoods with production and productivity gains in the rural economy and improved sustainable management of natural resources. This PAL Strategy (programme for alternative development) in Afghanistan has two major functions: investment, by channelling resources to communities in the three provinces (Nangarhar, Laghman and Kunar) where it is being implemented, and a laboratory function (for identifying best practices in the development of alternative livelihood options and channelling lessons learned to appropriate partners). The Commission has invested in a number of strategic rural development sub-sectors such as irrigation and water resources management, horticulture, or livestock to stimulate the rural economy and help create licit employment opportunities. In addition to the alternative development projects targeting the Andean Countries and Afghanistan, the Commission has also completed a horizontal project: **Importance of mainstreaming alternative development underlined by programmes/projects.** The project, which was completed in August 2008, provided a platform for debate and information on mainstreaming alternative development in ideas, programmes, communities, governments and agencies across the globe. The focus was on the countries of South-East Asia and the Andean region/Latin America in which the main agro-narcotic crops are grown.
54. To include alternative development in the broader development agenda of Member States and encourage third countries to integrate alternative development in their national policies	MS COM	In preparation of this assessment, the Commission conducted a survey among Member States to obtain insight into the extent to which alternative development programmes with the aim of replacing drug crop production constitute a structural element of a broader development policy agenda. Four Member States[69] reported that alternative development is part of such a broader development policy, although not always directly. Italy supported alternative development projects in the Andean region until 2007, but this support was cut for budgetary reasons. Germany reported that alternative development projects in the field of drugs are only supported in exceptional cases as part of overall development policy. No information was available from the remaining 22 Member States, which suggests that alternative development is integrated in broader development policy in only a handful of Member States and is supported — primarily — at EU level through EU funding programmes.

[69] Belgium, France, Italy and UK.

Objective 18. Strengthen EU coordination in the multilateral context and promote an integrated and balanced approach		
56. To ensure better coordination and continuity between the HDG and MS delegations to the United Nations Commission on Narcotic Drugs (CND), including through the appropriate burden-sharing among Member States on the initiative of the Presidency	Council PRES MS	The rotating EU Presidencies are responsible for preparing and coordinating EU positions ahead of and during the CND. When relevant for this preparation and coordination, representatives from the EU Representations and the EC/EU Delegation in Vienna participate in meetings of the Horizontal Drugs Group in Brussels. In general, EU Statements during the CND are prepared and negotiated by the EU delegations in Vienna, while resolutions are either drafted (in the case of EU initiatives) or discussed in the HDG prior to the CND. At their request, the EU Presidencies are supported by other EU Member States and by the EC/EU Delegation Vienna during these proceedings. The preparation and coordination for the 52nd Commission on Narcotic Drugs and its related High Level Segment in 2009, regarding the follow-up of the 1998 UNGASS Political Declaration[70], showed to be a true test case for EU coordination and continuity at UN level. Subsequently, the negotiations on a new Political Declaration and Plan of Action took place between October 2008 and March 2009. The EU was strongly guided by an official EU position paper prepared in advance of these negotiations[71]. The Czech EU Presidency had a lead role in the negotiations, closely supported by the European Commission's Delegation in Vienna (as of 01/12/2009: European Union Delegation) as well as by the Commission's drugs policy coordination department. Although the EU negotiating strategy was considered solid and unified until a very late stage in the negotiation process, some difficulties were encountered in the guidance provided by the Horizontal Drugs Group on political choices and decisions that needed to be made, mainly for the preparation of unified EU statements and negotiation positions where in some cases a lack of consensus between EU Member States resulted in stalemate situations in which the EU Presidency could not take a strong stance in negotiations with third countries. This problem recurred in 2010. Another factor that may have had a detrimental impact on the EU's capability to negotiate at UN level was that in cases of disagreement, reaching consensus among the EU-27 consumed much energy and time, which had a negative impact on the active participation, support and burden-sharing of Member States in the subsequent negotiations with third countries.
57. To prepare, coordinate and adopt EU common positions and joint	PRES	The preparation of an EU response to the evaluation report and follow-up of the 1998 UNGASS Declaration was the most important preparatory work for the EU in 2008 and 2009 regarding the CND.

70 Political Declaration of the Twentieth Special Session of the United Nations General Assembly (Resolution S-20/2, annex).

