COMMUNICATION FROM THE COMMISSION

on the 2007 Progress Review of the implementation of the EU Action Plan on Drugs (2005-2008)

I. INTRODUCTION

The UN estimates that some 200 million people take or have taken drugs over the last year[1]. The estimate for the European Union is that some 25 to 30 million adults – aged 15-64 – have taken some type of illicit drugs in the last year[2]. This is a historically high level for Europe, even if it has been stabilising in recent years. Illicit drugs are believed to represent the third biggest industry in the world, after oil and arms.

Trends in and patterns of drug use change over time. Heroin still accounts for the largest share of drug dependence and drug-related health damage. Cannabis continues to be the most popular illicit substance, while recent trends show an increased use of cocaine in several Member States. The use of ecstasy and amphetamines seems to have reached its peak and is now stabilising or gradual declining. Poly drug use – the combined use of substances, licit and illicit – poses a growing challenge to prevention and treatment.

The global nature of the problem requires concerted action at European and international level if the steady rise in consumption and production worldwide is to be halted.

There are no simple solutions to this problem. Drug use and trafficking disrupts societies through crime and corruption, but is also a major health determinant for EU citizens, and drug-related infectious diseases (HIV/AIDS, hepatitis) pose major threats to public health in the EU. Faced with the reality of these distressing facts it has for some time been accepted in Europe that an effective response has to look beyond the entirely justified public concern caused by drug consumption. The European Union is therefore committed to an evidence-based approach which focuses on a continuous analysis of the problem and an objective assessment of the public policy response to it. The objective is to come to a better understanding of which policies work best.

This overall approach is reflected in the European Strategy on Drugs 2005-2012[3] – endorsed by the European Council in December 2004 as part of The Hague Programme for strengthening Freedom, Security and Justice in the EU[4] – and the EU Drugs Action Plan 2005-2008[5] – endorsed by the Council on 8 July 2005.

[1] United Nations Office for Drugs and Crime, 2007
[2] European Monitoring Centre for Drugs and Drug Addiction, 2007
[3] CORDROGUE 77, 22.11.2004
[4] COM (2005) 184 final, 10.5.2005
[5] OJ C168, 8.7.2005

The EU Drug Strategy 2005-2012 sets out two overall objectives:

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

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

The Strategy states that *"By the end of 2012, progress should have been made by all priorities in the fields defined in the Strategy"*.

The Drug Action Plans represent the practical implementation of the Strategy coupled with monitoring and evaluation as essential elements of this process. The Strategy states that *"the Commission will be responsible for the continuous and overall evaluation of the Strategy and Action plan with the support of the Member States, the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and Europol"*.

The EU Action Plan on Drugs (2005-2008)

This is the first of two Action Plans designed to translate the global objectives and priorities of the Strategy into specific actions with identifiable indicators to measure progress.

The ultimate aim of the Plan is *"to significantly reduce the prevalence of drug use among the population and to reduce the social and health damage caused by the use of and trade in illicit drugs*". It aims to do this by providing a framework for an integrated, balanced approach designed to reduce both supply and demand through a number of specific actions. These have been chosen on the basis of the following principles:

- Actions at EU level must offer *clear added value* and results must be *realistic and measurable*
- Actions must be *cost-effective* and *contribute* directly to the *achievement* of at least one of the goals or priorities as set out in the Strategy
- The *number of actions* in each field should be *targeted and realistic.*

The Commission is requested to present progress reviews to the Council and the European Parliament on the implementation of the Action Plan and proposals to deal with identified gaps and possible new challenges.

A first Progress Review, covering 2005-2006, was produced by the Commission as a staff working paper[6] and endorsed by the Council in its conclusions of 4 June 2007[7].

This Communication contains the conclusions of the 2007 Progress Review, with a detailed report on the implementation of the Action Plan in annex.

The Commission will conduct a final evaluation in 2008 and propose a new Action Plan. The next Action Plan will be guided by lessons learned from the experience of the past three years.

[6] SEC (2006) 1803
[7] CORDROGUE 32, 4.6.2007

II. METHODOLOGY

In the preparation of this Progress Review the Commission was assisted by the Member States, the EMCDDA and Europol. The assessment for 2007, covering the period between the second half of 2006 and the first half of 2007, follows the chapter structure of the Action Plan.

Responsibilities for actions and deadlines are clearly indicated in the Plan. To keep implementation on track, the targets whose deadlines have passed or are unlikely to be met will be subject to recommendations for their implementation or flagged for failure to implement. The Action Plan provides a set of *indicators*[8] and/or *assessment tools*[9] for each objective and action.

The output for objectives and actions that have reached their implementation deadline has been analysed. Ongoing actions are reported on. A conclusion is provided for each objective in the Action Plan. For eleven objectives and actions the deadline for completion is 2008 and will be assessed in next year's final evaluation.

III. MAIN FINDINGS FROM THE 2007 PROGRESS REVIEW

Although the 2007 Progress Review shows that most objectives are on track, many actions need further work in order to comply with the Action Plan. A summary of the main conclusions of the detailed report is annexed to this Communication.

3.1 Coordination

EU Presidencies increasingly plan their drug policy agendas in line with priorities set out in the Action Plan, and coordination takes place between past, present and future Presidencies. Coordination between the Horizontal Working Party on Drugs (HDG) and other relevant Council Working Parties has improved.

Feedback from Member States on the implementation of the Action Plan needs to be improved. One suggestion might be to appoint a '***Drug Action Plan correspondent***' in each delegation to the HDG responsible for coordinating the flow of information on the implementation of the Action Plan.

The annual Progress Reviews show that **Member States' drug policies and approaches are converging to a certain extent**. This enables the EU, for example, to speak more often with one voice in external relations when it comes to drug-related matters.

Twenty-five Member States have one or more designated coordinators or coordinating bodies in the field of drugs at national level. Even if it is difficult to assess whether or not these drug coordination mechanisms are 'fully operational', the presence of a coordinating entity at national level is in itself **an acknowledgement of the crosscutting nature of drugs as a policy area** and of the need for a balanced approach in this field. All Presidencies of the HDG have called meetings of the National Drug Coordinators and the agendas reflect the EU Action Plan on Drugs 2005-2008.

[8] An **indicator** is a tool by which the progress or achievement of an action or objective can be measured.

[9] An **assessment tool** is a means by which this progress or achievement of the implementation of an action can be verified.

The need to involve civil society in EU drug policy making was highlighted in the EU Drug Strategy 2005-2012. The **establishment of a Civil Society Forum on Drugs by the end of 2007** is the visible outcome of the consultation process that was started in 2006. The Commission is confident that the Forum will facilitate effective communication with civil society.

As to the mainstreaming of drug policy into external relations, all agreements between the EU and third countries that were under negotiation or concluded in 2006 contain substantive articles on drugs cooperation. Third countries should assume ownership of collaborative **activities by assuming responsibility for their own policies and for the implementation of collaborative projects.** This is an important condition for the successful implementation of these agreements.

3.2 Demand reduction

The EU is moving forward in developing a **holistic and pragmatic response to the social and health harms posed by drug use**. It continues to expand evidence-based best practices in drug prevention, early intervention, treatment, rehabilitation, social reintegration and harm reduction. All Member States subscribe to the policy of monitoring and evaluating their drug-related activities, although there is still a need for development in terms of methodologies and the number of evaluations carried out.

A Commission report on the implementation of the Council Recommendation on *'the prevention and reduction of health-related harm associated with drug dependence'*[10] shows that **harm reduction is now a well-established part of drug policy in all EU Member States**. Furthermore, there is a steadily growing evidence base that supports harm reduction interventions. Nonetheless, harm reduction measures are far from being uniformly applied across EU countries.

Opioid substitution treatment is one of the main treatment options in the EU Member States and is supported by **a large and growing body of research evidence** which shows that it can effectively reduce opiate use and risk behaviour. These programmes are also effective in increasing treatment retention and can help to stabilise and improve the health and social conditions of chronic heroin users. As new patterns and trends in drug use in the EU emerge, the range of prevention and harm reduction activities as well as treatment and rehabilitation facilities and services needs to adjust to new types of needs of clients. Regardless of the balance of these elements in the different national policies, there is clear agreement that a co-ordinated and comprehensive public health approach, including harm reduction, is vital to reduce the spread of infectious diseases among drug users.

Drug-related death is clearly the most serious form of drug-related harm to society and calls for continuous monitoring and action to introduce and strengthen, in particular, effective harm reduction and reintegration measures.

There has been clear progress throughout the EU on coverage of, and access to, drug services, and it is important to continue to develop these services and develop indicators on the effectiveness of treatment and harm reduction measures.

There is a need for quality standards for services and measures ranging from prevention to drug treatment and harm reduction; however, information on the availability of quality assurance mechanisms in demand reduction in Member States is limited. Moreover, the

[10] COM (2007) 199 final

concept of what exactly constitutes a *'standard'* or a *'guideline'* varies considerably across Member States. The detailed report in the annex shows that work is still needed on many aspects of demand reduction in the Action Plan, and that some actions and indicators will need to be fine-tuned to make it possible to measure the impact of those actions.

A wide variety of **alternatives to prison for drug-using offenders** already exists, however it not yet possible to assess their use and/ or effectiveness. Almost all EU countries have measures in place to prevent the spread of infectious diseases, but there is a gap between harm reduction services offered in the community and in prison. This will require further development.

The need to enhance harm reduction measures in prisons was confirmed by the Presidency in its Conclusions on the follow-up to the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence. The Commission was asked to ***"put forward a proposal for a recommendation on drugs in prison as foreseen in Action 13.2 of the EU Action Plan 2005-2008***[11]*"*.

To complement Member States' activities in this field, the **Programme for Community Action in the field of Public Health**[12] **(2003-2008)** continues to support a range of projects in the field of drug demand reduction, including prevention, harm reduction and treatment. Funding for this kind of activities will continue under the second **Community Action Programme for Public Health (2008-2012)** and will be enhanced by the new **Specific Programme** "**Drug Prevention and Information"**[13] **(2007-2013)** and through the **7th Framework Programme for Research, Technological Development and Demonstration Activities**[14] **(2007-2013).**

3.3 Supply reduction

EU law enforcement agencies continue to be **very active in detecting and preventing the smuggling of both drugs and drug precursors**. In 2006, the number of cases increased. The Commission, together with Member States, has drafted a guidance document for operators trading legally in precursors that might be diverted to illicit drug production. This document sets out recommendations to help legal traders to detect and report suspicious transactions.

Member States contribute to the Analysis Work Files run by Europol for its ongoing projects COLA (cocaine), MUSTARD (heroin) and SYNERGY (synthetic drugs). In turn, Europol contributes by providing information to Member States' investigations and operations. The Commission has been unable to check on the implementation in the Member States of the **Council Recommendation on the alignment of statistics on seizures of drugs and diverted precursors**[15], which was adopted in 2001. No information is available on its implementation at EU level.

The collaboration between Member States and Europol and Eurojust, by making use of existing instruments, **could be further developed**. At the moment, instruments such as Joint Investigation Teams (JITs) and Joint Customs Operations (JCOs) seem to be used to a limited extent. In 2005 and 2006, only two JITs and four JCOs were implemented. Europol and

[11] CORDROGUE 43, 2.7.2007
[12] OJ L 271, 09.10.2002
[13] OJ L 257, 03.10.2007
[14] OJ L 412/1, 30.12.2006
[15] 13618/01 STUP 29

Eurojust are preparing special training and a manual on the setting up and use of Joint Investigation Team projects.

To date, it has not been possible to identify any major projects at Member State or EU level specifically targeting the financial resources of the illicit drug trade. The Commission recommends that Member States make full use of the Financial Intelligence Units' NET Platform. The Commission is currently preparing a Report on the Council Decision of 17 October 2000 concerning arrangements for cooperation between financial intelligence units of the Member States in respect of exchanging information[16]. Likewise, Member States are invited to make greater use of EU funding programmes, such as the **Prevention of and Fight against Crime (2007-2013)[17] Programme**, to investigate links between drug production and the financing of terrorism.

In operational terms, seven Member States are now involved in MAOC-N, the Lisbon-based **Maritime Analysis and Operational Centre on Narcotics**. The activities involve close cooperation between law enforcement agencies, judiciaries, and the naval and airborne resources of the Member States concerned, in fighting cocaine trafficking via the Atlantic and West Africa. MAOC-N cooperates with similar agencies in the United States, such as the Joint Interagency Task Force South, based in Florida. The cooperation is based on the logic that the global approach and flexibility of the drug traffickers should be matched by global law enforcement.

Supply reduction is an area where measuring improvement at EU level remains difficult. Most of the actions in this field are measured using **quantitative rather than qualitative indicators** and the data that are available at EU level are often fragmented and difficult to compare. This is partly due to the lack of common standards for data registration and collection, but also to overlaps in reporting structures.

The Commission, in cooperation with Europol and the EMCDDA, intends to assess the issue of supply reduction data in its 2008 final evaluation of the current EU Action Plan on Drugs. The objective is to **determine what are the existing policy needs in terms of law enforcement problem definitions and statistics** and to what extent these data are already or can be standardised and made available at EU level.

Finally, the Council Decision on the information exchange, risk assessment and control of new psychoactive substances[18] was implemented in 2007. F**or the first time since the adoption of the Decision in 2005, a risk assessment has been conducted** on a new psychoactive substance, the stimulant 1-Benzylpiperazine (BZP). The assessment procedure culminated in a proposal by the Commission to schedule BZP in accordance with the appropriate legislation. The Council will decide on this proposal after consulting the European Parliament.

3.4 International cooperation

The Strategy on the External Dimension of JHA: Global Freedom, Security and Justice, stresses that cooperation with third countries in these areas is a longer-term effort based on institution and capacity building and one which requires sustained commitment on both sides.

[16] OJ L 271, 24.10.2000
[17] OJ L 58, 24.02.2007
[18] 2005/387/JHA, 10.5.2005

The first 2006 Progress Report on the Strategy concludes that progress has been positive and steady, also on topics including drugs.[19]

The EU is a key actor in the field of international cooperation on illicit drugs. It is engaged in an active dialogue with the most of the key production and trafficking countries affected by the drug problem and plays a major role in supporting them by means of financial and technical assistance. The EU's commitment to promoting the **balanced approach,** whereby drug demand and supply reduction need to be addressed in tandem, **reflects the fundamental values and principles of the Union** and is seen as an example for other countries worldwide. The balanced approach is also increasingly integrated in the drugs-related articles of the cooperation, association and partnership agreements with third countries.

Action to tackle drugs is regularly discussed in the meetings with candidate and potential candidate countries and with the Commission's European Neighbourhood partners. The candidate countries are increasingly participating in the work of EMCDDA, Europol and Eurojust. The different projects and structures in place allow the EU to **support these countries in developing their capacity to implement the acquis and related action,** e.g. developing national drug action plans and strategies.

In 2007, the main developments in the field of international cooperation included the first meeting of experts in the field of both demand reduction and supply reduction as part of the "Paris Pact" process on heroin trafficking. There was also an agreement on the review of the 1999 Panama Action Plan between the EU and Latin America and the Caribbean. The Port of Spain Declaration of May 2007 identified new priorities for cooperation in the fields of demand and supply reduction and other areas related to drugs, such as money laundering, and customs, police and judicial cooperation.

In addition, a special partnership with Cape Verde is now emerging in which anti-drugs cooperation features prominently. EU-Russia cooperation in the field of drugs is making progress at the operational level. A Memorandum of Understanding to exchange information and best practice on drug abuse was signed in October 2007 between the Russian Federal Drug Control Service and the EMCDDA. Meetings of the EU Drug Troika took place with the Western Balkans, Russia, and Afghanistan, the US and, for the first time, Ukraine.

The Dublin Group of major donor countries remains a valuable instrument for Member States and the Commission to analyse and exchange views on international drug problems. However, the regional chairs of the Dublin Group should report to what extent recommendations are being implemented. In 2007, the Dublin Group met with Iran - the first time the Group has ever invited a guest to its meeting.

The assistance and amount of spending on drug-related activities and action plans is showing an upward trend.

By the end of 2005, EU international cooperation projects in the field of drugs were valued at nearly € 760 million, making **the EU the strongest player in the global effort against drugs**.

So far, less than half of the EU Member States run assistance projects with third countries, and the Commission, the UK and Germany account for more than 80% of ongoing projects in value terms.

EU funding of drug-related assistance is concentrated on Afghanistan, accounting for almost two thirds of all EU external funding (€ 452 million). The EC's assistance in support of

[19] Council Document 14366/3/05 REV 3; 30.11.2005

counter narcotics strategies is targeting socio-economic development in a number of provinces in the north and the northeast of the country through rural development, including alternative livelihoods and assistance to the health sector. The EC is a key donor to the Law and Order Trust Fund, the Afghan Reconstruction Trust Fund and a new € 200 million Rule of Law project, launched in 2007.

Assistance to the three coca growing countries in the Andean region accounts for nearly one third of the overall EU funding (€ 220 million). The remainder is spread throughout the rest of the world, particularly in the Mediterranean/Balkan region, South-East Asia, South Caucasus and Central Asia, and involves support for **alternative development** (accounting for two thirds of all assistance) followed by **institution building**, **law enforcement** and **demand reduction** projects.

In 2006 the North-South "drugs" budget line, managed by the European Commission, provided over € 7.5 million to support cooperation along the cocaine trafficking routes from LAC via Africa, a city partnerships initiative between the EU and the LAC in the area of drug demand reduction, a project on EU-LAC intelligence-sharing, another demand reduction initiative in the Southern Mediterranean, the Middle East and South West Asia, and a study on harm reduction in developing countries.