71 13501/1/08 REV1 CORDROGUE 71.

resolutions in the CND	MS COM Council	During the Portuguese and Slovene EU Presidencies a first attempt was made to develop a joint EU position, which included the formation of specific working groups on key topics relating to the UNGASS evaluation report. These working groups produced a number of principal findings, which were further developed and finalised during the French Presidency in the second half of 2008. The final document consisted of a number of key principles, priorities and negotiation 'red lines'. This EU Position Paper on UNGASS[72] was unanimously adopted by COREPER in October 2008. During the High Level Segment and 52nd CND and during the 53rd CND, the EU delivered common (opening) statements on the various agenda items as well as on the UNGASS review. However, due to the disagreement of one EU Member State with one of the core aspects of EU drugs policy, the process of reaching consensus has become more difficult, in particular as regards the opening statements and statements on drug demand reduction. During the 52nd CND, the EU did not initiate any EU resolution, although one resolution was tabled during the meeting by one EU Member State and subsequently co-sponsored by the other EU Member States. Of the 14 resolutions adopted during the 52nd CND, the EU as a whole co-sponsored 11 while 3 resolutions were co-sponsored by individual Member States on a national basis. At the 53rd CND, the EU tabled 3 resolutions (2 initiated by France, 1 by the UK), which were all adopted. Of the 16 resolutions that were adopted during the 53rd CND, the EU co-sponsored 7 (in addition to the 3 tabled), while 4 resolutions were co-sponsored by individual Member States on a national basis. The convergence indicator for EU input in the UN drug control system[73], which showed 99 % convergence of national positions towards CND resolutions in 2007, saw a decline to 79 % in 2009 and 69 % in 2010. An important issue that may require further debate concerns clarification of the criteria by which the EU decides to co-sponsor resolutions of third countries during the CND.
58. To present an EU position in the high-level segment of the 52nd CND on the evaluation of and follow-up to UNGASS '98[74], reflecting the fundamental principles of EU drugs policy	Council MS COM	The cooperation and coordination of the EU within the United Nations Commission on Narcotic Drugs has shown a mixed picture in recent years. Since 2006 the EU had been the main advocate of a thorough evaluation of and reflection on the Political Declaration of the 1998 UN General Assembly Special Session on Drugs. In 2009, the negotiations for a new UN Political Declaration and Plan of Action took place. The EU adopted a united position in preparation of these negotiations, which included a number of important red lines, including the *balanced approach, respect for human rights, harm reduction, non-sequential*

72 13501/1/08 REV1 CORDROGUE 71.

73 9099/05, CORDROGUE 27, 30.5.2005.

74 Political Declaration (resolution S-20/2, annex) of the Twentieth Special Session of the United Nations General Assembly.

		alternative development, and the need for monitoring and supporting evidence-based policies. The EU managed relatively well to maintain its position during the first part of the negotiations, which is one of the reasons why some of the more progressive elements from the 1998 UNGASS declaration were not reversed. Nevertheless, during the final stage of negotiations, disagreement emerged on support for the term 'harm reduction' in the negotiations. As a result, the EU Presidency could not finalise the negotiations on this issue and the disagreement between some Member States was openly displayed during the High Level Segment of the CND, where a considerable number of EU Member States supported an interpretative statement on harm reduction.
59. To coordinate activities with other international fora or programmes, in particular UNODC, Pompidou Group, WHO, UNAIDS, WCO and Interpol	MS COM	The EU has many dealings with international organisations. However, despite the adoption of the Lisbon Treaty, the EU is not recognised as an official representative entity in e.g. the UN system, as negotiations on its status continue. In different international organisations, the EU is coordinated through the Presidency or through one of its Member States that acts as coordinator. For example, within the United Nationals Office for Drug and Crime (UNODC), Germany currently represents the EU in the Working Group on Finance and Governance. At the same time, in the UNODC Major Donor Group, only those EU Member States that are considered major donors participate without specific representation. Currently there exists no clear coordination role for the EU Presidency or EU delegation at the Council of Europe where the work of the Pompidou Group is concerned. All Member States of the EU are also Members of the PG and represent themselves through the Permanent Correspondents Meetings.
Objective 19. Support the candidate and stabilisation and association process countries		
60. To provide the necessary technical and other assistance to these countries to familiarise them with the EU *acquis* in the field of drugs and to assist them in carrying out the required actions, including those adopted in the drug action plan with the Western Balkans[75]	MS COM Council EMCDDA Europol	Cooperation between the EU and the countries of the Western Balkan region on drug supply and drug demand reduction has continued over the period under review. The issue of drug trafficking is monitored through the Progress Report (opinion for candidate countries), but is also part of the regular political and technical dialogue with all the countries of the region. Substantial increases in the capacities of law enforcement agencies in the Western Balkans countries to counter transnational organised crime were guaranteed in the course of the dialogue on visa liberalisation, which required the development of tailor-made roadmaps. Each roadmap has a strong focus on measures to increase the effective fight against organised crime and corruption. The strengthening of border control was

[75] 5062/2/03 REV 2 CORDROGUE 3 COWEB 76 + COR 1.

		also an issue incorporated in the road maps, which has indirectly helped to weaken some of the transit routes used by drug traffickers. Through the Instrument for Pre-Accession Assistance (IPA) the Commission has promoted both regional and country-specific projects on counter-narcotics. These initiatives have also guaranteed continuity with some projects previously launched within the CARDS assistance framework. For instance, €2.5 million of IPA funds have been secured to finance a multi-beneficiary project on *'Fight against organised crime, in particular illicit drug trafficking, and the prevention of terrorism'*, which was launched in February 2010 and covered the whole Western Balkans region and Turkey. This project is led by Austria and Germany and aims to bring existing regional mechanisms into line with EU *acquis*, standards and best practices. It promotes cooperation for the further development of the International Law Enforcement Coordination Units (ILECUs), thus leading to a consolidation of the strategic and institutional basic structure implemented within the ILECUs. Ongoing national initiatives include: a €2.2 million IPA 2007 project to strengthen the capacities of the Ministry of the Interior of Croatia to combat narcotic drugs trafficking and drug abuse, an IPA 2007 project to strengthen the Turkish Monitoring Centre for Drugs and Drug Addiction. The following actions are under preparation: an IPA 2007 project to support Serbia in the implementation of the national strategy for the fight against drug abuse, an IPA 2010 project to strengthen the capacity of the Police in Montenegro to fight against drugs. Several projects have been financed or are under preparation in the field of fighting transnational crimes, including drug trafficking. These include a €5 million regional project which is in the process of being launched under IPA 2010 with the aim of strengthening the operational capacity and capabilities of the Public/State Prosecutors' Offices in the Western Balkan region, to enable them better to prosecute and investigate cross-border organised crime. The Commission is also supporting short-term targeted activities (study seminars, education and awareness initiatives, expert meetings, and conferences) under TAIEX and TWINNING programmes. The EU is systematically encouraging regional cooperation, especially on tackling transnational threats such as drug trafficking. In this regard, increased operational cooperation within the SECI/SELEC centre is a positive development. The Commission is supporting the strengthening of SECI/SELEC capacities with an IPA 2008 project (€1.5 million). The EMCDDA initiated its technical cooperation with the Western Balkans countries through the CARDS

[76] Turkey has signed an agreement with the European Commission on its membership of the EMCDDA. This agreement now needs to be ratified by the national parliament. An agreement on Croatia's cooperation with the EMCDDA is expected to be signed in 2010.

		project (December 2007 — October 2009), which involved Albania, Bosnia-Herzegovina, the Former Yugoslav Republic of Macedonia, Montenegro and Serbia. The main objective of the project was to assess the capacity of the Western Balkans to establish drug information systems compatible with the EMCDDA. The main outcomes included a comprehensive needs assessment report, information maps detailing the different national information sources and experts, country overviews providing a structured synopsis of the trends and characteristics of the national drugs problem, and participation in the survey for the European Study on Alcohol and Other Drugs (ESPAD). The participation of Croatia and Turkey [76] in EMCDDA activities was supported by the Instrument for Pre-Accession (IPA), from March 2008 to November 2009. In November 2009, the EMCDDA organised — with IPA funding — a conference to share experience and best practice on technical cooperation between IPA beneficiaries and EU agencies.
Objective 20. To improve cooperation with European Neighbourhood Policy countries		
61. To improve the dialogue on drugs with European Neighbourhood Policy countries in a bilateral or regional context, in particular through existing subcommittees	MS COM	The dialogue on drugs with European Neighbourhood Policy countries focused on the implementation of ENP partners' obligations under the 1988 UN Convention on Illicit Traffic in Narcotic and Psychotropic Substances as well as other international instruments. Assistance for capacity building within designated national authorities and law enforcement bodies for both repressive and preventive measures also figured prominently in the dialogue as well as support for designing or updating comprehensive and holistic national drug strategies. Emphasis was also placed on the need to improve intelligence-sharing on drugs production and trafficking routes with geographical neighbours and at regional level. Equal importance was given to improving dialogue and cooperation with civil society groups on the development and implementation of effective harm-reduction initiatives and programmes for high-risk groups and to the need for continued public investment in rehabilitation programmes and publicly accessible curative facilities. Nevertheless, some aspects of cooperation require further attention. The degree of intelligence-sharing on drugs production and trafficking supply routes at regional level is overshadowed by ongoing political tensions in the Middle East and South Caucasus. At the same time, the underinvestment in human resources within law enforcement agencies to tackle drugs issues remains a constraint for all ENP partners. A dialogue on drugs has furthermore not yet been initiated with all relevant countries. This concerns — among others — Armenia and Azerbaijan. Finally, initiatives by the EU to upgrade cooperation on drugs with other important ENP partners (notably Morocco) through the organisation of Troika meetings were frustrated by the countries concerned.
62. The Commission to encourage	COM	The various ENP Action Plans place drugs cooperation within the framework of regional cooperation and