There are a number of global initiatives, also financed from the 2006 budget line and all of them implemented through the UNODC, aiming among others to fund the Global Crop Monitoring System, to provide support to the Paris Pact Process, the UN NGO Drug Forum and to fund an expert group to consolidate the 10-year assessment of the 1998 UNGASS. In addition, assistance is provided to a UNESCO project, which was started in 2005, to strengthen services and capacity-building provided by NGOs in developing countries in the area of harm reduction.

The EU is increasingly adopting a common position within the United Nations Commission on Narcotic Drugs (CND). One example was the draft EU Resolution on identifying sources of precursors in illicit drug production that was adopted at the CND's 50th session. The EU, acting as a single entity, co-sponsored a further ten CND resolutions in the field of drugs.

The EU intends to continue this positive record on coordination **by maintaining a common position on the UNGASS evaluation in 2008**, and its follow-up in 2009.

The financing provided to UNODC to establish an expert working group on the evaluation of the UNGASS 1998 Declaration is confirmation of the EU's commitment to developing and implementing drug policies at UN level that are increasingly informed by scientific evaluation and based on the best available evidence.

3.5 Information, research and evaluation

The need to base drug policies on sound scientific evidence is greater than ever. This is reflected in the desire of Member States to enhance EU cooperation in the field of drug-related research.

The contributions of Europol and EMCDDA to the EU knowledge base regarding the drug phenomenon continues to be of great value for policy makers and professionals. In 2006 and 2007 both the EMCDDA and Europol delivered a series of reports on drug demand and drug supply in Europe, providing policy makers and implementing agencies with up-to-date information on the drug situation and the responses to it.

However, **the overall picture of drugs-related research in the 27 Member States remains complex and fragmented**, and lacking an overview of the scientific research and cooperation networks and the existing and potential areas of drugs-related research. The Commission will conduct an in-depth comparative analysis of research in the field of illicit drugs which is to be published in 2008.

The Commission's Joint Research Centre (JRC) is placing more emphasis on security-related research in its work programme 2007-2013 In 2007, agreement has been reached at Commission level for the JRC to make itself available to the Member States as a **knowledge base for a potential European network in the field of forensic profiling of illicit drugs**. This would build on current and previous Commission-funded projects in this area.

Other Commission initiatives include the DRUID project to develop reliable roadside drugs-and-driving checks and equipment, and EURITRACK (European Illicit Trafficking Countermeasure Kit), a project to develop a non-intrusive and safe method of detecting illicit materials concealed in shipping containers.

The **Drugs Prevention and Information Programme[20] (2007-2013)**, will provide further funding for projects and studies in the field of drug demand reduction and policy analysis.

IV. CONCLUSIONS

There can be no doubt that the EU Drugs Strategy and Action Plans – as a policymaking and implementation process – are creating a dynamic that is bringing the Member States closer together.

The 2007 Progress Review reveals two important findings.

(1) Drug policies within the European Union are increasingly converging, while at the same time respecting the individual cultural and political models of the different Member States.

(2) The evidence-based approach adopted for the Action Plan helps us to identify areas where improvements have to be made.

Although it is too early to anticipate the 2008 evaluation, certain aspects are emerging:

- the collecting or sharing of national data, particular on supply reduction and law enforcement needs to be improved (this was clear from the first annual review in 2006);
- a methodology for positively linking the specific actions in the Action Plan with levels and patterns of drug production, trading and consumption as such is to be developed;
- indicators in the Action Plan should be properly aligned: some indicators do not provide information on the actions to which they refer;
- moreover, **the lack of information and data on the impact the actions have on the drug situation reflects a wider problem of measuring the impact of public policy on specific and complex social problems**. Available data do not

[20] OJ L 257, 03.10.07

always provide a proper insight as to whether the outputs of the Action Plan have had an impact on the problem they are trying to address.

The Commission will further explore these issues during the final evaluation of the EU Action Plan on Drugs 2005-2008. The Commission proposal for the next EU Action Plan on Drugs 2009-2012 will place particular emphasis on a more rigorous matching of specific actions to their indicators and assessment tools.

The annual reviews of the EU Action Plan on Drugs over the period 2006-2007 have strengthened the Commission's firm conviction that drug policies need to be based on objective, best available evidence to achieve effective – and cost-effective – policies; that drug policies should reflect the fundamental values on which the European Union is built; and that they need to combine a proportional but resolute law enforcement effort against illicit trade and production with extensive prevention, harm reduction, treatment and rehabilitation. This is the duty we have to the citizens of Europe.

The Commission recommends the Council to endorse this Progress Review.

ANNEX

TABLE OF CONTENTS

Introduction

In the following sections, an extensive overview of the state of play regarding the current Action Plan on Drugs 2005-2012 is presented. For each action the available information on progress has been summarised. Where relevant, a conclusion has been formulated for a specific action. In order to improve overview, more tables have been included in this year's Progress Review. The output for each action that has reached its implementation deadline has been analysed. Ongoing actions are also monitored. For ten objectives and actions the deadline for completion is 2008. These have been excluded from this report[21] and will be assessed in next year's final evaluation. A conclusion is provided for each objective in the Action Plan.

In this Progress Review the Commission was assisted by the Member States, the EMCDDA, and Europol. The assessment for 2007, covering the period between the second half of 2006 and the first half of 2007, follows the chapter structure of the Action Plan.

The 2006 Progress Review resulted in recommendations to revise a number of indicators, primarily in the field of supply reduction. Most of the recommendations made by the Commission have been adopted by the Council[22] . These changes have been included in this document and are marked as *'revised'* in the indicator section.

1. COORDINATION (OBJECTIVES 1-6)

The EU Drug Strategy 2005-2012[23] identifies coordination of drug policy as a major factor in the establishment and conduct of a successful strategy against drugs. *It recognised that:*

"To achieve an integrated, multidisciplinary and balanced approach to the problem, the EU coordination mechanism described hereunder should be further developed in order to facilitate and improve cooperation activities at all levels and to contribute to the fulfilment of the goals of this Strategy and the action plans that will ensue from it. The Action Plans should include actions that will contribute to the further development of a European coordination mechanism."

The objectives and actions in this chapter are related to sections 17, 18, 19, 20, 21 of the EU Drugs Strategy 2005-2012
Objective 1 ***Ensure a balanced, multidisciplinary approach*** ***Member States, with due regard to their national legislation and administrative structures, to adopt an overall national strategy and one or several action plans on drugs and to ensure that national strategies/action plans are in line with the EU Strategy/Action Plans***
Assessment tool/ indicator *(revised)* Annual report on national strategies/action plan by the COM, in cooperation with the EMCDDA
Responsible for implementation: Member States
Deadline for implementation: 2007
State-of-play Currently, eleven countries have both a national drug strategy and an action plan, 13 have either one or the other of these, and three countries have neither of them. The vast majority of Member States report

[21] The objectives and actions concerned are: **3.2**, **9**, **23.3**, **25.3**, **26**, **31.2**, **38.2**, **41.2**, **42** and **45.3**.
[22] 10301/07 CORDROGUE 32, 4.6.2007
[23] 15074/04 CORDROGUE 77, 22.11.2004 .

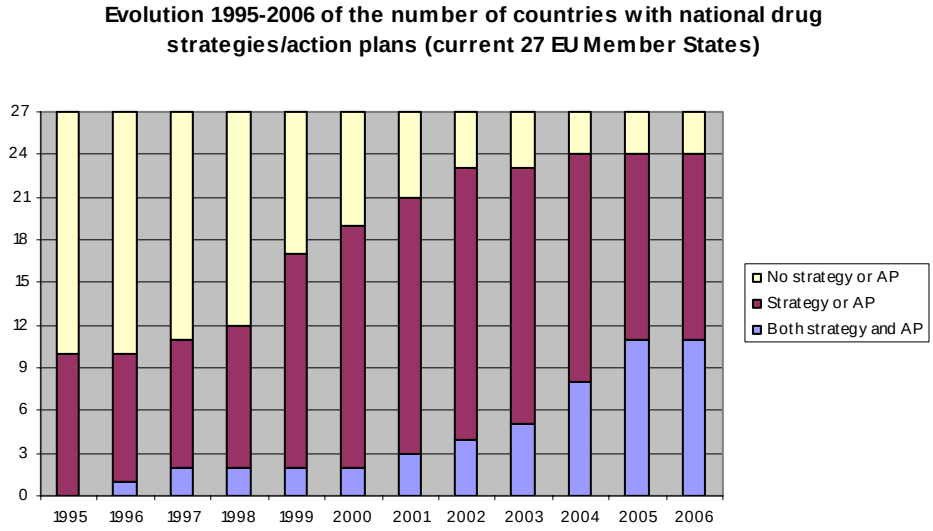
that their current drug strategies and action plans are compatible with the content of the EU strategy and action plan. Among the countries that have adopted and implemented new strategies and action plans in 2005 and 2006, most report that these documents are in line with the EU approach. During 2005 and 2006, eleven countries revised or implemented new drug strategies and/or action plans. Seventeen Member States are likely to do so between 2007 and 2009.
Overall, it can be observed that the structure (a strategy and one or more action plans) and the content (comprehensive and balanced approach) are becoming increasingly similar at national and EU level. Nevertheless, when the 1995 EU action plan was implemented, less than half (7/15) of the Member States had a national drug strategy/action plan; 12 years later, almost all countries (24/27) have one. In 2000, when for the first time the EU adopted both a drug strategy and an action plan, only one out of fifteen Member States had also two planning documents. Seven years later this proportion has dramatically increased (11/27).

Conclusions

It is clear that Member States are increasingly receptive to EU action in the field of drugs. This is a positive result as it creates a convergent EU approach in the field of drugs and allows the EU to speak with one voice in external relations. The final evaluation of the Action Plan will examine in more detail the impact this has on results.

Figure 1

The graph below shows how drug strategies and action plans have become common in the EU since 1995.



Source: EMCDDA

Objective 2

Effective coordination at EU and national level

Member States and the Commission to have a fully operational drugs coordination mechanism and to designate a person, department or body to act as drugs coordinator

Assessment tool/ indicator:

1. MS to report to the COM on existing national coordination structures
2. Annual report on national structures by the COM, in cooperation with the EMCDDA

Responsible for implementation: Member States, Commission

Deadline for implementation: 2007

State-of-play

Information on this action is reported by the Member States' National Focal Points to the EMCDDA. Drug coordination mechanisms exist in all EU Member States. However, their characteristics vary as they reflect the political structure, administrative culture and size of each country. The most frequent mechanism (20 Member States) has three components to it:

- an inter-ministerial body which defines the drug policy and adopts the national strategies and action plans;
- an operational body which does the day-to-day coordination in the drug policy field;
- regional and/or municipal bodies which coordinate drug-related measures at the local level

Twenty-five Member States have one or more designated coordinators or coordination bodies in the drugs field: eleven report that they have one (or two) specialised agency (ies) or department(s), five that they have a national drug coordinator and nine that they have both. In the two remaining Member States, the responsibility lies with one (or more) member(s) of the government.
The current drug coordination mechanisms were implemented before 2005. However, a few changes at national and regional/local level have occurred since then.

Conclusions
Even if it is difficult to assess whether or not drug coordination mechanisms are 'fully operational', the presence of a coordinating entity at national level is in itself an acknowledgement of the crosscutting nature of drugs as a policy area and the need for a balanced approach in this field. The EMCDDA is currently working to develop a common set of criteria and indicators to describe the capacity of drug coordination mechanisms to perform their tasks. In the future this should lead to a better understanding of drug coordination in the EU Member States.

Objective 3
Strengthen the involvement of civil society

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

Assessment tool/ indicator: COM's Green Paper

Responsible for implementation: Commission

Deadline for implementation: 2006

State-of-play
On 26 June 2006 the Commission published a Green Paper on the role of Civil Society in Drugs Policy in the European Union[24]. The open consultation of stakeholders on the Green Paper yielded 65 replies. Generally speaking, there was strong support for a Civil Society Forum on drugs. A report on the results of the open consultation was published in June 2007, proposing conditions for membership of such a forum.
The Forum will have at most 30 member organisations that represent civil society and whose main activities focus on the field of illicit drugs. The first meeting of the Civil Society Forum is scheduled for the last quarter of 2007. The forum will have the opportunity to discuss the different aspects of EU drug policy and offer the Commission the valuable perspective of civil society organisations and structures.

Action 3.2
Member States to give the opportunity to civil society to present their opinion

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

Responsible for implementation: Member States

Deadline for implementation: 2007

State-of-play
The outcome of this action will be taken on board in the 2008 Progress Review/ final evaluation of the Drug Action Plan 2005-2008.

Conclusions
The establishment of a Civil Society Forum on drugs is the outcome of the consultation process that was started in 2006. The Commission is confident that the Forum will facilitate effective communication with civil society.

[24] COM (2006) 0316 final; http://ec.europa.eu/justice_home/doc_centre/drugs/doc_drugs_intro_en.htm

Objective 4
Effective coordination in the Council

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

Assessment tool/ indicator: Commission's Annual Progress Review

Responsible for implementation: Council

Deadline for implementation: Ongoing

State-of-play

HDG Presidencies have selected a number of priorities for their chairmanship of the HDG, mostly directly related to the Action Plan

The Finnish Presidency identified key thematic priorities for its HDG Presidency, including the strengthening the EU drug-related research funding and infrastructure and the involvement of civil society in EU drug policy making.

During the Finnish Presidency, the text of the Funding Programme on Drug Prevention and Information was agreed in the HDG in June 2006 as the basis for the common position of the Council. Furthermore, the Commission's Green Paper on the role of Civil Society and Drugs was discussed in the HDG, and civil society was also the topic of the EU National Drug Coordinators meeting in November. The Council also adopted the recast for the regulation on the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[25].

The German Presidency also identified thematic priorities for its HDG Presidency[26]. In *drug demand reduction*, emphasis was placed on HIV/AIDS, Hepatitis C and other blood-borne diseases, the follow-up of the Council recommendation on the prevention and reduction of health-related harm associated with drug dependence and on other drug demand reduction measures, including drug prevention programmes, early detection and early intervention[27].

In *drug supply reduction*, emphasis was placed on the control of cross-border trafficking, including the implementation of joint interdisciplinary operation projects, etc. Emphasis was also placed on synthetic drugs and precursors. The German Presidency was also very active in the field of *international cooperation*, especially on cooperation with Latin America (the EU LAC collaboration and several high level meetings). It organised troika meetings with Afghanistan, Iran, Turkey, Western Balkan States and the USA.

Finally, in the field of *information, research and evaluation* and as a result of the meeting of the National Drug Coordinators in May 2007, the German Presidency placed emphasis on an assessment and possible improvement of research collaboration in the field of drugs in the EU.

Action 4.2
The HDG to be the leading forum in the Council for EU coordination on drugs. Effective coordination between it and other Council Working Parties dealing with drug issues, including external relations (e.g. police cooperation WG, customs cooperation WG, Multidisciplinary Group on organised crime, public health WG, etc.)

Assessment tool/ indicator:

1. Report of other Council working groups (or the PRES) to the HDG on drug related issues.
2. Results of the HDG discussions on external relations drug issues reported to the relevant working groups, and vice-versa

[25] OJ L 376, 27.12.2006

[26] German Presidency of the HDG, 'Working Programme of the German EU Presidency in the field of drugs', 12 December 2005. Distributed during HDG meeting of 19 December 2006, Room Document nr.5

[27] This priority was discussed during the meeting of National Drug Coordinators.

Responsible for implementation: Presidency, Council
Deadline for implementation: Ongoing
State-of-play Both the Finnish and the German HDG Presidencies have ensured regular feedback from and interaction with other relevant Council working parties, such as providing key input to drug-related activities and strengthening its role as the leading forum within the Council for EU coordination on drugs. The HDG was actively involved in several discussions and debates on drug affairs in external relations.
Conclusions Overall, the HDG Presidencies choose priorities that are closely connected to the Action Plan on Drugs, and they liaise well with other Council working parties that may have an interest in drug-related matters. .

Objective 5 ***Systematic mainstreaming of drugs policy into relations and agreements with relevant third countries***
Action 5.1 ***Ensure that EU action plans for various regions are only adopted if adequate resources for their implementation are allocated***
Assessment tool/ indicator: COM Report by 2008
Responsible for implementation: Council
Deadline for implementation: Ongoing
State-of-play No new Drugs Action Plans were adopted by the Council in the period under consideration. Action plans on drugs exist for Latin America & the Caribbean[28], Western Balkans and Central Asia. Furthermore, an action-oriented paper on trafficking routes to and from Afghanistan is operational. Under the European Neighbourhood Policy[29], provisions on drugs are part of Action Plans with Lebanon and Egypt.
Action 5.2 ***Include a specific provision on drugs cooperation in new agreements with third countries/regions. HDG should be informed of the opening of relevant negotiations.***
Assessment tool/ indicator: Number of new agreements with a specific provision on drugs
Responsible for implementation: Council, Commission
Deadline for implementation: Annual
State-of-play Agreements with the EU under negotiation or concluded in 2006 all include a substantive article on drugs cooperation. This is the case for the agreements with Vietnam, Indonesia, Philippines, Malaysia and Thailand, as well as the Economic Partnership Agreements (with the African, Caribbean and Pacific countries) and the Stabilisation and Association Agreements with the Western Balkans (Bosnia and Herzegovina, Serbia and Montenegro). Negotiations for a new Association Agreement with Central America and with the Andean Community were launched in June 2007, including a proposal for a substantive drug cooperation clause underlining the balanced approach against drugs in the cooperation between both parties to the agreements.
Conclusions All current Action Plans on Drugs (except those in the European Neighbourhood Policy Instrument) receive substantial budget allocations via the EU budget instruments. The EU should adopt new

[28] Panama Action Plan.

[29] ENP countries: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestinian Authority, Syria, Tunisia, Ukraine.

action plans with third countries only if dedicated funding is available. Third countries should assume ownership of collaborative activities by taking responsibility for their own policies and for the implementation of collaborative projects. All cooperation and association agreements between the EU and third countries and regions incorporate drug related elements. These agreements need to be ratified and/or fully implemented.