these countries to use the European Neighbourhood Policy Instrument to implement the drug sections of the ENP Action Plans		the fight against organised crime as well as national efforts to develop adequate prevention, treatment and rehabilitation programmes. The TAIEX instrument was placed at the disposal of the ENP partners in particular to help in building capacity in formulating national strategies and improving coordination between national agencies and stakeholders. However, take-up of the TAIEX instrument has been limited, with only 3 study visits completed in 2009 involving Israel and Morocco. One Twinning action on drugs is under preparation with Morocco. Under bilateral cooperation, identification work began on a rural development programme to mitigate cannabis cultivation in Morocco (Rif area) for the programming period 2011-13, while discussions were initiated on a similar future programme in the Lebanon (Beka'a Valley). At regional level, all ENP South partners participated in the Euro Med Police II programme prioritising drugs cooperation while support was extended to improving border management, including anti-drugs surveillance, in ENP East through the EUBAM, SCIBM (South Caucasus Integrated Border Management) and SCAD V programmes. As part of the multilateral activities of the Eastern Partnership, an expert panel on Integrated Border Management (IBM) was established under Platform 1 to encourage expert dialogue and to accompany the implementation of the Eastern Partnership's €44.5 million Flagship Initiative on IBM, which includes among its priorities effective cooperation against drug trafficking, particularly along major regional transport corridors. Ukraine concluded a Memorandum of Understanding on technical cooperation with EMCDDA in January 2010, while Europol established formal contacts with Israel, Jordan, Moldova and Ukraine, concluding a Strategic Agreement including drugs cooperation with the latter two. With TAIEX support, EMCDDA plans to hold a regional seminar on the EU Drugs monitoring system with all ENP partners in October 2010. Some difficulties need to be overcome in this area of cooperation as well. For example, low ENP partner interest is reported in using bilateral cooperation funding under the ENPI for drug-related programmes. The relevant countries have a strong preference for using these means to advance convergence and economic integration. In this regard, the possibility of incorporating drug-specific regional activities in revised ENPI Regional East and Inter-Regional Strategy Papers for 2010-13 is limited due to intense prioritisation of enhanced support for economic integration and policy convergence in the key areas of energy, the environment and SME development. Available funding opportunities for expertise under TAIEX and Twinning are also not yet fully exploited by ENP partners. Most ENP partner countries prioritise supply reduction measures over demand reduction, with few having an interest in investing in harm reduction, prevention and rehabilitation programmes, and prefer to invest in repressive measures, including stricter drug legislation and drug crop eradication measures.

		A budget of €3.7 million has been allocated to facilitate cooperation between interested ENP partners and EU agencies (incl. EMCDDA) under the revised Inter-Regional Strategy Paper and Indicative Programme for 2011-13. Finally, interest in drugs cooperation under the multilateral track of the Eastern Partnership seems limited to date within the Panel on IBM under Platform 1 (Flagship Initiative on IBM).

6. INFORMATION, RESEARCH AND EVALUATION (OBJECTIVES 21-24)

Priority defined in the Drugs Action Plan 2009-2012: We need to increase our knowledge of all aspects of drug use through more and better coordinated research and data, including data on drug-related crime and on the way the illicit drug supply market works.

INFORMATION, RESEARCH AND EVALUATION		
Objective	**Responsible party**	**State of play**
Objective 21. Expand the knowledge base in the field of drugs by promoting research		
63. The Council and Commission to: - identify future EU research priorities in the field of illicit drugs and the mechanisms needed in order to generate new knowledge; - develop new approaches and technologies; - strengthen research capability by developing and focusing its strategic direction and taking steps to improve cooperation in the EU	MS COM EMCDDA Council	In the course of 2009 and the first half of 2010, the Council and the Commission with the support of EMCDDA developed an EU strategic framework in the field of drugs-related research. In June 2009 the Commission published the report on a study[77] taking stock of illicit drugs research in all 27 EU countries and at EU level as well as making comparisons with research in the drugs field in the US, Canada and Australia. In September 2009 the Commission organised a conference bringing together policy-makers, programme managers from research funding organisations, and leading researchers from the EU, to examine the study findings and to debate possible mechanisms to engage researchers at both national and European level to improve research capability and cooperation. Following these events, in November 2009 the Commission presented a Commission Staff Working Paper[78] to the Council in which it made recommendations to strengthen research capacity and stimulate research cooperation in the field of drugs across the EU. The Council adopted these recommendations in its Conclusions[79] of 7 December 2009 and also identified a number of drug-related research priorities in the field of drug demand, drug supply and policy evaluation. The Council also stressed the need to improve coordination between policy, research and practice. Finally, the Conclusions invited the Member States to strengthen national coordination mechanisms, to maximise the use of EU funding instruments, and in particular to consider the establishment of a European Research Area Network (ERA-NET) in the field of illicit drugs. By the end of

77 Call for Tender JLS/2007/C4/006; Study: '*A Comparative Analysis of Research in the field of Illicit Drugs in the EU*'.
78 Commission Staff Working Paper: *Strengthening EU Research Capacity on Illicit Drugs;* SEC(2009) 1631 final, 23.11.2009.
79 17177/09; CORDROGUE 78; 7.12.2009.

		2009, the Netherlands had indicated it could coordinate the establishment of such a structure. In 2009 the Commission also launched a call for proposals for a €6.5 million grant on 'Addictions', as part of the Seventh Framework Programme for Research (FP7) under the Socio-Economic and Humanities Programme (SSH). In 2010, a call with an amount of €2 million was launched in support of the ERA-NET in the field of drugs (SSH Programme). In addition, a call for proposals for large collaborative projects (€6 to €12 million) in the field of 'addictive disorders' was published under the FP7 Health Theme. In a survey conducted in preparation of this annual assessment, the Commission asked Member States for updated information on national research funding programmes that specifically target drug-related research. Of the twenty Member States responding, ten countries reported that dedicated funding was available for drug-related research, either directly from drug-coordinating structures through open calls for tender[80] or through national research funding structures[81]. In Germany, a specific budget for drug-related research was available from 2001 to 2008. In Luxembourg, drug-related research is funded from a national fund to combat drug trafficking, in which confiscated assets from drug crimes are deposited. From the other ten responding countries, five countries said they did not have any funding programme specifically targeting drug-related research[82], while the remaining five[83] indicated that funds for drug-related research are available from a variety of general research funding programmes. One of the recommendations in the Council Conclusions on drug-related research therefore also concerned the need to improve coordination between national representatives in drug-coordination mechanisms and those representing their Member States in programming committees, for example for the EU's 7th RTD Framework Programme, but also in the Public Health Programme and Drug Prevention and Information Programme. In the survey, the Commission also asked Member States how they coordinated their input in these specific programmes. Of the twenty countries responding to this question, seven Member States[84] indicated that their national drug coordination mechanism played an active role in disseminating information about

80 Hungary, Ireland, Italy, Poland and Spain.
81 Belgium, Finland and Sweden.
82 Denmark, Lithuania, Latvia, Malta and Romania.
83 Austria, France, Portugal, Slovakia and UK.
84 Germany, Ireland, Hungary, Lithuania, Poland, Romania and Spain.
85 Austria, Denmark, Cyprus and Greece.
86 Belgium, Italy, Latvia, Luxembourg, Portugal, Sweden and UK.
87 http://www.emcdda.europa.eu/themes/research.

		funding opportunities. It remained unclear how these countries coordinate their input within the different programming and advisory committees of the EU funding programmes. Four Member States[85] indicated they do not coordinate such input. Finland and Malta are currently examining a coordination structure for this purpose. Seven Member States[86] reported that they do coordinate their input for the EU funding programmes, either through their national research structures or through their drug coordination mechanisms. The results show that funding for drug-related research at EU level could be boosted further if more Member States ensured that information on research priorities is exchanged between their drug coordination mechanisms and government representatives in the relevant programming committees for the EU funding programmes. To provide and disseminate drug-related research information and drug-related research findings from the EMCDDA and the EU, the EMCDDA has enhanced its thematic website on research[87] to include a section on EC funding available for research, information on research at national level, and links to relevant EC, national and EMCDDA resources.
22. Ensure the exchange of accurate and policy-relevant information in the field of illicit drugs		
64. Member States to provide Reitox[88] National Focal Points (NFP) with the necessary resources to meet the obligations and quality standards of EMCDDA membership. NFPs to contribute to the EMCDDA on the basis of annual agreements and with appropriate support from the EMCDDA	MS EMCDDA	In 2009, 26 Member States signed a grant agreement with the EMCDDA. One country (Malta) did not have an operational focal point and therefore was not in a position to fulfil the contractual obligations linked to the grant agreement. The national focal point (NFP) of another Member State was relocated to another public entity at national level and became temporarily inoperative, so the grant agreement was cancelled. Out of the 25 remaining NFPs, three countries did not request the maximum amount available per country. Two of these NFPs had to request a further reduction during the year as matching national resources were cut due to the financial crisis. Apart from the above-mentioned individual cases the REITOX co-financing system seemed to have provided sufficient resources for effective functioning of the NFPs. National reports and standardised tables are two key areas where the EMCDDA collects monitoring information from the Reitox NFPs. In 2008, NFPs adopted new guidelines for national reporting, which were used as a reference document for the first time in 2009. The new guidelines made changes primarily to the structure of the report and not so much the content. In 2009, all NFPs complied with the new reporting guidelines and delivered a national report. The exception was Malta, which has had no operational FP since 2008 and did not deliver any kind of data to the EMCDDA. Out of the 26 countries, the deadline was observed by 12 and a further 10 sent reports one month after the deadline.