Objective 6 ***Maintain a regular forum for EU coordination*** ***The Presidency to provide the opportunity to those responsible for drug coordination to meet to exchange information on national developments, to review the scope for greater cooperation and to focus on the implementation of the EU Action Plan***
Assessment tool/ indicator: Outcome of meetings
Responsible for implementation: Presidency, Member States, Commission
Deadline for implementation: Twice a year
State-of-play Within the lifetime of the current EU Action Plan, so far all HDG Presidencies have held a meeting of the National Drugs Coordinators. Some of these meetings were open to external parties, such as representatives of civil society (Finnish Presidency), to UNODC or the Council of Europe (German Presidency). The meetings of the National Drug Coordinators in general offer a good opportunity for sharing best practices at EU level and for focusing on specific concerns. During 2006-2007, specific focus was placed on the involvement of civil society, cooperation with international organisations (UNODC/Council of Europe), drug-related research and the situation regarding cannabis use and treatment for users.
Conclusions All HDG Presidencies have organised meetings of the National Drug Coordinators. The working agendas for these meetings reflect relevant themes from the EU Action Plan on Drugs 2005-2008.

2. DEMAND REDUCTION (OBJECTIVES 7-17)

The EU Drug Strategy 2005-2012 aims to achieve the following concrete, identifiable result in the field of drug demand reduction:

"Measurable reduction of the use of drugs, of dependence and of drug-related health and social risks through the development and improvement of an effective and integrated comprehensive knowledge-based demand reduction system including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures within the EU Member States. Drug demand reduction measures must take into account the health-related and social problems caused by the use of illegal psychoactive substances and of poly-drug use in association with legal psychoactive substances such as tobacco, alcohol and medicines."

The objectives and actions in this chapter are related to sections 23, 24 and 25 of the EU Drugs Strategy 2005-2012

Objective 7

Improve coverage of, access to and effectiveness of drug demand reduction measures

Improve coverage of, access to, quality and evaluation of drug demand reduction programmes and ensure effective dissemination of evaluated best practices. More effective use and regular updating of the EMCDDA based EDDRA (Exchange on Drug Demand Reduction Action) and other databases.

Assessment tool/ indicator *(revised)*:

1. Quantitative and qualitative analysis of mechanisms to increase effectiveness (quality management, evaluation) in the area of drug demand in Member States.
2. Drug use and risk perception on drugs in the general population and school studies (EMCDDA)

Responsible for implementation: Member States, EMCDDA

Deadline for implementation: 2007

State-of-play

Accurate and comparable information on the coverage and accessibility of drug demand reduction facilities and measures is lacking at EU level, and the terms themselves are defined differently in each Member State. The EMCDDA does, however, collect information from Member States on whether they have quality-assurance [30] mechanisms in place to increase the effectiveness of drug demand reduction activities in the areas of treatment and prevention. Furthermore, the EMCDDA addresses the issue of reliability of data and definitions across countries.

In the area of **treatment**, over half of the Member States report the availability of national quality standards for drug-free treatment[31] (16 MS); medically-assisted treatment[32] (19 MS); and the evaluation of drug treatment at national level (12 MS). Quality-management systems using international quality standards (ISO 9000ff and EFQM) are available in only two countries. In the area

[30] **Quality assurance** can be defined as a system of procedures, checks, audits and corrective actions to ensure that a service and reporting activities are of the highest achievable quality. Quality assurance can be implemented as a more or less formal control measure, and with a higher or lower level of reporting, through providers and public control institutions. Among the most traditional measures are quality standards, evaluation, quality management systems and training of staff.

[31] **Drug free treatment** involves the application of psychosocial and educational techniques to achieve long-term abstinence from drugs. Traditionally, drug-free treatment has been residential and long term, e.g. in therapeutic communities. Today, it is also offered in community-based settings.

[32] **Medically assisted treatment** (MAT) covers both substitution treatment with agonists (methadone, buprenorphine, dihydrocodeine, heroin, slow-release-morphine) and other pharmaceutical treatments (e.g. with antagonists such as naltrexone) which is targeted at the drug use itself.

of **prevention**, training for school-based prevention is reported by 23 countries, quality standards for school-based prevention by ten Member States; for selective[33] prevention by eight; and community-based prevention by six. National standards for the evaluation of prevention seem to be less common and are only reported by a few Member States (universal school-based prevention in three and community-located prevention in four).

The existing data provide only a basic and rather crude picture of the availability of quality-assurance mechanisms and the content and scope of these measures has to be further investigated as, for instance, the concept of what exactly and correctly constitutes a 'standard' or a 'guideline' seems to differ across Member States. There are also considerable methodological difficulties associated with measuring the effectiveness of drug demand reduction activities at population level, taking into account the level of drug use and risk perception.

The EMCDDA is working to modify and improve reporting tools on quality assurance mechanisms in drug treatment and drug prevention. In addition, the EMCDDA online portal on best practice is seen as a potential tool for further analysis of the content and scope of quality-assurance mechanisms. The Exchange on Drug Demand Reduction Action (EDDRA) information system will be integrated into this portal.

Conclusions

The existing data provide only a basic picture of the availability of quality assurance mechanisms among EU Member States but show that efforts to develop quality standards or guidelines exist in most countries. The content and scope of these measures have however to be investigated further.

Objective 8

Improve access to and effectiveness of school-based prevention programmes, in accordance with national legislation.

Action 8.1

Ensure that comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as use, are included in school curricula or are implemented as widely as possible.

Assessment tool/ indicator *(revised)*:

1. Number of MS having implemented comprehensive effective programmes on prevention of psychoactive substances in schools

Responsible for implementation: Member States

Deadline for implementation: 2007

State-of-play

This action was due for implementation in 2007. EMCDDA will report in the 2008 progress review/ final evaluation of the Drug Action Plan.

Action 8.2

Support implementation and development of joint prevention programmes of public services, school communities and relevant NGOs

Assessment tool/ indicator *(revised)*:

1. Number of MS having implemented comprehensive effective programmes on prevention of psychoactive substances in schools

Responsible for implementation: Member States

[33] Drug prevention in general consists of three different types: **universal**, **selective** and **indicated** prevention (Mrazek, 1994). **Universal** prevention is aimed at a general population (e.g. of young people), without taking account of specific characteristics within that group (e.g. school-based drug prevention, mass-media campaigns). **Selective** prevention is focussing on a specific target group that has increased risk of developing drug-related problems (e.g. children of parents with psychological problems, children living in deprived socio-economic situation, etc.). **Indicated** prevention aims at specific groups of users that show risk behaviours regarding substance use but that do not yet meet the criteria for problem use (e.g. people frequently using drugs in a recreational setting, poly drug users, etc.).

Deadline for implementation: 2007

State-of-play

This action was due for implementation in 2007. EMCDDA will report in the 2008 progress review/ final evaluation of the Drug Action Plan.

Objective 10

Improve methods for early detection of risk factors and early intervention

State-of-play

In 2006, the EMCDDA reported on the overlap between the actions in objective 10 and highlighted the difficulties of reporting on the implementation of these actions. This resulted in a change of indicators, which were approved by the Council in May 2007. In this Progress Review, the EMCDDA reports on the age of first drug use/first treatment demand indicator.

Action 10.1

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

Assessment tool/ indicator *(revised)*:

1. MS report on risk and protective factors related to drug use in the different target groups, especially by young people

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

The main risk factors related to drug use were described in the 2006 Progress Review. Almost all Member States have been reporting on national studies and on the corresponding interventions that address risk factors and predictors for drug use among minors. In particular, children from families with substance use problems are targeted by research or intervention programmes and services.

Action 10.2

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

Assessment tool/ indicator *(revised)*:

1. MS report on the number of training courses and trained people in nationally funded activities in the field of early detection and intervention with young drug users.
2. Age of first use/ first treatment demand (EMCDDA)

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

The EMCDDA only collects ad hoc information in this action. For example, in several Member States teaching packages or intensive training courses for teachers on motivational short interventions are provided. These packages/courses aim to assist schools in setting their own rules and help teachers to know how to deal with pupils displaying conspicuous behaviour, or they are designed to provide support to teachers in early identification, intervention or transferral to specialised services.

According to the treatment demand indicator (TDI), among the entire treated population in the European countries in 2005 around half of the users started to use their main drug between the ages of 15 and 19, and 15% before the age of 15 – regardless of the type of drug[34].

Among new outpatient clients with volatile substances and cannabis as primary substances for entering treatment, 51% and 33% respectively started to use the drug before the age of 15.

The average age of new drug users is 28.5 years, and the time lag between first 'primary drug use' and first treatment request is around 8 years[35]. However, this time lag is found to differ according to the

[34] See Table TDI-11 part i - in the 2007 statistical bulletin of the EMCDDA.

main drug of use. Among new outpatient clients, it is around seven years for cannabis (6.7), eight for cocaine (8.2), and nine for opiates

It has also been noted that every year in the EU about 4,000 children below the age of 15 enter treatment services[36], accounting for about 1% of the treated cases. These figures are reported to have risen between 1999 and 2005.

More girls are found in the group of younger drug users (under 15 years). Among users who are 20 years and older there are 4.1 males for every female, whereas among the youngest clients (under 15 years) there are 2.5 males for every female. The reasons for this may be related to several factors, including biological, social and psychological factors (e.g. earlier age of first drug use among girls, faster progression to problematic drug use, and earlier request for treatment).

Action 10.3

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

Assessment tool/ indicator *(revised)*:

1. Number of early intervention programmes implemented (EMCDDA)

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

Systematic data on the number of early intervention programmes in the Member States is often not available. However, an account of the developments in early intervention programmes will be provided by the EMCDDA in 2008, and only some ad-hoc information is available for this update. For example, in Germany, Greece and the Netherlands, some specialised facilities exist that offer counselling and care to children and teenagers with drug problems. In Denmark and Ireland, SMS messaging services are being used for interactive counselling and for support to stop cannabis smoking. Overall, it is important to point out that many facilities combine inpatient and outpatient measures and include key elements from both addiction therapy and youth welfare. Indeed, early intervention is also provided by specialised centres for drug treatment.

Conclusions

A future action on early detection of problem drug use, early intervention and the identification of risk and protective factors should be more detailed. Common definitions need to be developed on what is actually meant by early detection and early intervention. Attention should also be given to protective factors that may help to prevent substance abuse.

More consideration should also be given to the selection of indicators for these actions. For example, the use of the indicator age of first use/ first treatment demand provides an insight into the time lag between first use and first treatment. The indicator on first use may be helpful to target specific age groups with selective interventions to prevent drug use. But the time gap between first use and first treatment does not throw any light on the time lag between the first need for treatment and the actual start of treatment.

Overall, not enough data are available to assess whether this action has been successfully implemented.

[35] 'Primary drug' refers to the drug for which treatment is requested.

[36] These figures may include experimental/ first time drug users who do not meet the diagnostic criteria of problem drug use, but who are referred for treatment as the result of a referral scheme that is part of prevention or an alternative sanctioning policy.

Objective 11

Ensure the availability of and access to targeted and diversified treatment and rehabilitation programmes

Action 11.1

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

Assessment tool/ indicator:

1. Treatment demand and availability indicators (EMCDDA)

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

In Europe, all Member States provide opioid substitution treatment, but there are clear differences in levels of provision and coverage. This pharmacological treatment is combined with psychological counselling and social support, and is generally delivered in outpatient settings at specialised drug treatment units. However, in several countries, office-based medical doctors are also involved in providing substitution treatment.

The substance predominantly used in opiate substitution treatment has been methadone (72% of all substitution treatment), but the use of buprenorphine has increased over the past few years, especially among clients treated by office-based medical doctors. Furthermore, after the UK, the Netherlands introduced heroin-assisted treatment as a treatment option in January 2007, while Germany, Belgium and Spain are conducting trials.

Data from a number of individual EU countries — where recent estimates of the prevalence of problem opiate use were available — show that the current coverage of opioid substitution treatment varies significantly between countries, with between 5% and about 50% of opiate users currently receiving such treatment.

Action 11.2

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

Assessment tool/ indicator *(revised)*:

1. 'Evolution' of treatment provision and need in Europe (EMCDDA)

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

In the past decade, drug services have been successful in reaching – predominantly – opiate dependent drug users through outreach services.

Treatment accessibility differs across Europe, as reflected in extremely large variations in the overall ratio of persons entering treatment (between four and 111 cases per 100,000 adults). However, the reasons for these variations might be related in part to differences in data coverage by country.

EMCDDA data on clients who entered drug treatment (for any illicit drug) in the course of 2005 are available from 22 EU countries[37]. The data cover approximately two thirds of the specialised inpatient and outpatient drug treatment units in these countries, but only a small proportion of other treatment facilities or of general practitioners (GPs) providing treatment. The data show that among the 326,000 clients who entered drug treatment more than 156,000 reported heroin as the primary drug for which they were seeking assistance.

Four out of ten clients entering the facilities received treatment for the first time in their life. While rates vary between countries, and data mainly reflect the situation in specialised outpatient and inpatient drug treatment services, it is important to note that in these 22 countries alone at least 130,000 drug users are being reached for the first time by structured treatment services in one year. It is also important to note that the percentage of clients entering treatment for cocaine or cannabis-related problems has been increasing in recent years.

[37] No data were available from: Belgium, Estonia, Austria, Poland and Slovenia.

In 2005, over 585,000 opioid users received drug substitution treatment in the EU countries, the vast majority of cases being reported from the 'old' EU Member States. This represents between 34% and 45% of the total estimated number of problem opiate users in the EU. Between 2003 and 2005, the number of clients receiving this type of treatment recorded an overall increase of around 18% in the EU-27, with the strongest relative growth observed in some of the new Member States (Bulgaria, Estonia and Romania).

New trends and patterns in drug use, including the combined or intermittent use of several drugs (poly drug use) are a reality across European countries. Effective treatment approaches to the use of cocaine and crack cocaine, other stimulants and cannabis need to be further explored.

Experiments with new intervention methods, including e-Health interventions, may help in reaching drug users who are not seeking treatment but who could benefit from low-threshold counselling and advice regarding self-management and reduction options.

Action 11.3

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

Assessment tool/ indicator *(revised)*:

1. EMCDDA to report on the number of MS reporting social reintegration programmes addressing housing, vocational training and employment.

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

Political attention and investment in the reintegration sector has risen in some Member States and quality standards in drug treatment require that social care and reintegration services should be made available to clients. The socio-demographic profile of clients entering treatment reveals their specific needs: they are characterised by disadvantaged social conditions, a low level of education and often a precarious living situation. Unemployment is particularly high among those in inpatient treatment (76%), but also affects nearly half the clients in outpatient treatment.

Social rehabilitation programmes, mainly addressing housing and employment, are available in twenty-four of the twenty-seven Member States. However, in nine countries their level of availability, and in seven countries their level of accessibility, is considered to be low.

Programmes and actions in many countries do not aim at drug users alone but address vulnerable social groups in general and are typically implemented at local or regional level. While the creation of new opportunities for training and access to education is reported as common in many countries, it is harder for the target group to obtain waged work. A number of projects have been developed in some Member States under the EU Commission's EQUAL initiative on employment and social inclusion.

Action 11.4

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

Assessment tool/ indicator *(revised)*:

1. Evolution of dissemination of information on treatment and rehabilitation programmes

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

The use of information, education and communication techniques with regard to drug prevention and risk reduction is a common approach in all Member States. Specific educational materials, telephone help lines and websites exist in most, if not all, countries. In 22 Member States, online inventories of national treatment and rehabilitation resources are available.

A Europe-wide initiative is the *Evidence-Based Electronic Library for Drugs and Addiction*[38], launched in 2006, which was developed with Community funding.

Conclusions

Although clear and visible progress has been made in the provision of access and coverage of drug-treatment programmes to dependent drug users in recent years, there is still a lot of ground to be made up in the promotion of evidence-based treatments and in terms of effective interaction between drug treatment and additional (social) services.

Opioid substitution treatment is one of the main treatment options in the EU Member States, although with some overall differences in the level of provision between older and newer Member States, and it is supported by a large and increasing body of research evidence which shows that it can effectively reduce opiate use and risk behaviour. These programmes are also effective in increasing treatment retention and can help to stabilise and improve health and social conditions of chronic heroin users.

As new patterns and new trends in drug use emerge in the EU, the range of treatment and rehabilitation facilities and services needs to adjust to new types of needs from new types of clients.

Objective 12

Improve the quality of treatment services

Action 12.1

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

Assessment tool/ indicator:

1. COM report by 2007

Responsible for implementation: Council, Commission

Deadline for implementation: 2008

State-of-play

To complement Member States' activities in this field, the Programme for Community Action in the field of Public Health[39] (2003-2008) continues to support a range of projects in the field of drug demand reduction, including prevention, harm reduction and treatment[40].

In 2006, the programme also financed a preparatory work to report on drug treatment and good practices across Europe[41]. The tender called for a study providing an overview and analysis of available drug treatment options in the Member States, including an assessment of the extent to which the available treatment options are evidence based. Other projects funded by the Programme and dealing with health determinants (e.g. mental health, alcohol and tobacco) and drug-related infectious diseases (in particular HIV/AIDS) are often linked to drug demand reduction activities.

Funding for these kinds of activities will continue under the second Community action Programme for Public Health 2008-2013 and will be enhanced by the new Drug Prevention and Information Programme[42] (2007-2013) and the 7th Research, Technological and Development Framework Programme[43] (2007-2013).

[38] http://www.eelda.org

[39] OJ L 271, 09.10.2002

[40] For example, a project on European Drug Addiction Prevention trials (EUDAP2) was funded. The project aims to measure the effectiveness of specific universal, school-based drug prevention interventions. Another EC funded project concerns ways of improving access to treatment for people with alcohol and drug related problems (IATPAD).