[88] Réseau Européen d'Information sur les Drogues et les Toxicomanies (REITOX).

		In 2009, 16 mandatory and 5 voluntary standard tables were due to be delivered by the NFPs by the end of September. In total, the EMCDDA received 990 datasets, of which 136 (13.7%) were received after the deadline. Of the 990 reported datasets, 139 (14%) were tables without data. Depending on the country, reasons for empty submission varied significantly, e.g. new data not yet accessible at the NFPs, lack of data collection for a particular issue at national or regional level, or survey not carried out annually. The quality of the national reports and the reported datasets has been increasing over recent years, although the availability of new information varies greatly between countries and the topic addressed. With regard to quality control, the EMCDDA has identified limitations and weaknesses in data and data collection systems and is seeking options for overcoming them together with NFPs. Due to the varying situations in different NFPs, bilateral discussions have proved to be useful, and training and technical support is tailored to and focused on the needs of those countries where problems have been identified.
Objective 23. Further develop instruments to monitor the drug situation and the effectiveness of responses to it		
65. To further improve and fully implement the five EMCDDA key epidemiological indicators and the development of new indicators and measures in drug demand reduction	MS EMCDDA COM	The 5 Key Epidemiological Indicators (Prevalence and patterns of drug use, Problem drug use, Treatment demand, Drug-related deaths, and Drug-related infectious diseases) are a core task of the EMCDDA; they were politically endorsed by a Council Resolution in 2001. An assessment of the progress by Member States in implementing the Key Indicators (KI) was first performed in 2002. In 2009, a new assessment approach was developed in order to measure the level of implementation of the KIs and the progress made to date, and to identify the main obstacles to full implementation. The new implementation assessment conducted in 2009 included both a description of the activities carried out at national level to implement the KIs and an analysis of the quality of the information held in the Member States, and was delivered to the EMCDDA against a set of detailed criteria developed in close consultation with National Focal Points. Findings from the assessment reflect the stage of development of the indicators in a country. The results of the assessment indicate that the level of implementation of the indicators and the quality of the data have considerably improved in most of the countries since the KIs were implemented. However, some methodological aspects still need fine-tuning, especially with regard to the timeliness of data delivered to the EMCDDA. A limited number of countries still face structural problems preventing the implementation of several indicators and need to make a special effort to overcome these obstacles. Currently, the Treatment Demand Indicator (TDI) is undergoing revision in response to changes in the treatment field and in the profile of problem drug users. The full revision of the TDI protocol and data management issues should be concluded in 2011 and will include simplified data reporting methods. The Problem Drug Use Indicator (PDU), as it has been defined until now, has been most suitable for

		estimating the size of populations of heavy, chronic heroin users. However, the changing drug situation in Europe (i.e. emergence of new populations like dependent cocaine users or cannabis users in need of treatment) required rethinking of the entire area. This was also supported by demands from National Focal Points, policy makers and the EU Drug Action Plan. Elements of the PDU revision planned for the near future include: review of the conceptual basis of the current definition (e.g. operationalisation of definition elements — 'regular' and 'long-term', bringing the area more into line with international classifications, flexibility of the definition in changing conditions, the possibility of defining harm thresholds, etc.). A multidisciplinary approach is to be taken and the revision is intended to be a long-term process with a strong research stimulation component. The instruments used to assess drug demand reduction responses have been revised over recent years, in accordance with experiences and changes in the environment. A first overall scheme for demand reduction indicators has been developed, based on an analysis of existing instruments and the items and categories used. Future work will focus on a restructuring of data management and presentation of interventions. Core elements will include: conceptual framework, policy relevance, current availability (including accessibility, access and coverage issues), quality measures and best practice. Cost-related aspects of interventions will be integrated where possible as data become available. All Member States provided data to the EMCDDA in 2009, according to the TDI Protocol and Guidelines. In Poland the process of adapting the national reporting system on treatment demand will be finalised shortly. There remain differences between Member States with regard to data quality and coverage in respect of TDI implementation.
67. To develop key indicators for the collection of policy-relevant data on drug-related crime, illegal cultivation, drug markets and supply reduction interventions and to develop a strategy to collect them	COM EMCDDA Europol MS	A number of bodies are collecting data in the field of drug supply in the EU and at international level, with the EMCDDA being the main such collector. While making use of the wealth of information and expertise available the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol and other bodies, the Commission also solicited external technical advice on a strategy to develop key indicators in the field of drug markets, drug-related crime and supply reduction by commissioning a study[89] in 2008 and organising two expert meetings in 2009. The meetings brought together a panel of law enforcement officers, drug-policy analysts, policy-makers and scientists. The Council reaffirmed the importance of this issue in its Conclusions of 28 May 2009[90].

[89] Tender JLS/2008/C2/001 — Study on policy-relevant information and data in the field of drug-supply reduction and drug-related crime in the EU and third countries.

[90] 9634/09; CORDROGUE 26, 8.5.2009.

		Based on these activities and inputs, the Commission considered it important for progress to be made on developing drug supply indicators during the lifetime of the current EU Drugs Strategy. In order to facilitate this, it published a Commission Staff Working Paper with the aim of — among other things — providing a framework and setting out actions for developing key indicators in the field of drug supply at EU level. The paper proposed measures for enhancing the availability of information and data on drug supply, by developing key indicators on drug markets, drug-related crime and drug-supply reduction and by improving existing data collection systems in this field. As the lead agency in developing this area of data collection in the EU, the EMCDDA in 2010 also started a number of projects concerned with the conceptualisation, development and implementation of new indicators in the field of drug supply, this in addition to the data routinely collected and analysed on supply and supply reduction. These new indicators concern — among others — the area of 'drug prices and purity', in which data on drug prices in the retail and wholesale market are to be collected and analysed, and different options are to be reviewed for developing purity-adjusted price series in Europe, together with an analysis of the respective data requirements. Regarding purity, in 2010 the EMCDDA intends to develop its reporting tools on drug purity. This should allow reporting countries to distinguish between different levels of the market (retail, wholesale, undifferentiated) in their submitted data.
68. To develop analytical instruments to better assess the effectiveness and impact of drug policy (e.g. model evaluation tools, policy effectiveness indices, public expenditure analysis etc.)	COM EMCDDA MS	The European Commission is supporting the development of new analytical instruments to better assess the effectiveness and impact of drugs policy in the EU by funding initiatives through — among others — the Specific Programmes on Drug Prevention and Information[91] and on the Prevention of and Fight Against Crime as well as through the Public Health Programme and the 7th RTD Framework Programme. €5 to €7 million is allocated every year to projects under these programmes. In addition, the Commission has issued calls for studies in the field of drugs to meet specific needs for EU drugs policy[92].

[91] Decision No 1150/2007/EC of the European Parliament and of the Council of 25 September 2007 establishing for the period 2007-2013 the Specific Programme 'Drug prevention and information' as part of the General Programme Fundamental Rights and Justice, *OJ L 257, 03.10.2007, p. 23;* Council Decision of 12 February 2007 establishing for the period 2007 to 2013, as part of General Programme on Security and Safeguarding Liberties, the Specific Programme 'Prevention of and Fight against Crime' (2007/125/JHA); *OJ L 58, 24.2.2007, p. 7.*

[92] *2007*: JLS/2007/C4/005 — Detailed analysis of the operation of the world market in illicit drugs and of policy measures to curtail it (€469.958); *2008*: JLS/2007/C4/006 — *A Comparative Analysis of Research into Illicit Drugs in the European Union (€247.400); JLS/2008/C2/001* — Study on policy-relevant information and data in the field of drug supply reduction and drug-related crime in the EU and third countries (€165.065); 2009: JLS/2010/DPIP/PR/1023 — Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (€225.700).

		In addition, the EMCDDA is supporting the development of drugs policy assessment instruments through a number of projects and tools. At the end of 2009, the Agency published a Selected Issue on 'Drug offences: sentencing and other outcomes', which analysed the implementation of drug control systems within the European Union — the outcome of each process, rather than a more restricted account of national laws. Individual countries have already used data on drug sentencing to inform or evaluate legal frameworks or policies, but this is the first time such data have been collected EU-wide. At the beginning of 2010, the EMCDDA released a short technical report that reviewed the methodologies used to evaluate the effects of drug-related changes to legislation. Some 36 studies that evaluated aspects of legislative changes regarding illegal use and possession, regulations permitting use and possession, and enforcement strategies were reviewed. Evaluations may highlight the intended effects of a legal change, but there can also be unintended consequences, and a full picture will describe all of these, perhaps by combining different indicator types. In mid-2010, the EMCDDA organised a Reitox Academy on the evaluation of national drug strategies and action plans. The meeting focused on reviewing current national activities regarding the design of evaluation studies, the collection and interpretation of data for such studies, and the use of their results.
69. To assess the functioning of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances, and amend, if necessary	COM Council EMCDDA Europol EMEA	In the Annual Report on the implementation of the Council Decision[93], EMCDDA and Europol indicated that, during 2009, 24 new psychoactive substances were officially notified for the first time in the EU through information exchange via the Early Warning System (EWS) set up by the Decision. The number of new compounds reported in 2009 was higher than ever; all were synthetic, including two substances with medicinal properties. In the first half of 2010, the number of notified substances increased at an even faster rate. In the past five years, the Council Decision has been implemented fully on a number of occasions. Throughout the different stages of the implementation process, specific problems emerged both in terms of interpretation of specific paragraphs and regarding the timeliness of the procedure. Furthermore, the question has been raised whether the scope and procedure of the Council Decision is still fit for purpose, given the fast-changing trends in the market for new psychoactive substances. These trends include for example: - The number of — mostly synthetic — substances on sale in the market for 'legal' drugs seems to be increasing. Not all of these substances may have a serious risk potential for human health, but their