[41] Call for tender published on 10/05/2006 - ref: 2006-92638.

Conclusions
The results of the study are expected at the end of 2007. Outcomes of the study will provide input for the final evaluation of the EU Action Plan on Drugs 2005-2008 and for the new Drug Action Plan 2009-2012.

Objective 13
Further develop alternatives to imprisonment for drug abusers and drug services for people in prisons, with due regard to national legislation.

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

Assessment tool/ indicator:
1. MS report to the HDG by 2008

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play
The results as presented below should be regarded as a preliminary qualitative analysis – which will require further data for refinement– and should be interpreted with caution, as:
- Quantitative data on the use and effectiveness of alternatives to prison are generally not available, although by using expert ratings it is possible to sketch out the situation. However, the situation is complex and heterogeneous, and needs further study.
- Sometimes the completion rate is available but information is not systematically retrieved or collected. Some countries report completion rates that reveal a very wide range.
- Clearly, alternatives to prison are an important asset in national drug strategies in the EU. Nevertheless, to estimate the extent of their use and outcomes, there is a need for data and field research in Member States.

Alternatives to prison (ATP) are provisionally defined as therapeutic measures or treatment for *adult drug-using offenders* that take place outside prison. *Alternatives* can include therapeutic measures that are awarded where no prison sentence may be given under the law.
A wide variety of alternatives to prison are available in almost all the EU Member States, for different types of user and for different types of offence. In 14 EU Member States, the concept of alternatives to prison is supported in national drug strategies or action plans, with the primary aim being to prevent future use, reduce crime and prevent infectious diseases, rather than to cut the prison population or public expenditure. In thirteen countries, standards for delivery of treatment as an alternative are available.

Member States, through the Reitox network, were asked what proportion of drug-using offenders might have faced a prison sentence under national law but were diverted to treatment. No country could give exact percentages for all its ATPs. In France, 16% of those arrested for drug use received ATP treatment at the pre-trial stage, but no figures were available for treatment awarded at post-trial stage. In Italy, 59% of convicted addicts serve their sentence outside prison. In Portugal, of the sentences passed by the CDTs (administrative drug tribunals) in 2005, 59% were provisional suspensions for non addicts, 21% were suspensions for users accepting treatment, and 15% were punitive sentences.

Details of completion rates were available for some of the ATP options in some countries. These were given for Italy (71% of prison terms served outside prison; other statistics unavailable), Netherlands (about 50% to 60% for outpatient programmes commencing after pre-trial assistance), Austria (57% in a research project), Spain (figures from regions varied from 22% to 93%), Ireland (30% graduated from the Drug Court) and the UK (31% of DTTOs). Sweden estimated that "most" ATPs were

[42] OJ L 257, 03.10.2007
[43] OJ L 412/1, 30.12.2006

completed. The majority of Member States had no information on this matter. Few countries have a tracking system in place to follow all those who have been diverted to various treatment options.

There have been developments in legislation in various countries during the period of the EU Action Plan. Legislation has brought new possibilities for ATPs, including suspension of custodial sentences (for treatment) in Spain and Hungary; encouragement of probation with treatment in Hungary; and educational measures in an outpatient facility in Slovakia. A further four countries have passed laws to widen the scope of existing ATPs. In Italy, eligibility for ATPs has been extended to those convicted of an offence punishable by up to six years in prison (previously it was four years); in Poland, the new limit is five years. In the United Kingdom, testing on arrest is now permitted, with those testing positive being required to undergo an assessment.

There were also developments in terms of law enforcement. In Belgium, public prosecutors are developing closer cooperation with treatment organisations. In the Netherlands, a more stringent selection of offenders for treatment is seeking to improve the efficiency of the system, and there are efforts to increase the use of 'conditional release' (release conditional on treatment) after prison. In Malta, an arrest referral scheme started in July 2005, and the possibility of a drug court is also under discussion.

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

Assessment tool/ indicator:

1. COM proposal for a recommendation by 2007

Responsible for implementation: Member States, Commission

Deadline for implementation: Ongoing

State-of-play

In 2007, the Commission will draft recommendations in this area. As announced in the 2006 Progress Review, it launched a call for tenders for work on drug policy and harm reduction including a study on prevention, treatment and harm reduction inside prison, on reintegration services for inmates released from prison, and on methods to monitor and/ or analyse drug use among prisoners. A report on the study is expected by the end of 2007.

In April 2007, the Commission adopted and presented a report on the implementation of the Council Recommendation of 18 June 2003 on 'the prevention and reduction of health-related harm associated with drug dependence' (*see Action Plan objective 14*). One key conclusion of the report was that although almost all EU Member States have implemented measures to prevent infectious diseases among drug users in prisons, harm reduction interventions in prisons are still not in accordance with the principle of equivalence adopted by the UN General Assembly, UNAIDS/ WHO and UNODC, which calls for equivalence between health services and care (including harm reduction) inside prison and those available to society outside prison. According to the report it is important that Member States adapt prison-based harm reduction activities to meet the needs of drug users and staff in prisons and improve access to services. Finally, the continuity of these services, including quality and access, should be ensured after release from prison. The Horizontal Drug Group endorsed the conclusions of this report and the formulation of a proposal for a Council Recommendation on drugs and prisons.

Conclusions

It is not possible to assess whether the use of ATPs is 'effective', as there are not enough available data to measure this, and data and field research in Member States are needed. Regarding prevention, harm reduction, treatment/ reintegration and monitoring in prisons, EU Member States are not in accordance with the principle of equivalence adopted by the UN System. The Commission is planning to present a proposal for a Council Recommendation on drugs and prisons by 2008.

Objective 14
Prevention of health risks related to drug use
Implementation of the Council Recommendation on the prevention and reduction of health related harm associated with drug dependence

Assessment tool/ indicator:

1. COM report by 2006

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

The Commission adopted and published its report[44] with key conclusions and recommendations on the implementation of the Council Recommendation of 18 June 2003 at the beginning of 2007 based on a background document[45] that included a comprehensive overview of the situation in each of the Member States.

The report concluded that all EU Member States (EU25) have defined the prevention and reduction of health-related harm associated with drug dependence as a national public health objective and as part of the national response to the drug problem.
Harm reduction facilities and services are available in all EU Member States, although they vary widely between Member States. All Member States run information, education and communication (IEC) programmes. Outreach work is undertaken in nearly all Member States (23), and peers and volunteers are involved in 19 Member States. Networking and cooperation between outreach services exists in 20 Member States. Needle and syringe exchange programmes are available in nearly all Member States (24 MS) as well as related facilities such as the distribution of drug use requisites (23 MS) and condoms (23 MS).
Drug-free treatment (25 MS), methadone maintenance (24 MS) and methadone detoxification (23 MS) programmes are also widely available throughout the EU, while Buprenorphine maintenance treatment (21 MS) is catching up fast. Member States are paying a great deal of attention to the testing and screening (22 MS) as well as treatment and vaccination (20 MS) of drug-related infectious diseases. Overdose response measures, e.g. by making Naloxone available in ambulances, is available in 20 Member States. However, in only 10 of the Member States emergency staff is being trained to respond to drug overdoses. Although a policy to provide drug users in prisons with services that are similar to those available outside exists in 20 Member States and is about to be introduced in four more countries, there is still a considerable discrepancy between the availability of and access to services outside and inside prisons. This difference is most apparent when it comes to the availability of needle and syringe exchange programmes in prisons (which exist in only three Member States), but also remarkable with regard to the distribution of condoms (16 MS) and drug use requisites (11 MS). Substitution treatment by methadone maintenance (17 MS), methadone detoxification (19 MS) and Buprenorphine maintenance (10 MS) is less available inside prisons.

Finally, Member States subscribe in general to the need for evaluation to increase the effectiveness and efficiency of the prevention and reduction of drug-related health risks. The majority of Member States report that their policy decisions are specifically based on scientific evidence of effectiveness. Several have research and evaluation projects to examine harm reduction interventions (e.g. substitution programmes, outreach work, needle exchange). However, not all Member States regard quality assurance, monitoring and evaluation as tasks of national government. In Member States with a federal or decentralised structure, tasks are divided among the different levels of competence. In other Member States, they are seen as a task for independent scientific organisations.

[44] COM (2007) 199 final; http://eur-lex.europa.eu/LexUriServ/site/en/com/2007/com2007_0199en01.pdf

[45] Gouwe, D. van der, et al. [2006]. *'Prevention and reduction of health-related harm associated with drug dependence – an inventory of policies, evidence and practices in the EU relevant to the implementation of the Council Recommendation of 18 June 2003'*. Trimbos Institute [NL] - http://ec.europa.eu/health/ph_determinants/life_style/drug/documents/drug_report_en.pdf

Conclusions
All EU Member States have embraced harm reduction measures as part of their response to the drug problem. The Council Recommendation had a direct influence on the development of drug policies in most of the new Member States. In all the other Member States harm reduction services and facilities had been established at an earlier stage, some to a lesser extent. The Commission report and background document provide a good overview of the availability of services and facilities in the Member States as well as a baseline for future progress evaluation of harm reduction policies and practices in the EU. The Horizontal Drug Group endorsed the conclusions of this report.

Objective 15
Availability and access to harm reduction services
Improve access for addicts to all relevant services and treatment options designed to reduce harm, with due regard to national legislation

Assessment tool/ indicator:
1. Treatment demand and availability indicators (EMCDDA)
2. Analysis of different types of harm and damage reduction services available in the MS (EMCDDA)

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play
Comprehensive information on the availability of a range of services and facilities in this area was provided in a report submitted in April 2007 by the European Commission to the European Parliament and the Council on the implementation of the Council Recommendation of 18 June 2003 in the Member States[46] (EU25).

There are variations between countries in the level of implementation of specific measures, reflecting their individual drug situation and policy context. For example, the level of provision of opioid substitution treatment is much higher in the older EU Member States than in most of the newer ones. However, recent trends show increases in most countries (see also state-of-play Action 11).

Needle and syringe programmes, run by specialist drugs agencies, are available in nearly all of the EU-25 Member States[47] and were identified by the vast majority of Member States as a priority response to infectious diseases among drug users.

In most countries, mobile service provision is common and the pharmacy network is actively involved in eight countries, which considerably increases the geographical availability. Data on the accessibility and utilisation of services and facilities, especially by high-risk groups, is currently incomplete and needs to be improved in future years so as to monitor whether or not the strategic targets are being achieved.
The Commission report urged Member States to discuss and exchange best practices and develop standardised approaches and tools for collecting objective, reliable and comparable information in this field.

Conclusions
All Member States have established policies and implemented measures on the prevention and reduction of health-related harm associated with drug dependence. The level of provision of opioid substitution treatment is much higher in the older EU Member States than in most of the newer ones. However, recent trends show increases in most countries.

[46] COM (2007) 199 final; http://eur-lex.europa.eu/LexUriServ/site/en/com/2007/com2007_0199en01.pdf
[47] Cyprus does not run needle and syringe exchange programmes.

Objective 16

Prevention of the spread of HIV/AIDS, hepatitis C, other blood-borne infections and diseases

Ensure the implementation of comprehensive and coordinated national and/or regional programmes on HIV/ AIDS, hepatitis C and other blood-borne diseases. These programmes should be integrated into general social and health care services.

Assessment tool/ indicator:

1. Prevalence indicators on HIV, hepatitis C and other infections (EMCDDA)

Responsible for implementation: Member States, Commission

Deadline for implementation: Ongoing

State-of-play

Recent data on newly diagnosed cases of HIV related to injecting drug use (IDU) suggest that, in most EU countries, infection rates are low (under 5 cases per million population in 2005). However, case reporting data for IDUs are not available for five countries, including four with high levels of HIV infection among IDUs. Complementary surveillance of HIV prevalence among samples of IDUs confirms an overall stable situation in most regions and shows more declining than increasing trends.
Furthermore, the incidence of AIDS related to injecting drug use is high in five countries (over 5 cases per million in 2005), suggesting the need for continued vigilance regarding the timely access of infected drug users to diagnosis and highly active antiretroviral therapy (HAART).
Hepatitis C virus (HCV) antibody levels of over 60% in at least one sample of IDUs are reported from 17 countries. It is estimated that there may be around one million people living with an HCV infection in the EU who have been drug injectors at some point in their lives.

Sterile injecting equipment is predominantly provided by drugs agencies that offer a wide range of other services, including health education, counselling and referral to treatment. Not all countries prioritise needle and syringe programmes, and some consider pharmacy sales (legal in all except one) as largely sufficient. Outreach is a commonly used method to access hard-to-reach populations with risk-reduction information and material. An update of the situation with regard to provision and coverage of drug substitution treatment is given in the state-of-play under Objective 11.

A rough estimate of the yearly number of syringes available per injector in some countries shows that in practice a high level of syringe coverage can be achieved through such programmes. However, better data on pharmacy syringe sales and studies on the determinants of syringe availability are still needed in order to assess the coverage of the potential need, as based on epidemiological data on the prevalence of drug injecting in Europe. Integrating services and facilities that aim to prevent infectious diseases for drug users (VCT, vaccination, infectious disease treatment) within general health and social care can increase availability and facilitate and promote drug users' access to a more complete spectrum of care if needed.

Although data are scarce, the prevalence of HIV among IDUs in prison differs strongly between countries (0.8 – 40%, 1999-2006), being mostly equal or higher than among IDUs in contact with services outside prison. For hepatitis C, it is very high overall (42 – 91%) and generally higher than outside prison. Some EU countries have experienced large HIV outbreaks among IDUs in prison, suggesting that the risk of transmission inside prisons is high. Some IDUs in prison (6% in one multi-country study in 1997) report to have started injecting there. The implementation review of the 2003 Council Recommendation on '*the prevention and reduction of health related harm associated with drug dependence*' states that health services for drug users are usually poorly developed in prison settings.

Conclusions

Within the EU, multi-component prevention responses are well established but their provision is sometimes still too limited. They include: access to adequate drug treatment, especially substitution treatment; needle and syringe programmes; information and distribution of prevention material; education, including peer education, on how to reduce risks; voluntary counselling and testing for infectious diseases; and vaccination against and treatment of infectious diseases. Regardless of the balance of these elements in different national policies, there is clear agreement that a co-ordinated and comprehensive public health approach is vital to reduce the spread of infectious diseases among drug users.

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

Assessment tool/ indicator:

1. Drug related deaths indicator (EMCDDA)

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

The inclusion of the reduction of drug-related deaths into national drug policies is recent, and so far, 15 EU Member States have set this as a national target. For the most part, it has been integrated into the harm reduction objectives of national drugs strategies or programmes, but in eight countries specific objectives have been defined or action plans have been drawn up. Evaluation of the implementation of strategies is planned in eleven countries, but no results have yet been reported.

Common measures to reduce drug-related deaths in the majority of countries are: to provide access to treatment; to increase the awareness of overdose risks among drug users through dissemination of information material; and to provide individual risk counselling and overdose management training, including to friends and relatives of drug users. All Member States have stepped up their levels of treatment provision – recently several of them have lowered accessibility thresholds to drug substitution treatment and have facilitated treatment entry and re-enrolling in treatment. Efforts are also underway in several countries to improve standards of care and the quality of substitution treatment, including through better training of professionals. Providing easier accessibility to high-quality treatment and a greater variety of approaches that are attractive to drug users and that increase retention rates are an important contribution to reducing drug-related deaths.

In order to reach marginalised populations of 'out-of-treatment' drug users, and those drug users with high levels of poly drug use, somatic and mental co-morbidity, or treatment-refractory problem drug users, the Member States with older heroin epidemics, in particular, are running specific programmes and facilities such as heroin prescription and supervised drug consumption rooms. Reaching out to the most vulnerable populations is a common strategy across the EU, and in nineteen Member States trained peers and volunteers are involved in outreach work. Emergency units and ambulances in the Member States are equipped to respond to drug-related emergencies, but only in ten Member States healthcare staff receive specific training to deal with drug overdoses. It is rare for those who have overdosed to be actively followed up at emergency services and given risk education information.
Continuity of care and rehabilitation of drug users released from prison require serious attention, as they are important in preventing drug-related death. Pre-release counselling is often aimed at reducing the high risk of overdose after leaving prison. Such interventions, according to national experts, are uncommon in most Member States.

Drug-related deaths remain at relatively high levels in Europe and constitute a major public health burden. Given the fact that many of the thousands of overdose deaths recorded every year in Europe are preventable, efforts in policies and interventions should be further stepped up to reach the strategic targets.

Conclusions

The phenomenon of drug-related deaths calls for continuous monitoring and for serious action to introduce and strengthen effective harm reduction measures that may help prevent drug-related deaths.

3. SUPPLY REDUCTION (OBJECTIVES 18-28)

The EU Drug Strategy 2005-2012 aims to achieve the following concrete, identifiable result for the field of drug supply reduction:

"A measurable improvement in the effectiveness, efficiency and knowledge base of law enforcement interventions and actions by the EU and its Member States targeting production, trafficking of drugs, the diversion of precursors, including the diversion of synthetic drug precursors imported into the EU, drug trafficking and the financing of terrorism, money laundering in relation to drug crime. This is to be achieved by focusing on drug-related organised crime, using existing instruments and frameworks, where appropriate opting for regional or thematic cooperation and looking for ways of intensifying preventive action in relation to drug-related crime."

The objectives and actions in this chapter are related to sections 27.1, 27.2, 27.3 and 27.4 of the EU Drugs Strategy 2005-2012
Objective 18 ***Step up and develop law enforcement cooperation between Member States and, where appropriate, with Europol, Eurojust and third countries and international organisations, against international organised drug production and trafficking***
Action 18.1 & 18.4 ***(revised, merged as result of Progress Review 2006):*** ***Member States, where appropriate with Europol and Eurojust, third countries and international organisations, shall carry out specific actions in the fight against organised international drug production and trafficking and cross-border drug trafficking and criminal networks engaged in these activities inside the EU, by implementing:*** - Operational law enforcement projects, such as joint investigation teams, joint customs operations and joint investigations. - Law enforcement intelligence projects to improve both the intelligence picture and interventions made. These projects should involve at least two MS and should be focused on production, illicit cross border trafficking and criminal networks engaged in these activities
Assessment tool/ indicator ***(revised)*****:** 1. Number of operational and intelligence law enforcement investigations initiated or completed 2. Quantity of precursors and drugs seized 3. Number of illicit labs dismantled
Responsible for implementation: Member States, Europol, Eurojust
Deadline for implementation: Ongoing
State-of-play Europol consistently supports various operational and intelligence law enforcement projects in the Member States in combating serious and organised crime. Some of these are initiated by Europol itself. Europol projects targeting the production and/or trafficking of drugs include an *Analysis Work File* (AWF), through which intelligence is collected, analysed and disseminated in support of live investigations in participating Member States. Projects are target oriented, identifying and combating specific criminal organisations by applying a regional concept, in which Member States that have a direct interest in combating a specific criminal group cooperate in *Sub-Projects*. Europol runs three ongoing project activities: project COLA[48], project MUSTARD[49] and project SYNERGY[50] . During 2005-2006, nineteen sub-projects were initiated by the Member States and/ or Europol in the framework of the existing projects operated by the Europol Drugs Unit. Nine of these concerned project COLA, five concerned project MUSTARD and five concerned project SYNERGY.

[48] COLA: on cocaine trafficking with and emphasis on Latin American criminal organisations.
[49] MUSTARD: on heroin trafficking with an emphasis on Turkish criminal and associated groups.
[50] SYNERGY: on the production and trafficking of synthetic drugs, chemical precursors and production equipment focussing on indigenous criminal organisations.

The number of sub-projects and live investigations supported in 2005 and 2006 by the information gathered and disseminated through the Analysis Work Files of the three projects can be found in *Table 1*. Europol also participated in, and actively supported, two Joint Investigation Teams (JIT) and four Joint Customs Operations (JCO). One of the JITs was initiated by Europol. Table 1 also provides an overview of Europol and MS activities in the exchange of operational information.

Table 2 presents an overview of drug seizures reported by each Member State to EUROPOL through the Europol National Units for 2005 and 2006[51]. Table 3 presents the number of illicit drug laboratories dismantled in the Member States in 2005 and 2006. Available data on the JIT led by the Netherlands in 2005 showed a seizure of 49.6 kg of heroin and 5000 MDMA tablets. Data on the JCO led by France in 2006 showed 32 cocaine seizures with a total volume of 118 kg.

Conclusions

It is unclear whether there are JITs and JCOs other than those reported, as Europol may not always be involved in them. Europol and Eurojust are preparing special training schemes as well as a manual on the setting up and running of JIT projects. To date, none of the outcomes of the JIT projects have been brought to court. Information on the quantities of precursors and drugs seized in the framework of sub-projects, JITs and JCOs is only partially provided to Europol by the Member States and therefore not available. The instruments of Joint Investigation Teams and Joint Customs Cooperation could be used to a greater extent by the Member States in collaboration with Europol.

The registration and reporting of seizures is not standardised in the Member States. As a result, considerable differences between e.g. registrations and purity of seized substances may exist. In 2001, a *Council Recommendation on the alignment of statistics on seizures of drugs and diverted precursors*[52] was adopted by the JHA Council, providing detailed guidelines for the registration and reporting of this type of data at national level. The Council Recommendation was due for evaluation in 2004. It is not clear whether the recommendation has been implemented by the Member States.

Table 1 – EUROPOL (supported) activities in 2005 and 2006

Activities	**2005**	**2006**
Sub-projects continued from previous year	-	7
Sub-projects initiated	14	5
Sub-projects completed	6	4
Sub-projects closed due to limited operational results	4	2
Investigations in MS supported by sub-projects	71	79
MS contribution to AWF COLA	912	389
MS contribution to AWF SYNERGY	332	375
MS contribution to AWF MUSTARD	329	697
Analytical and strategic reports delivered to MS by Europol	522	720
Operational Joint Investigation Teams (JIT) [53]	1	1
Operational Joint Customs Cooperation (JCO) [54]	2	2

[51] Note: data were not yet available for all substances from all Member States for the year 2006.

[52] Decision of 707/12/01; 13618/01 STUP 29 / 12411/01 STUP 26 ADD 1 & ADD 1 COR 1 (NL, EN) & ADD 1 COR 2 (FR, EN, DK) / 12411/1/01 REV 1 STUP 26.

[53] **2005**: initiated by UK with Europol support, led by NL; **2006**: initiated by Europol and led by Germany.

[54] **2006**: one JCO led by France on Cocaine trafficking through Western Africa; one led by Poland on the trafficking of precursors BMK and PMK from Eastern Europe.

Table 2 – European Union drug seizure statistics 2005-2006[55] [56] in kilograms seized *(exceptions: ecstasy (tablets) and LSD (doses))*

Member State	2005 Heroin	2006 Heroin	2005 Cocaine	2006 Cocaine	2005 Cannabis Resin	2006 Cannabis Resin	2005 Herbal Cannabis	2006 Herbal Cannabis	2005 Ecstasy (tablets)	2006 Ecstasy (tablets)	2005 Amphe-tamine	2006 Amphe-tamine	2005 LSD (doses)	2006 LSD (doses)
Austria	282	34	245	62	151	252	504	1.392	114.104	30.855	9	38	2.109	10.832
Belgium	118	253	6105	2.973	512	8.030	39.140	4.502	3187.940	482.904	110	119	*N/A*	120
Cyprus	1	1	1	7	5	1	179	35	14.059	9.103	-	-	4	-
Czech Republic	36	28	10	5	5	-	103	108	19.010	26.259	-	6	3.067	1.748
Denmark	26	29	44	76	1.358	1.035	125	*N/A*	44.222	22.712	186	79	1.201	*N/A*
Estonia	-	*N/A*	43	*N/A*	49	*N/A*	11	*N/A*	12.094	*N/A*	13	*N/A*	4	*N/A*
Finland	52	-	1	7	431	288	43	69	52.210	39.185	115	129	452	171
France	749	*N/A*	5.186	*N/A*	83.471	*N/A*	3.062	*N/A*	833.648	*N/A*	111	*N/A*	6.323	*N/A*
Germany	787	879	1.079	1.717	3638	5.606	3.014	2.954	1.588.908	1082.820	669	713	16.558	12.488
Greece	331	*N/A*	43	*N/A*	10.209	*N/A*	8.011	*N/A*	150.788	*N/A*	1	*N/A*	126	*N/A*
Hungary	238	130	8	8	13	3	174	285	302.533	161.760	28	17	569	2.199
Ireland	32	*N/A*	229	N/A	6.260	*N/A*	150	*N/A*	327.172	*N/A*	11	*N/A*	61.644	*N/A*
Italy	1.373	1.326	4.369	4.625	23.185	19.208	2.468	5.446	327.359	145.426	15	14	6.979	1.131
Latvia	-	-	1	1	2	-	26	6	21.937	4.640	4	11	2.190	3
Lithuania	2	5	-	3	68	106	106	72	21.243	58.509	8	35	-	-
Luxembourg	4	9	1	4	5	5	17	62	492	555	-	-	-	*N/A*
Malta	15	2	6	4	20	45	2	3	17.273	67.182	1	-	3	-
Netherlands	901	*N/A*	14.603	*N/A*	5.484	*N/A*	4.237	*N/A*	5.154.487	12.097.329	1.577	641	625.000	20.605
Poland	41	80	13	17	19	33	201	349	487.268	129.211	309	316	2,57	1.445
Portugal	181	144	18.084	34.476	26.255	8.436	121	152	223.771	133.385	-	34	271	968
Slovakia	4	2	-	1	-	1	35	82	1.719	8.485	-	7	11	100
Slovenia	134	182	2	5	1	4	112	553	1.588	3.151	-	3	0	5
Spain	174	472	48.429	49.650	669.704	459.267	332	14.091	588.532	821.517	34	85	18.473	1.090
Sweden	19	103	34	1.358	1.260	692	181	322	124.551	291.385	417	422	4.179	909
United Kingdom[57]	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Totals	**5.500**	**3.679**	**98.536**	**94.999**	**832.105**	**503.012**	**6.2354**	**30.483**	**13.616.908**	**15.616.373**	**3.618**	**2.669**	**751.320**	**53.814**

[55] Seizure statistics are provided by EUROPOL. EMCDDA collects seizure data that are slightly different. EMCDDA seizure data for 2005 will be published in the 2007 statistical bulletin. EMCDDA seizure data on 2006 will be published in the 2008 Statistical Bulletin. Data for Bulgaria and Romania for 2005 and 2006 are not available to EUROPOL.

[56] EUROPOL data: quantities of individual substances seized are reported to Europol using different counting units. To enable a proper comparison of collected information, it is important that all data are collected in a standard form. In relation to MDMA tablets, statistics include seized MDMA powder and paste that have been converted into tablets. The conversation rate is based on an average of 100 mg active substance per tablet. In cases were MDMA tablet seizures were reported in weight instead of number of tablets, the conversion rate is: 1 kg MDMA tablets = 40.000 tablets.

[57] Europol does not receive seizure statistics from the UK.

Table 3
Overview of number of dismantled illicit drug laboratories[58]

Member State[59]	2005 Drug production sites dismantled	2006 Drug production sites dismantled
Austria	-	3
Belgium	11	4
Cyprus	-	-
Czech Republic	6	-
Denmark	-	1
Estonia	3	*3*
Finland	-	-
France	-	-
Germany	6	7
Greece	2	-
Hungary	1	-
Ireland	-	-
Italy	-	-
Latvia	-	-
Lithuania	1	1
Luxembourg	-	-
Malta	-	-
Netherlands	35	*47*
Poland	23	9
Portugal	-	-
Slovakia	-	-
Slovenia	-	-
Spain	1	-
Sweden	-	-
United Kingdom	1	-
Total	**90**	**75**

Source: Europol

Action 18.2
Seek to exploit to the full the operational and strategic potential of Europol, building on existing collaboration between Europol and the Europol National Units and improving the intelligence picture of supply and distribution, by:

- Member States improving the consistency with which live information (information as specified in the opening orders of Analysis Work Files) on drug trafficking groups and routes is forwarded to the agency in accordance with the Europol Convention for such exchange of information;
- Member States improving the consistency with which they forward seizure data to Europol;
- Europol ensuring that the accumulated information is available for Member States' operational and strategic use;
- Europol providing periodic strategic threat assessments based on this data;
- Evaluating the success and operational impact of the cycle of intelligence gathering, analysis, distribution and consequent operational action, and making systematic improvements.

Assessment tool/ indicator: Europol reports

Responsible for implementation: Member States, Europol

Deadline for implementation: Ongoing

[58] Only synthetic drugs production sites
[59] Note: data for Bulgaria and Romania are not available. In the Progress Review 2008, EMCDDA seizure data for Bulgaria and Romania over the year 2005 will be included.

State-of-play

The Europol Drugs Unit provides operational and strategic reports in the framework of the three ongoing projects. These reports are supported by analysis work files, expert systems and other expertise and are made available for Member States' operational and strategic use. The Drugs Unit contributes to the Organised Crime Threat Assessment (OCTA), which is designed to identify current and future trends, knowledge gaps and intelligence requirements for data collection programmes in Member States and at European level. Additionally, situation reports and ad hoc reports on specific crime phenomena are drafted to enhance the intelligence picture of the Member States. Europol provides Member States with analytical and strategic reports for their sub-projects and live investigations. Member States contribute to the AWFs of projects COLA, MUSTARD and SYNERGY (*see Table 1*).

In 2006, Europol published the Organised Crime Threat Assessment, its European Union Drug Situation Report and a Third State related Drug Situation Report.

To promote Europol's intelligence and working methods with special focus on strengthening Member States' law enforcement agencies' operational capacity, Europol supported the development and implementation of the European Criminal Intelligence Model (ECIM) based upon the concept of Intelligence Led Law Enforcement. This includes international organised drugs production and trafficking. Intelligence Led Law Enforcement is meant to make the exchange of information and intelligence between law enforcement agencies in the Member States more efficient and thus more effective, by enabling the most appropriate targets to be selected on the strength of their roles, their impact on society and the environment in which they operate. Intelligence led law enforcement moves away from the crime to the criminal organisation; from reacting to incidents to a pro-active, target-oriented approach; from un-coordinated interventions to strategic planning and from local to national and EU-wide law enforcement priorities.

Action 18.3

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

Assessment tool/ indicator *(revised):*

1. Quantity of drugs and precursors seized at the external borders
2. Member States reports on actions taken by services on strengthening controls at external borders

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

During the discussion on the Progress Review 2006 the Commission proposed to change the indicators for this action. It was decided that only quantity and not value of drugs and precursors seized at the *external borders* would be reported, as the value and the method of calculating it differs from country to country. The Commission had proposed to drop the second indicator as this delivered only anecdotal information about actions taken by services at the external borders.

Replies were received from seventeen of the twenty-seven Member States[60]. **Table 4** provides an overview of responses that had relevance to the action (activities and operations aimed at (strengthening) the external borders). Those countries that responded but did not provide relevant information are left out of the table. In some cases Member States indicated that they lacked relevant information because they did not have sea ports or external land borders with non-EU countries. All EU Member States have an international airport with flights to and from non-EU Member States. Spain was the one country that provided comprehensive information on the amount of drugs and precursors seized at its external borders.

[60] Austria, Belgium, Czech Republic, Finland, Germany, Greece, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Slovakia, Slovenia and Spain

Conclusions

More Member States provided information regarding this action for the present Progress Review than in 2006. However, the information provided does not reveal the impact of these efforts on the flow of drugs from third countries into the EU. Due to the fact that there are no agreed standards and rules at EU level for registering and differentiating drugs seizures made at external borders, data provided by Member States are difficult to interpret. Furthermore, the information obtained does not show which operations have led to what kind of seizures.

Table 4 – Action 18.3 – Responses from Member States on their activities aimed at strengthening controls at the external borders of the EU

Airports					
Member State	**Trainings**	**Operational actions**	**New equipment**	**Law enforcement bodies created**	**Other**
AT		*Operation*: AGIS sponsored project "Drug Policing Balkan" to create a network of experts and to share best practices in the fight against drug trafficking along the Balkan route.			
BE	*Information sessions* on the threat from general aviation on cocaine trafficking from Western-Africa and on drugs; Federal & local Police (customs with support of French Customs). Basic training new staff of Federal Police	*Operations*: COCAF 1 (Interpol – West African cocaine trafficking), Operation RE CARLO (DCSA – West African drugs trafficking); COSPOL project ICARUS	Development of a common customs-police database to improve the detection of drugs		Implementation of a basic training course for first line control officers following a methodology developed by the Airports and General Aviation platform, Pompidou Group
CZ		*Operations*: Pompidou Group Project for Customs and Police officers from European airports aimed at improved combating of drugs trafficking	Actions related to joining the Schengen Agreement, implementation of the SIS		
FI	See Harbours section				
GR				Presidential decree 117/13/6/2006; establishment special investigation depts. in major Customs houses	
LT	Periodical training drug control & prevention (custom officers). Training custom officers working with sniffer dogs (2006).		Implementation of Lithuanian Customs National Case Management & Intelligence Information System, collecting information on drug trafficking.		Participation in Airports and General Aviation platform, Pompidou Group
LU	International exchange programme. With other EU airports (customs officers)	Third sniffer dog.	Introduction of X ray scanner for airfreight and radio digital communication equipment	Establishment of special passenger observation team	Joint airport control operations between customs and police
NL	Continuous training is part of annual work programmes.	*Operations*: "Livingstone": cocaine trafficking operation & others; Customs & Royal Military Police intensified checks on illegal	New detection equipment became operational at Schiphol Airport (X-ray)	Customs participation in national private public board on safety issues at Schiphol Airport. Installation of centre of	

		movements of goods in small airports; continuation of 100% checks on cocaine at Schiphol airport		excellence on crime fighting at Schiphol airport (Royal Military Police)	
PT	Training on "*Traffic in synthetic drugs*" and for staff of Lisbon Airport Security (private). Benchmarking under "Customs 2007 Programme" – exchange of Customs Officers with other MS	*Operations*: JCOs (CCWP); National Customs Operations targeting drug trafficking; monitoring of passengers on flights from South America & Africa (Criminal Police in co-op. with information analysts of Heathrow/ Gatwick (UK) and Police Madrid Airport		Prevention and Investigation Service aimed at drug trafficking established in all national airports with international connections	Participation in International Customs Meetings concerning traffic of drugs Participation in International Customs and Police Meetings concerning traffic of drugs
SK	Two training sessions – new trends in drug trafficking, detection, etc.		New video camera system, airport dispatching IT system		
SI	Training on illicit drugs at regional level, related to strengthening controls on Border Check points (63 border police participants)	Successful completion of Schengen evaluation.	Explosive and narcotics detectors, endoscopes, IR cameras, microscopes, travel documents authenticity examination devices.	Enlargement of border control police units.	Police and Customs actions in terms of strengthening controls at external borders
ES	Seminars and courses on external border protection in general aimed at Customs Control Specialists, Drugs Trafficking Investigation (external borders), Chiefs of Customs Control, Specialist Chiefs of Customs Control, Higher-ranking Officers of Customs Control, and Customs Control Specialists. Information ODAIFI´s	*Operations*: Livingstone; 240 successful operations at Spanish airports, several other actions.	New equipment for external borders control (harbours, land and air – € 1 m). Furthermore: detection equipment for solid and liquid drugs; portable detectors for drugs particles, computers, etc.	Establishment of Intelligence Centre against Organised Crime (C.I.C.O.) within Ministry of Interior.	