[93] EMCDDA–Europol 2009 Annual Report on the implementation of Council Decision 2005/387/JHA - in accordance with Article 10 of Council Decision 2005/387/JHA on the information exchange, risk-assessment and control of new psychoactive substances.

		consequences are often unknown due to a lack of research. - Substances that have been brought under control at national or at EU level are often easily replaced by new substances, often by making simple changes at the molecular level. The Council Decision can address one individual substance at a time only. - Some substances are sold with the label '*not for human consumption*'. However, for user communities their use as psychoactive substances is clear (e.g. mephedrone); Many of the new, 'legal' psychoactive substances are sold over the internet, which makes control at national level complicated and occasionally leads to 'media hypes'; In several Member States there are 'smart shops' or 'head shops' which may sell all kinds of products, varying from herbal teas to psychoactive plant leafs and synthetic psychoactive substances. These shops are often not regulated. Taking into account the above, by the end of 2010, the Commission will present an assessment report on the functioning of Council Decision 20058/387/JHA[94]. The assessment will — among other things — look into how Member States control new psychoactive substances, draw up an inventory of relevant EU legislation (e.g. food law) that may be of use in addressing new psychoactive substances, and assess the functioning of the Council Decision from a procedural and practical perspective.
Objective 24. Ensure the ongoing evaluation of drug policy		
70. Member States to evaluate and fine-tune national drug policies on a regular or ongoing basis	MS	Six EU Member States adopted new drug strategies and/or action plans in 2009[95] and five others[96] had drugs policy documents ending in 2008 but had not renewed them at the end of 2009. Among these eleven countries, eight have reported evaluations of their former drugs policy documents and only three[97] have not done such an evaluation. Ireland has assessed its strategy against predefined key performance indicators. Completed final drug strategy evaluations have also been reported by Luxembourg, Slovenia and the Netherlands, and their results should be or have already been used for the development of new national drug strategies or action plans to be adopted in 2010. Current final evaluations are also reported by the

94 OJ L 127, 20.5.2005; pp. 32-37.
95 Bulgaria, Ireland, Spain, Cyprus, Hungary and Slovakia.
96 Italy, Latvia, Lithuania, Portugal and Romania.
97 Bulgaria, Ireland and Lithuania.

		Czech Republic, Sweden and Poland. The number of evaluations of national drug strategies or action plans in Europe is rapidly growing, and evaluations are progressively becoming a standard tool in this area. However, the approaches and methods used differ between countries. Some countries, for example, use external evaluators while others produce evaluations internally. Some only consider implementation, while others also address impact — some rely only on routine data while others also use ad hoc data, etc.

Appendix 1 — List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AWF	Analysis Work File
BMK	1-Phenyl-2-propanone
BOMCA	Border Management for Central Asia
BUMAD	Byelorussia, Ukraine, Moldova Anti-Drug Programme
CADAP	Central Asia Drug Programme
CECLAD-M	Centre de Coordination et de Lutte Antidrogue pour la Méditerranée
CEPOL	European Police College
CND	Commission on Narcotic Drugs
COSPOL	Comprehensive Operational Strategic Planning for the Police
DRD	Drug-Related Deaths
DRID	Drug-Related Infectious Diseases
ECAB	European Criminal Assets Bureau
EDF	European Development Fund
EJUP	European Joint Unit on Precursors
EMCDDA	European Monitoring Centre on Drugs and Drug Addiction
ENP	European Neighbourhood Policy
ENPI	European Neighbourhood Policy Instrument
EPCTF	European Police Chiefs Task Force
EU LAC	EU – Latin American Cooperation
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HDG	Horizontal Working Party on Drugs (Council)
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
INCB	International Narcotics Control Board
IPA	Instrument for Pre-Accession Assistance
JCO	Joint Customs Cooperation
JIT	Joint Investigation Team
MAOC – N	Maritime Analysis and Operations Centre – Narcotics
MS	Member State
NFP	National Focal Point
NSP	Needle and Syringe Exchange Programmes
NGO	Non-Governmental Organisation
PMK	3,4 Methylenedioxyphenyl propan-2-one
REITOX	Réseau Européen d'Information sur les Drogues et les Toxicomanies
SCAD	South Caucasus Anti-Drug Programme
TAIEX	Technical Assistance and Information Exchange
UNODC	United Nations Office on Drugs and Crime
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organisation