Ports					
Member State	**Trainings**	**Operational actions**	**New equipment**	**Law enforcement bodies created**	**Other**
BE	Information session drugs for local police at the Belgian West Coast (West-Coastal Watch Framework).	*Operations:* Customs & police actions against cocaine trafficking Caribbean and Western-Europe; COMPAS: targeted at cocaine trafficking in containers from Latin America; JCO CONQUEST 2: Heroin trafficking in containers from Middle East, South East and Central Asia to Europe			
FI	*New training systems* for: - Customs staff responsible	*Operations*: COMPAS, JCO CONQUEST 2, BSTF (Baltic Sea Task Force), TONNI (drug trafficking in	New portable X-ray inspection equipment introduced to port of		Customs signed 7 new MoU's with private

	for crime prevention; - heads of investigation at the Customs; Customs personnel have taken part in drug-related training for police; joint training between the Police, Customs and Border Guard.	containers through Helsinki Port)	Helsinki.		companies sector with the aim of reinforcing the fight against illicit drug trafficking.
GR	Continuous training for staff of port authorities and anti-drug squads.	*Operations*: CONQUEST, COMPAS			
LT	See Airports section	*Operation* CONQUEST 2	See Airports section		Participation in MAR-INFO North (org: German Customs Criminal Service).
NL		*Operations*: COMPAS & several others; Customs and Royal Military Police intensified integrated checks illegal movements of goods in small harbours; Customs, Royal Military Police, the Royal Navy, Harbour police and inspections of the departments of Agriculture and Transport intensified cooperation in Coast Guard.	New mobile scanners operational. New customs diving team for the detection of hidden places below the waterline.	The cooperation between harbour police and customs in the harbour of Rotterdam was intensified.	
PT	Training on "Traffic in synthetic drugs". Benchmarking under "Customs 2007 Programme"	See Airports section	Scanner of Containers in Lisbon Port		Participation in International Customs Meetings on drug trafficking
SI	See Airports section	See Airports section	See Airports section	European Border Patrols Network. Joint SI & IT patrols in Gulf of Trieste.	See Airports section
ES	*As above plus:* Operational Training against drug trafficking in Boarding Vessels on High Sea (law enforcement and the Spanish Navy) **Others** Armaments of Customs Patrol Boats; Radar; Surveillance Cameras of Planes; Rescue; Legal System; and Technique	*Operations***:** ACUARIO (air/ maritime Mediterranean); TARTESSOS (joint sea surveillance on cannabis via Atlantic); COMPAS; PALLAS (Precursors diversion & synthetic drugs); CONQUEST 2 (Heroine trafficking); ALBATROS 2. *Also:* 18 successful actions on high sea, 18 successful actions in containers against cocaine trafficking, 48 successful actions against cannabis by any type vessel, 1 successful action against heroine by vessel	*See item 3 External borders: airports* Also: Equipment purchase, replacement& maintenance (€ 28 m); new Customs patrol boat; Infrared equipment; GMDSS; Global Interception System Container scanners in six main harbours		

	Investigations				

Land Borders				
Member State	**Trainings**	**Operational actions**	**New equipment**	**Other**
BE	*Information session on* threat drug trafficking from Western Africa; for Federal Police/ Railroad police		Development of a common database for railroad and airports to improve the interception of couriers and detection of drugs.	
FI	See Harbours section	*Operation* PALLAS	New sniffer dogs; extension licence plate recognition system LIPRE to customs stations at Russian & Norwegian borders.	Introduction of two new telecommunications interception stations, for the cities of Lahti and Vaasa. Extension of MOUNET information system (enabling customs to obtain information from private companies who cooperate with Customs)
LT	Training "*Drug control and prevention*" for custom officers. Periodical training Customs Training Centre; training for officers handling sniffer dogs. Border Guard organised 3 courses for border control officers on searching for and identifying drugs.	*Operation* PALLAS 3 joint operations of Border Guard and Police (2 controlled deliveries & 1 detention)	See Airports section	Operative Committee of Baltic Sea Task Force sub-project training on "Illegal laboratories & precursors". Participation of law enforcement officers LT, LV, EE, PL, SE and NL. Emphasis on training of control measures for illicit drugs and precursors on the external EU borders.
PL		*Operation* Pallas		Training for Ukrainian Law Enforcement (Militia)
SK	One drug precursor training course for custom officers at the Ukrainian land border	One precursor control operation at Ukrainian land border	One fixed X ray scanner for trucks at Ukrainian land border and one mobile scanner	
SI	See Airports section	See Airports section	See Airports section	See Airports section
ES	See Airports section. Also: training for Land Customs Control Units & Patrols		See Airports section, and: portable thermal cameras, cars, radar.	

Action 18.5

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

Assessment tool/ indicator: Feasibility report including recommendations completed

Responsible for implementation: Member States

Deadline for implementation: 2006

State-of-play

No information on the development or utilisation of heroin and cocaine forensic profiling is available from the law enforcement services. The general opinion among experts is that such a profiling mechanism has limited value, as the trafficking routes and production countries are relatively well-known.

Conclusions

It seems reasonable to terminate this action.

Objective 19

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

Assessment tool/ indicator *(revised)*:

1. Number of operations initiated or completed
2. Quantity of heroin, cocaine and cannabis seized

Responsible for implementation: Member States, Europol

Deadline for implementation: Ongoing

State-of-play

The European Police Chiefs Task Force's COSPOL initiative also supports Project MUSTARD. A COSPOL project on heroin trafficking was initiated in 2006. Italy is currently leading the COSPOL project on heroin. COSPOL also supports Project COLA and a COSPOL project on cocaine trafficking was initiated in 2006 as well. Portugal is currently leading the COSPOL project on cocaine.

In 2006, a working group named MAOC-N (Maritime Analysis and Operational Centre on Narcotics) was set up to examine the establishment of a new international organisation focusing on maritime illegal drug shipments and high sea interceptions. The initiative for MAOC-N was taken by a number of Member States on the EU's western border. The activities envisage close cooperation between European Union law enforcement agencies and national navy forces. Europol and its Project Team COLA is an active partner in this working group. The MAOC-N will be officially opened in 2007.

The Europol Cocaine Logo System (ECLS) collates modus operandi, photographic and other information on cocaine seizures, on logos and markings on the drugs and their packaging, enabling the identification of matches between seizures with a view to promoting international law enforcement cooperation and exchange of information. Furthermore, information on specific means of concealment is collected and evaluated. Annual updates of the Europol Cocaine Logo Catalogue are produced in CD and hard copy format.

The number of operations initiated or completed (sub-projects within project COLA and project MUSTARD) can be found in Table 5.

Conclusions

Europol has contributed through six drug-related sub-projects to the implementation of joint multidisciplinary operational and intelligence gathering projects, focusing on external countries and regions associated with the production of and the cross-border trafficking in heroin (3) and cocaine (3) into the European Union. Details of the quantity of drugs seized cannot be provided by Europol as not all such data are provided to Europol.

Table 5 – COLA and MUSTARD project activities in 2005 and 2006

	COLA		MUSTARD	
Activities	**2005**	**2006**	**2005**	**2006**
Sub-projects initiated or continued from previous year	7	5	5	4
Sub-projects completed	3	-	-	1
Sub-projects closed due to limited operational results	2	2	2	-
Investigations in MS supported by sub-projects	21	22	22	20
Analytical and strategic reports delivered to MS by Europol	323	307	118	166

Objective 20
Reduce the manufacture and supply of synthetic drugs (ATS)

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

Assessment tool/ indicator *(revised)*:

1. Number of operations and intelligence gathering projects initiated or completed
2. Quantity of synthetic drugs and synthetic drug precursors seized
3. Number of illicit laboratories dismantled

Responsible for implementation: Member States, Europol

Deadline for implementation: Ongoing

State-of-play

Project SYNERGY and its Analysis Work File gathers and makes use of information available within and outside the Member States in order to identify new criminal targets and target groups, to initiate, support and coordinate law enforcement investigations and to identify links between different investigations, whilst enhancing information exchange, knowledge and experience in the area of synthetic drugs and precursors. Priority is given to investigating criminal groups and/or significant modus operandi. The AWF currently has 21 participating Member States.

Project SYNERGY also includes the Europol Illicit Laboratory Comparison System (EILCS) and the Europol Ecstasy Logo System (EELS). 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, initiating information exchange, backtracking investigations and forensic examination for the targeting of facilitators and criminal groups (see Table 6 for details on activities).

The EELS collates modus operandi, photographic and basic forensic information on significant seizures, enabling the identification of matches between seizures or seized punches, initiating information exchange, further investigations and forensic profiling for the targeting of criminal groups. Related criminal data arising from the findings of the EELS and EILCS may be analysed within the AWF component. Furthermore, Europol specialists provide on-the-spot assistance to Member States in the dismantling of illicit synthetic drug production sites. The annual Europol XTC Logo Catalogue is produced in CD and hard copy format.

Project SYNERGY is also supported by the CHAIN (Collaborative Harmonised Amphetamine Initiative) Project[61], a European Union initiative on the profiling of amphetamine for law enforcement purposes whereby significant seizures may be forensically matched.

The COSPOL (Comprehensive Operational Strategic Planning for the Police) initiative of the European Police Chiefs' Task Force also supports Project SYNERGY. The Netherlands are currently leading the COSPOL project on synthetic drugs.

[61] Financed by the AGIS Programme of the European Commission

Table 6 – SYNERGY project activities in 2005 and 2006

Activities	**2005**	**2006**
Sub-projects continued from previous year	*N/A*	3
Sub-projects initiated	3	1
Sub-projects completed	1	1
Major investigations in MS supported by sub-projects	28	37
Analytical and strategic reports delivered to MS by Europol	81	147
Major amphetamine & MDMA production/ storage sites (illicit laboratories) dismantled	2	5

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

Assessment tool/ indicator: Report on the development of a long term solution

Responsible for implementation: Member States, Commission, Europol

Deadline for implementation: 2008

State-of-play

All necessary steps have been taken by the European Commission to get the preparatory activities for the forensic profiling system in place. The Joint Research Centre will organise two preliminary meetings with forensic/law enforcement experts from the Member States in ISPRA, in 2007. In 2008 a "kick-off meeting" is planned to take place in Brussels, where the appropriate national authorities of the MS might give the go-ahead for the rest of the project.

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

Assessment tool/ indicator: Europol/ EMCDDA annual report to the Council, European Parliament and the Commission

Responsible for implementation: Council, Member States, Commission, Europol, EMCDDA, EMEA

Deadline for implementation: Ongoing

State-of-play

The implementation of the Council Decision in 2005 and 2006 is described in two Joint EMCDDA-Europol Annual Reports[62] on the implementation of Council Decision 2005/387/JHA. Europol and EMCDDA assessed information on 1-(3-chlorophenyl) piperazine (mCPP) and submitted a Joint Report to the Council and the Commission on 28 October 2005[63]. Active monitoring, by Europol and the EMCDDA, of mCPP was carried out in 2006 in accordance with their mandates. In 2007 the Commission decided not to do anything further as the substance was not eligible for a risk assessment, being used as a metabolite for pharmaceutical products.

By the end of 2006, the EMCDDA and Europol started collecting information from the Member States with a view to publishing a joint report on 1-Benzylpiperazine (BZP) - a stimulant substance that had been detected in several countries. The Joint Report was submitted on 23 February 2007. By 23 March both the Commission and the Council had asked the EMCDDA to carry out a risk assessment on BZP. This was conducted by the Extended Scientific Committee of the EMCDDA on 31 May 2007. The EMCDDA submitted its report to the Commission on 5 June 2007 and concluded that there was a need to make BZP subject to control measures and criminal provisions in accordance with the 1971

[62] 11096/06 CORDROGUE 67; 5923/07 CORDROGUE 13
[63] 14409/05 CORDROGUE 73

Convention on Psychoactive Substances. By 17 July 2007 and within its six weeks deadline, the Commission decided to follow the advice of the risk assessment and proposed to the Council that BZP be made subject to control procedures.

Conclusions

The Council Decision as adopted in 2005 seems to be working well in practice. However, there are some suggestions and options for improvement that require further study.

Objective 21

Combat serious criminal activity in the field of chemical precursor diversion and smuggling by stepping up law enforcement cooperation between Member States and, as appropriate, with Europol, Eurojust, and third countries and international organisations.

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

Assessment tool/ indicator (*revised*):

1. Number of law enforcement projects initiated or completed
2. Quantity of precursors and drugs seized

Responsible for implementation: Member States, Europol, Eurojust

Deadline for implementation: Ongoing

State-of-play

Project SYNERGY supports the activities of the European Joint Unit on Precursors (EJUP), a multinational, multi-disciplinary unit consisting of law enforcement experts from Austria, Belgium, France, Germany, the Netherlands and the United Kingdom. Belgium is currently leading the EJUP**.**

Details of the quantities of precursors and drugs seized cannot be provided by Europol as not all such data are provided to Europol.

Conclusions

The EJUP continues to be a significant supportive tool for the numerous investigations in the Member States on precursor chemicals trafficking from the source countries to the large scale synthetic drug production sites.

Objective 22

Prevent the diversion of precursors, in particular synthetic drug precursors imported into the EU

Action 22.1

Implement the Community drug precursor legislation, in particular the cooperation between MS in relation to controls of imports of synthetic drug precursors. Strengthen external border controls by customs or other competent authorities and strengthen intra-Community controls.

Assessment tool/ indicator: Number of seizures/stopped shipments

Responsible for implementation: Member States, Commission

Deadline for implementation: Ongoing

State-of-play

Table 7 provides details of numbers of seizures and stopped shipments of precursors in 2005 and 2006. Table 8 provides data on numbers of seizures and stopped shipments of precursors in 2005 and 2006 for each Member State. Table 9 provides an overview of the number of cases (seizures and stopped shipments) per substance and country *(only precursors seized/ stopped and countries that made seizures have been included).* Table 10 includes the quantities of precursors in kilograms that have been seized or stopped per precursor and Member State. Table 11 provides the same overview for liquid quantities of precursors in litres. And, finally, Table 12 provides an overview of seizures of non-scheduled precursors in a number of Member States *(Table sources: DG TAXUD/ ENTR).*

EU law enforcement authorities continue to be active in detecting suspicious consignments of drug precursors. In 2006, the number of cases increased further. These cases involve higher quantities of ephedrine's stopped or seized, while the quantities of P-2-P (the key amphetamine precursor which is now also increasingly found being diverted for use in illicit methamphetamine manufacture) seem to

be stable in comparison with 2005. In turn, seizures of 3,4 MdP-2-P have decreased. Acetic anhydride (the key heroin precursor) and potassium permanganate (the key precursor for making cocaine) continue to be seized or stopped, but have decreased in comparison with 2005.

In 2006, there were no further cases reported with regard to Ephedra.
Moreover, suspicious consignments of a relatively high number of pharmaceutical preparations under transhipment through the EU were stopped. As in 2005, GBL and BDO (precursors used to make GHB) continue to be seized by using the EU voluntary monitoring control mechanisms.

Action 22.2
Support international operations of the UN INCB (International Narcotics Control Board), in particular Project Prism

Assessment tool/ indicator: Number of seizures/stopped shipments

Responsible for implementation: Member States, Commission, Europol

Deadline for implementation: Ongoing

State-of-play

Europol supports international action against the production and trafficking of synthetic drugs and precursor chemicals. Europol, via the EILCS, coordinates law enforcement activities in the European Union in the framework of the equipment part of Project Prism, relating to tableting machines used in the production of synthetic drugs. A new SYNERGY Sub-Project initiated by Europol in 2006 focuses on the acquisition, diversion, facilitation, supply and maintenance of tableting machines and punches for the large-scale ecstasy production sites. The sub-project involves six Member States and supports five major joint investigations. *Twenty-seven* different types of tableting machines were seized in the European Union during the reporting period (2005: 10; 2006: 17).

The Commission is supporting directly INCB-led operations, including Operation Transhipment and Operation Tarcet via its UNODC-implemented project to strengthen efforts against precursors in Afghanistan and between the latter and its neighbours.

Table 7 - Seizures and stopped shipments in 2005 and 2006 - breakdown by substances

	Seizures		Stopped shipments	
Drug Precursors	**2005**	**2006**	**2005**	**2006**
1 Phenyl 2 propanone (BMK)	19	11	-	5
3,4 Methylenedioxyphenyl propan 2 one (PMK)	4	2	-	-
Acetic anhydride	6	13	3	-
Acetone	11	13	2	1
Anthranilic acid	1	1	-	-
Ephedra	1	-	1	-
Ephedrine	31	13	-	1
Ergometrine	1	-	-	-
Ethyl ether	3	6	-	-
Hydrochloric acid	28	32	1	-
Isosafrole	-	1	-	-
Lysergic acid	-	1	-	-
Methylethylketone (MEK)	2	11	1	1
Phenylacetic acid	1	5	-	-
Piperidine	1	2	-	-
Piperonal	-	1	-	-
Potassium permanganate	4	7	2	-
Pseudoephedrine	8	4	1	1
Safrole	2	-	-	-
Sassafras oil	12	1	-	-
Sulphuric acid	9	16	-	-
Toluene	18	19	1	1
Non-Schedule Substance				
1,4 Butanediol	2	1	1	-
Benzaldehyde	3	2	-	-
Formamide	2	2	-	-
Gamma Butyrolactone	24	5	1	1
Methylamine	3	4	-	-
others	35	58	-	2
Preparations (E)	16	51	-	-
Preparations (PSE)	7	1	-	-
Red Phosphorus	1	4	-	-
Total	**255**	**287**	**15**	**13**

Table 8 - Seizures and stopped shipments in 2005 & 2006 - breakdown by country

	Seizure		Stopped shipment	
Member State	**2005**	**2006**	**2005**	**2006**
Austria	2	15	-	-
Belgium	17	5	-	-
Bulgaria	-	10	-	-
Cyprus	-	-	-	-
Czech Republic	7	3[64]	-	-
Denmark	-	2	1	-
Estonia	11	16	1	-
Finland	36	44	-	-
France	21	4	1	-
Germany	21	20	3	3
Greece	1	1	-	-
Hungary	3	3	-	-
Ireland	2	-	-	-
Italy	1	-	1	-
Latvia	1	-	-	-
Lithuania	2	3	-	-
Luxembourg	-	20	3	-
Malta	-	-	-	-
Netherlands	14	24	5	5
Poland	17	11	-	5
Portugal	-	-	-	-
Romania	14	13	-	-
Slovakia	54	33	-	-
Slovenia	-	-	-	-
Spain	20	22	-	-
Sweden	3	-	-	-
United Kingdom	8	38	-	-
Total	**255**	**287**	**15**	**13**

[64] In 2006, a total of 418 illicit laboratories for manufacture of methamphetamine have been detected in the Czech Republic. Hydrochloric acid, sulphuric acid and toluene were found in these laboratories but the quantity of seized chemicals is ignored.

Table 9 – Cases (seizures and stopped shipments) in 2006 – breakdown by country and by substance *(countries without seizures not included)*

Member State / Drug precursors	AT	BE	BU	CZ	DK	EE	FI	FR	DE	GR	HU	LT	LU	NL	PL	RO	SK	ES	UK	Total 2006
1 Phenyl 2 propanone (BMK)	-	-	1	-	2	2	2	-	-	-	-	1	-	3	5	-	-	-	-	**16**
3,4 Methylenedioxyphenyl propan 2 one (PMK)	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	**2**
Acetic anhydride	3	-	1	-	-	1	3	1	1	-	-	1	-	-	-	1	-	-	1	**13**
Acetone	1	1	-	-	-	-	-	-	2	-	-	-	3	2	1	1	-	1	2	**14**
Anthranilic acid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	**1**
Ephedrine	-	1	-	1	-	-	-	1	1	-	-	-	-	1	-	1	5	-	3	**14**
Ethyl ether	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	1	2	**6**
Hydrochloric acid	2	1	-	-	-	-	2	-	3	-	-	-	1	2	1	1	13	1	5	**32**
Isosafrole	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	1	-	**1**
Lysergic acid	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	**1**
MethylEthylketone (MEK)	-	-	-	-	-	-	1	-	-	-	-	-	9	1	-	-	-	1	-	**12**
Phenylacetic acid	2	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	**5**
Piperidine	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	**2**
Piperonal	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	**1**
Potassium permanganate	1	-	-	-	-	-	1	-	-	-	-	-	2	-	-	1	-	-	2	**7**
Pseudoephedrine	-	-	-	2	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	**5**
Sassafras oil	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	**1**
Sulphuric acid	2	1	-	-	-	1	2	-	3	-	-	1	-	1	1	1	-	-	3	**16**
Toluene	2	-	-	-	-	1	-	-	3	-	-	-	2	1	1	1	5	-	4	**20**
Non-Schedule Substance	-	-	-	-																
1,4 Butanediol	-	-	-	-		1														**1**
Benzaldehyde	-	-	-	-					2											**2**
Formamide	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	**2**
Gamma Butyrolactone	-	-	-	-	-	2	-	-	4	-	-	-	-	-	-	-	-	-	-	**6**

Methylamine	2	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	**4**
others	-	1	-	-	-	8	-	-	-	-	-	-	-	13	6	-	4	17	11	**60**
Preparations (E)	-	-	7	-	-	-	33	-	-	1	3	-	-	-	-	1	5	-	1	**51**
Preparations (PSE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	**1**
Red Phosphorus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	**4**
Total	**15**	**5**	**10**	**3**	**2**	**16**	**44**	**4**	**23**	**1**	**3**	**3**	**20**	**29**	**16**	**13**	**33**	**22**	**38**	**300**

Table 10 - Quantities (kilograms) - breakdown by country and substance *(only precursors that have been seized or stopped have been included)*

Drug precursors (kilograms)	AT	BE	BU	CZ	DK	EE	FI	FR	DE	HU	LU	NL	PL	RO	SK	ES	UK	Total
1 Phenyl 2 propanone	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	**2,0**
Acetone	-	-	-	-	-	-	-	-	-	-	-	320,0	-	-	-	-	-	**320,0**
Anthranilic acid	-	-	-	-	-	-	-	-	-	-	-	-	-	2,1	-	-	-	**2,1**
Ephedrine	-	126,0	-	1,2	-	-	-	1,9	5.000,0	-	-	-	-	0,1	0,6	-	-	**5.129,8**
Methylethylketone (MEK)	-	-	-	-	-	-	-	-	-	-	-	2.000.000,0	-	-	-	-	-	**2.000.000,0**
Phenylacetic acid	0,8	-	500,0	-	-	-	-	-	-	-	-	-	-	0,4	-	-	-	**501,1**
Piperidine	-	-	-	-	-	-	-	-	-	-	-	-	-	51,4	-	-	-	**51,4**
Piperonal	-	-	-	-	-	-	-	-	-	-	0,1	-	-	-	-	-	-	**0,1**
Potassium permanganate	0,1	-	-	-	-	-	2,0	-	-	-	3,0	-	-	63,7	-	-	2	**70,8**
Pseudoephedrine	-	-	-	0,0	-	-	-	-	2.000,0	-	0,3	-	-	0,0	-	-	-	**2.000,3**
Toluene	-	-	-	-	-	-	-	-	34,0	-	-	2.000.000,0	-	-	-	-	-	**2.000.034,0**
Non-Schedule Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1,4 Butanediol	-	-	-	-	-	0,5	-	-	-	-	-	-	-	-	-	-	-	**0,5**
Gamma Butyrolactone	-	-	-	-	-	19,0	-	-	-	-	-	-	-	-	-	-	-	**19,0**
others	-	-	-	-	-	57,1	-	-	-	-	-	5.626	156,8	-	21,3	3,4	54,0	**5.918,9**
Preparations (E)	-	-	3,4	-	-	-	-	-	-	63,4	-	-	-	-	-	-	-	**66,8**
Red Phosphorus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200	**200,0**
Total	**0,9**	**126**	**503,4**	**1,2**	**2,0**	**76,6**	**2**	**1,9**	**7.034,0**	**63,4**	**3,4**	**4.005.946,4**	**156,8**	**117,6**	**21,9**	**3,4**	**256**	**4.014.316,8**

Table 11 - Quantities (litres) - breakdown by country and substance *(only precursors that have been stopped or seized have been included)*

Drug precursors (litres)	AT	BE	BU	CZ	DK	EE	FI	FR	DE	LT	LU	NL	PL	RO	SK	ES	UK	Total
1 Phenyl 2 propanone	-	-	32,2	-	590,0	50,5	70,0	-	-	3,7	-	174,0	1.085,0	-	-	-	-	**2.005,4**
3,4 Methylenedi-oxyphenyl propan 2 one	-	-	-	-	-	-	-	-	-	-	-	105,0	-	-	-	-	-	**105,0**
Acetic anhydride	3,7	-	37,8	-	-	0,0	15,3	0,4	-	0,0		-	-	87,1	-	-	2,5	**146,9**
Acetone	1,0	2.890,0	-	-	-	-	-	-	6,0	-	835,0	3.458,0	2,0	338,0	-	400,6	5,0	**7.935,6**
Ephedrine	-	-	-	-	-	-	-	-	-	-	-	393,0	-	-	0,2	-	-	**393,2**
Ethyl ether	-	-	-	-	-	-	-	-	6,0	-	-	1,7	-	2,0	-	36,6	5,0	**51,3**
Hydrochloric acid	4,0	125,0	-	-	-	-	22,5	-	7,7	-	100,0	55,1	75,5	10,8	7,6	15,0	9,0	**432,2**
Methylethylketone (MEK)	-	-	-	-	-	-	0,5	-	0,5	-	889,0	-	-	-	-	205,0	-	**1.095,0**
Piperidine	-	-	-	-	-	-	-	-	-	-	3,6	-	-	-	-	-	-	**3,6**
Sassafras oil	-	-	-	-	-	-	-	7,0	-	-	-	-	-	-	-	-	-	**7,0**
Sulphuric acid	2,0	5,0	-	-	-	4,1	2,0	-	2,5	10,3	-	47,0	19,0	293,5	-	-	13,0	**398,4**
Toluene	2,5	-	-	-	-	1,5	-	-	6,0	-	88,0	-	17,3	10,0	62,5	-	8,0	**195,8**
Non-Schedule Substance																		
Benzaldehyde	-	-	-	-	-	-	-	-	4,5	-	-	-	-	-	-	-	-	**4,5**
Formamide	-	-	-	-	-	-	-	-	-		-	3,4	3,0	-		-	-	**6,4**
Gamma Butyrolactone	-	-	-	-	-	-	-	-	401,7	-	-	-	-	-	-	-	-	**401,7**
Methylamine	1,8	-	-	-	-	-	-	-	-	-	-	67,0	-	-	-	-	-	**68,8**
others	-	220,0	-	-	-	25,5	-	-	-	-	-	1.505,7	70,0	-	2,8	104,6	8,0	**1.936,6**
Total	**14,9**	**3.240,0**	**70,0**	**-**	**590,0**	**81,7**	**110,3**	**7,4**	**434,9**	**14,0**	**1.915,6**	**5.809,9**	**1.271,8**	**741,4**	**73,1**	**761,8**	**50,5**	**15.187,3**

Table 12 - Quantities (tablets) - breakdown by country and substance

Non-Schedule Substance (tablets)	GR	SK	RO	FI	HU	BU	UK	Total
Preparations (E)	14	187.358	213	61.037	200.500	15.433	5.000.537	**5.465.092**
Preparations (PSE)	-	488	-	-	-	-	-	**488**
Total	**14**	**187.846**	**213**	**61.037**	**200.500**	**15.433**	**5.000.537**	**5.465.580**

Action 22.3
Develop cooperation between Member States' authorities competent for precursor control and Industry

Assessment tool/ indicator:

1. Number of Memoranda of Understanding/similar arrangements with Industry and/or number of seminars with Industry
2. Number of notifications and number of investigations resulting from this

Responsible for implementation: Member States, Commission

Deadline for implementation: Ongoing

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

The Commission and the national competent authorities took part in various seminars aimed at facilitating implementation of the legislation in new Member States. The Commission will now undertake to further develop the EU Guidelines for operators through its further multiplication amongst EU operators through "e-learning". Conclusions regarding these activities are expected mid-2008.

An EU proposal for a United Nations Resolution[65] adopted by the **Commission on Narcotic Drugs (CND)** invited UN Contracting Parties to set up guidelines for operators and to set up guidelines at international levels.

See Table 13 for an overview of Memoranda of Understanding, similar agreements and information seminars with and for Industry.

Conclusions

The number of seizures and stopped shipments of precursors showed an increasing trend in 2006. The response to the production of and trade in synthetic drugs continues to be a key priority for EU law enforcement and is actively supported by Europol's Synergy project.

The collaboration between Member States' authorities competent for precursors control and the EU's chemical industry continues to improve.

Table 13 – Memoranda of Understanding, similar arrangements and number of seminars with Industry (2006)

EU25 wide	**EU Industry Guidelines**	2	
Member State	***MoUs***	***Similar***	***Seminars***
Austria			1
Belgium	-	2[66]	
Czech Republic	1		
Estonia			2
France		2	1
Germany	1		2
Greece	2		1[67]
Hungary	1		
Ireland			1

[65] 50th CND, Resolution 50/10

[66] Information material provided to Industry.

[67] One seminar held in 2005.

Latvia	1		
Lithuania	1		
Luxembourg			1[68]
Malta	4		
Netherlands		1	
Slovakia	1		4[69]
Slovenia			1[70]
Spain	1		
Sweden		1[71]	

Source: DG TAXUD/ ENTR

Objective 23

Target money laundering and seizure of accumulated assets in relation to drug crime

Action 23.1

Implement operational law enforcement projects such as

- Projects to pursue drug trafficking organisations, including concurrent and in depth investigation of the criminals' finances and assets (of whatever kind) aimed at maximising recovery of assets and the compilation/sharing of associated intelligence; and
- Projects aimed at detecting and disrupting criminal cash flows within the EU and from the EU to specific high-risk destinations outside the EU and source countries.

These operational law enforcement projects should involve at least two Member States

Assessment tool/ indicator:

1. Number of operational law enforcement projects initiated or completed
2. Cash and assets seized as a result of drug related investigations
3. Value of assets recovered and confiscated relative to the number of operational law enforcement projects completed

Responsible for implementation: Member States, Europol, Eurojust

Deadline for implementation: Ongoing

State-of-play

Number of operational law enforcement projects initiated or completed

Under its Money Laundering Action Plan, Europol launched the Criminal Assets Bureau (ECAB), which encompasses the work carried out by Europol on asset forfeiture, including operational support for Member States' investigations (including drugs investigations) to trace criminal proceeds, managing the Financial Crime Information Centre Website and acting as the CARIN permanent secretariat.

The Europol Money Laundering Project, SUSTRANS, supports the drug related Project Synergy in gathering and analysing financial related data, where substantial illegal profits were generated. More significant co-operation between the Europol drug projects and Project SUSTRANS is expected.

The Europol Asset Seizure Centre (EASC) forms part of the Europol Criminal Assets Bureau and has the specific objective of identifying criminal proceeds, where the assets are located outside investigators' normal jurisdictional area and the investigation falls within Europol's mandate. This project supported 111 investigations in the Member States during the reporting period in relation to asset tracing and identification (supported investigations: 2005: 59; 2006: 52).

[68] One seminar in August 2006

[69] Four seminars held in the second quarter of 2006.

[70] One seminar per year

[71] The agreement is currently in the process of being renewed.

Within Project SUSTRANS, a new project on intra-Community cross-border movement of cash is planned, reflecting the presence of a cross-border reporting system. The project will not be related to any specific offence and will monitor any cash and/or bearer monetary instrument movements detected by competent authorities within the European Union. It addresses the emerging trend of cash being moved in bulk throughout Europe without being detected. The use of money couriers is still a growing phenomenon in money laundering operations within the European Union.

Cash and assets seized as a result of drug related investigations
In 2005, the ECAB helped in 41 cases to identify criminal proceeds originating specifically from drug trafficking investigations, where the assets are located outside investigators' normal jurisdictional area, and the investigation falls within Europol's mandate. In 2006, there were 33 such cases.

Value of assets recovered and confiscated relative to the number of operational law enforcement projects completed
These figures are currently not available in the Europol Criminal Assets Bureau.

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

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

Responsible for implementation: Member States

Deadline for implementation: 2006

State-of-play
The FIU-NET project is intended to promote co-operation and exchange of information between Member States' Financial Intelligence Units (FIUs). The ultimate objective of this project is to establish a secure and complete computer network for the exchange of financial intelligence among the 27 EU FIUs in combating money laundering and the financing of terrorism.

The FIU-NET Bureau continues to coordinate and maintain the FIU-NET technical platform. This is supported by most Member State FIUs making a contribution to EU-wide cooperation in the fight against money laundering and terrorist financing.

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

Assessment tool/ indicator: -

Responsible for implementation: Commission

Deadline for implementation: 2007

State-of-play
The Commission launched a call for tenders for a study on Member States' practices on confiscation and asset recovery. The study proper was launched in June 2007 and its results should be available in the third quarter of 2008. It will take into account the different types of legislation in the Member States.

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

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

Responsible for implementation: Commission

Deadline for implementation: 2007

State-of-play
The Commission does not envisage calling for a separate study on experience with a national asset

fund created from confiscated funds earned through drug production and trafficking. There is no overview as to which Member States has such a fund.
However, some information may become available through a study on Member States' practices on confiscation and asset recovery (*see action 23.4).*

Conclusions
To date, no specific projects concerned with drug trafficking organisations and with a focus on financial aspects exist at EU level. Seventeen Member State Financial Intelligence Units are physically connected to the FIU-NET Platform. The Commission encourages Member States to make full use of this facility.

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

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

Responsible for implementation: Commission, Europol, Member States

Deadline for implementation: 2007

State-of-play
The Annual Work Programme 2007 for the Prevention of and Fight Against Crime provides funding for activities that aim to analyse and reinforce the fight against the financing of terrorism and drug trafficking. The Programme feeds into the EU Drugs Action Plan 2005-2008 and includes an exploration of possible links between drug production and trafficking and the financing of terrorism.

Conclusion
To date no major project or programmes investigating the links between drug production and the financing of terrorism are running at EU level. Member States could make better use of existing financing programmes at EU level to initiate, develop and support activities in this field.

Objective 25
Step up work on prevention of drug related crime

Action 25.1
Adopting a common definition of the term 'drug-related crime'

Assessment tool/ indicator: Commission proposal on the basis of the existing studies to be brought forward by the EMCDDA

Responsible for implementation: Council, Commission

Deadline for implementation: 2007

State-of-play
In 2007, the EMCDDA has made a first attempt in a policy briefing[72] to identify key components of a definition of drug-related crime. Based on international literature and evaluation practices, it identified a broad definition encompassing four sub-categories of drug-related crime:

- **Psychopharmacological crimes:** crimes committed under the influence of a psychoactive substance, as a result of acute or chronic use.
- **Economic–compulsive crimes:** crimes committed in order to obtain money (or drugs) to support drug use.
- **Systemic crimes:** crimes committed within the functioning of illicit drug markets, as part of the business of drug supply, distribution and use.
- **Drug law offences:** crimes committed in violation of drug (and other related) legislation.

In 2007 and 2008, the Commission - in cooperation with Europol and EMCDDA - will do further work on the term "drug-related crime", including a needs assessment for the purposes of identifying and implementing indicators at national and EU policy making level, so that trends and patterns regarding this type of crime, as well as possible policy responses to it, can be better assessed in the longer run.

Action 25.2
Share experiences and best practices in preventing the distribution of drugs at street level and present the results

Assessment tool/ indicator: Results presented

Responsible for implementation: Member States, Council

Deadline for implementation: 2007

State-of-play
Prevention of street level drug dealing has been scheduled as a topic for a thematic debate in the Horizontal Drugs Group in November 2007 under the Portuguese Presidency.

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

Assessment tool/ indicator: Additional relevant training included in the respective annual programmes

Responsible for implementation: Member States, CEPOL

Deadline for implementation: 2006

State-of-play
CEPOL planned two seminars on the EU Drug Action Plan 2005-2008 within their 2007 Work Programme. For 2008, drug trafficking is identified as a new topic for the development of a common curriculum.

[72] EMCDDA [2007]. *'Drugs and Crime – A complex relationship'*. In: Drugs in Focus, Nr. 16.

4. INTERNATIONAL COOPERATION (OBJECTIVES 28-38)

The EU Drug Strategy 2005-2012 aims to achieve the following concrete, identifiable result for the field of international cooperation:

"A measurable improvement in effective and more visible coordination between Member States and between them and the Commission in promoting and furthering a balanced approach to the drugs and precursor problem in dealings with international organisations, in international fora and with third countries. This with the aim to reduce the production and drugs supply to Europe and to assist third countries in priority areas in reducing the demand for drugs as an integral part of political and development cooperation."

The objectives and actions in this chapter are related to sections 27.5, 30.1, 30.2 and 30.3 of the EU Drugs Strategy 2005-2012
Objective 28 ***Adopt EU common positions on drugs in international fora*** ***EU positions at international meetings dealing with drugs issues to be prepared in the HDG and other coordination fora. EU coordination meetings to take place in the Commission on Narcotic Drugs (CND) and other meetings***
Assessment tool/ indicator: Number of EU positions for relevant international meetings in relation to the number of national positions
Responsible for implementation: Presidency, Member States, Commission
Deadline for implementation: Ongoing
State-of-play During the 50th meeting of the Commission on Narcotic Drugs (CND)[73], the German EU Presidency delivered – on behalf of the Member States – statements on the following topics/ agenda items: - Statement during the opening session - Follow-up to the 20th Special Session of the General Assembly - The benefits and importance of drug demand reduction - Illicit drugs trafficking and supply - The work of the International Narcotics Control Board - Policy directives to strengthen the Drug Programme of the UNODC - Strengthening the drug programme of the UNODC and the role of the CND as governing body of UNODC - Consolidated budget 2008-2009 Furthermore, the Commission – on behalf of the Community – made a statement on precursors. EU coordination meetings were held every morning during the CND. Ad hoc meetings also took place when needed.
Conclusions The EU statements in the CND were prepared during EU coordination meetings and endorsed by the HDG. The EU increasingly acts as a coordinated entity within the Commission on Narcotic Drugs.

[73] The 50th CND took place from 12 to 16 March 2007.

Objective 29

Articulate and promote the EU approach on drugs

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

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

Responsible for implementation: Presidency, Member States, Commission

Deadline for implementation: Ongoing

State-of-play

See also Actions 28 and 30. The EU statements and positions in all external forums have promoted the EU's balanced approach. Furthermore, statements on drugs issues by the Commissioners and Commission officials have consistently referred to the balanced approach as regards drugs. The Commission continues to stress this approach, including in the framework of the Paris Pact Process, and has maintained informal negotiations with third countries to ensure that the *future* geographical Paris Pact Roundtables systematically address not only trafficking, but also demand reduction issues.

Conclusions

The activities undertaken by the EU Presidencies and Commission for this objective mainly reflect the policy outputs, as the quantitative expression of success. However, for an assessment of the policy outcomes of this action, it is important to assess the scope and level of detail of these EU sponsored statements, the extent to which they actually reflect the balanced approach between supply and demand reduction, and their follow-up in practice.

Objective 30

Bring forward EU joint resolutions and co-sponsor other resolutions

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

Assessment tool/ indicator:

1. Number of EU joint resolutions and co-sponsored resolutions in relation to the total number of resolutions
2. Convergence Indicator (see doc. 9099/05 CORDROGUE 27)

Responsible for implementation: PRES, Member States, Commission

Deadline for implementation: Ongoing

State-of-play

During the 50th meeting of the Commission on Narcotic Drugs (CND)[74], the following resolutions were (co-)sponsored by the European Union:

1. Resolution on *the follow-up to the Second Ministerial Conference on Drug Trafficking Routes from Afghanistan*
2. Resolution on *provisions regarding travellers under medical treatment with internationally controlled drugs*
3. Resolution on *responding to the threat posed by the abuse and diversion of Ketamine*
4. Resolution on *improving the quality and performance of drug analysis laboratories*
5. Resolution on *identifying sources of precursors used in illicit drug manufacture*
6. Resolution on *promoting collaboration on the prevention of diversion of precursors*
7. Resolution on *support for the national drugs control strategy Afghanistan*
8. Resolution on *the strategy for the period 2008-2011 for the United Nations Office on Drugs and Crime*
9. Resolution on i*mprovement of drug abuse data collection by Member States in order to enhance data reliability and the comparability of information provided*
10. Resolution on *strengthening international support for Haiti in combating the drug problem*
11. Resolution on *the UNGASS evaluation 2008*

[74] The 50th CND took place from 12 to 16 March 2007.

None of the remaining resolutions that were discussed were sponsored by the EU or one of the EU Member States. The overall convergence indicator regarding the above mentioned resolutions is 99 (11 x 100%; 1 x 88%). In addition, the EU negotiated as a single entity the amendments it sought to make on the draft resolution presented by Mexico to the UNGA – eventually the resolution was adopted unanimously.

Conclusions

The EU coordination in the 50th CND functioned well, as the EU acted as a unified entity.

Objective 31

Formulate an EU contribution to the final evaluation of the implementation of the results of the 1998 UN General Assembly Special Session on Drugs (UNGASS)

Action 31.1

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

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

Responsible for implementation: Commission, Council, PRES, Member States

Deadline for implementation: 2006 (updated)

State-of-play

The 49th CND adopted Resolution (49/1) which was presented by the EU regarding the assessment of the ten-year period of the UNGASS 1998 process, on the basis of a Commission initiative. As provided for in the Resolution, the UNODC has engaged with national and regional experts from all geographical regions, as well as experts from relevant international organisations, in the collection and use of supplementary data and expertise to support the global assessment by Member States. The Commission finances the expert working group set up under the auspices of the UNODC.

A first meeting took place in February 2007. Among the external participants were representatives of regional/international organisations such as OAS/CICAD, EU/EMCDDA, ASEAN/ACCORD, WHO, UNAIDS, Interpol, Europol, as well as individual experts from various parts of the world.

During this first meeting, experts recognised the limitations of the BRQ[75] system in terms of number and reliability of responses. Other official sources – particularly regionally consolidated complementary information – were used to complement the BRQ data to provide a fuller assessment of progress in each area of UNGASS reporting. The second meeting is expected to be held in October 2007.

Conclusion

By financing the expert working group on the UNGASS 1998 Declaration evaluation and by providing technical expertise through the involvement of the EMCDDA and Europol, the EU confirms its commitment to help improve the evidence base that supports drug policies at UN level.

[75] The Biennial Reports Questionnaire (BRQ) is the instrument for reporting on progress made in implementing the action plans and measures adopted by the UN General Assembly at its 20th special session.

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

Assessment tool/ indicator:

1. Number of projects completed;
2. Expenditure and percentage of total expenditure on assistance to these countries

Responsible for implementation: Member States, Commission, EMCDDA, Europol

Deadline for implementation: 2008

State-of-play

Until 2007, the programme of Community Assistance for Reconstruction, Development and Stabilisation (CARDS) was the sole source of assistance for the Western Balkan countries aimed at supporting their participation in the stabilisation and association process. In the period 2000-2006, the CARDS programme had a total of € 4.6 billion available for its activities, 16% of which was available for projects in the Justice and Home Affairs area. Table 14 provides an overview of projects in the drug field that were completed or continuing in 2006 or were about to start in 2006 and/ or in the first half of 2007.

In 2007, the Instrument for Pre-accession Assistance (IPA) replaced the previous Community Assistance for Reconstruction Development and Stability (CARDS) programme and other forms of pre-accession assistance (Phare, ISPA, SAPARD, Turkey instrument). The total assistance earmarked through IPA is some € 11.5 billion in the period 2007-2013.
The Europol Drugs Unit regularly provides on-the-spot technical assistance to the Member States in dismantling illicit synthetic drugs production sites. Comprehensive specialised training on all aspects of combating illicit synthetic drug production is given to law enforcement officers and forensic scientists from the Member States and third countries.

Activities with and for Candidate Countries

Bulgaria, Romania, Croatia, the former Yugoslav Republic of Macedonia and Turkey
An external evaluation of the state of preparation of the *Bulgarian* and *Romanian* national focal points (NFPs) was performed at the end of 2006 as part of the project EMCDDA – Phare III.

For *Bulgaria*, the evaluation report recommends that the country should increase institutional support to the NFP and should make significant improvements in the following areas: human resources and staff policy; managerial capacity; public relations; communication; and financial and administrative management. It also insisted on the need to find ways to link the NFP more formally with the policy-making process.
For *Romania*, the evaluation report recommends that the country should continue the process started in 2006 and should improve in particular its budgetary and planning mechanisms; its outsourcing of monitoring activities to other national sources of expertise; cooperation with the scientific community; and policy-analysis skills as part of the NFP's core work.
Technical collaboration between the EMCDDA and candidate country *Croatia* started in June 2006. A work programme that was prepared in the last quarter of that year and endorsed by the project's Steering Committee encountered some practical difficulties in 2007 and was consequently reassessed.

A twinning project between the Former Yugoslav Republic of Macedonia, Hungary and the Netherlands, one of the aims of which was to establish a National Focal Point (NFP), was concluded at the end of August 2007. There were several outcomes, including the adoption of a National Drug Strategy for the former Yugoslav Republic of Macedonia, and the adoption of a legal basis for the NFP was decided by the national authorities in May 2007. Its compatibility with the standard requirements for NFPs remains to be assessed by the EMCDDA.

The progress made by Turkey in setting up its national focal point and its national data-collection system on drugs was maintained in 2006, and Turkey published for the first time its national report to the EMCDDA in English and in Turkish. The joint work programme was officially endorsed by the

national authorities in March 2007 and is being implemented.

Activities with and for the Western Balkans

TAIEX is the Technical Assistance and Information Exchange Instrument of the European Commission. Its aim is to provide the New Member States, acceding countries, candidate countries, and the administrations of the Western Balkans with short-term technical assistance, in line with the overall policy objectives of the European Commission, and in the field of approximation, application and enforcement of EU legislation. Assistance is also provided to those countries included in the EU's European Neighbourhood Policy, as well as Russia. During the implementation period covered by this Progress Review, two drug-related regional seminars were organised in the former Yugoslav Republic of Macedonia and in Croatia. A regional seminar supporting the group of Western-Balkan drug coordinators on the acquis communautaire and related issues was organised on 12 and 13 October 2006 in Skopje, Former Yugoslav Republic of Macedonia.

A second regional seminar on Synthetic Drugs and Precursors in South East Europe was organised in Dubrovnik on 8-9 May 2007

Conclusions

The various projects and structures in place allow the EU to support these countries in developing their capacity to implement the acquis and related action, e.g. developing national drug action plans and strategies.

Table 14 - CARDS programme – drug-related activities under implementation

Country	Year/ budget	Details
Former Yugoslav Republic of Macedonia	CARDS 2003 € 1 million	Twinning: Project; demand & supply reduction, legislation, establishment National Focal Point. Member States involved: Hungary (lead) and Netherlands (ended in August 2007)
	CARDS 2004 € 4 million	Police assistance – support to develop evidence management and forensic analysis capacities. Reconstruction Central Forensic Laboratory, equipment (€ 3 million) *(project due to end mid-2007)*
Montenegro	CARDS 2003 € 100 000	Drug prevention and information campaign *(completed 2006).*
Serbia	CARDS 2004 € 185 000	Assessment of drug abuse in Serbia. Draft national drug prevention strategy was presented *(completed 2006).*
	CARDS 2004 € 1.7 million	Improving Preventive Medicines Project – Promoting preventive health including awareness raising campaigns addressing substance use prevention from a broad perspective *(completed 2006).*
	IPA € 4 million	IPA support to national drug strategy *(under preparation)*
Kosovo	CARDS 2002 € 246 000	EC funds assist the Ministry of Health in the development of drug prevention and the treatment of drug abuse. Drug prevention strategy development only partially successful because of limited implementation capacity of Ministry of Health *(completed in May 2006).*
Bosnia and Herzegovina	CARDS 2002 € 56 000	Delivery to the police forces of an IONSCAN detector for the detection of narcotic substances. Equipment is part of the Forensic Laboratory *(delivery is complete).*
	IPA 2008 € 400 000	Support for the State-level Department and Commission on Law Enforcement Agencies in the fight against drugs.
Albania	CARDS 2003 € 950 000	Twinning project for Criminal Intelligence Analysis Unit. Intelligence analysis on drug-related crimes is a substantial part of this unit. The project started in Sep 2006 with the involvement of the Austrian government *(ongoing).*
	CARDS 2003 € 450 000	Equipment and software for the Criminal Intelligence Unit *(delivery is complete).*

	CARDS 2004 € 950 000	Twinning project on covert policing. Project expected to start in September 2007.
	CARDS 2004 € 550 000	Specialised equipment for the Special Operations Sector of the Organised Crime Directorate of the Albanian Police (tender is under preparation).
Croatia	CARDS 2004 € 800 000	Twinning aiming at strengthening the Croatian capacity to combat drugs trafficking and drug abuse. Member State involved: Germany (ongoing as of August 2006).
Turkey	TR0601.06	Strengthening the capacity for the interdiction of drugs in rural areas/ Project to be implemented by UNODC *(not started).*
	TR0204.03	Establishment of a National Drugs Monitoring Centre (Reitox National Focal Point) and development and implementation of a National Drug Strategy. Member States involved: Spain (lead), Greece *(completed in 2006).*
Regional projects	Phare € 500 000	Participation of Turkey and Croatia in the EMCDDA *(to be completed by Dec. 2007).*
	CARDS € 500 000	Preparation of the participation of the Western Balkan countries in the EMCDDA *(project started in June 2007)*
	North-South 2005 € 900 000	Programme of capacity building in the Western Balkans and the Mediterranean Region (law enforcement exchange). To be implemented by UNODC *(started in July 2006).*
TAIEX		Regional seminars on drugs in 2006 and 2007 with the aim of establishing a Western Balkans Coordination Mechanism.

Source: European Commission

Objective 33 ***Enable candidate countries to participate in the work of EMCDDA, Europol and Eurojust[76]*** ***Conclude agreements with candidate countries***
Assessment tool/ indicator: Number of cooperation agreements concluded
Responsible for implementation: Council, Commission
Deadline for implementation: 2008
State-of-play (2006 - current) In the period between 2006 and mid-2007, progress was made in promoting the involvement of Candidate and potential Candidate countries in the work of EMCDDA, Europol and Eurojust. **Table 15** presents an overview of the contacts and negotiations between the Commission and these countries.
Conclusion The Candidate Countries increasingly participate in the work of EMCDDA, Europol and Eurojust.

Table 15 – Cooperation EMCDDA, EUROPOL & Eurojust with (potential) Candidate Countries

	EMCDDA	EUROPOL	EUROJUST
Candidate countries			
Croatia	Draft Agreement ready, under discussion in Croatia	Operational agreement signed on 16.01.2006 and entered into force on 16.08.2006	Croatia: draft agreement ready. Signature by end of 2007.
Former Yugoslav Republic of Macedonia		Strategic agreement signed on 16.01.2007. ratification pending	Contacts established. Negotiations could be opened by end of 2007
Turkey	EMCDDA agreement with Turkey (pending for approval)	A strategic agreement between Europol and Turkey was signed in May 2004. A decision on extending this agreement to operational status is still under	

[76] Eurojust to cooperate with the candidate countries through nomination of contact points and consideration of cooperation agreements in line with the Council conclusions on Eurojust of 2 December 2004.

		negotiation	
Potential candidate countries			
Albania		Strategic agreement signed on 26.03.2007	Contacts only
Bosnia and Herzegovina		Strategic agreement signed on 26.01.2007	Contacts only
Other		NB. On 15.02.2007 **Montenegro** was included on the Council list of countries with which Europol can sign a cooperation agreement	

Objective 34 ***Assist European neighbours***
Action 34.1 ***Implement drugs sections of European Neighbourhood Policy Action Plans***
Assessment tool/ indicator: Number of drugs provisions implemented
Responsible for implementation: Member States, Commission
Deadline for implementation: 2008
State-of-play In December 2006, the Commission published the first progress reports for the first seven ENAPs[77] agreed in 2004/5. The European Neighbourhood Policy[78] is a recent policy and the Action Plans set out ambitious reform agendas which can only be achieved in the longer term. With regard to the implementation of the drugs sections, the following progress is noted for Moldova, Morocco and Ukraine: - During 2005, Moldova adopted comprehensive anti-trafficking legislation and improved its national action plan against trafficking The Government has created a national virtual centre SECI/GUAM to prevent and combat terrorism, organised crime and illegal trafficking in drugs. - With regard to Morocco, a new national strategy to combat **drugs** was adopted by the Moroccan government in March 2007. - A review of the 2001 EU-Ukraine JHA Action Plan was launched at the end of 2005. In 2006, the Action Plan was streamlined and specific actions were updated, including cooperation in the field of drugs. No specific progress in the drugs field was noted for Tunisia, Israel, the Palestinian Authority and Jordan.
Action 34.2 ***Implement the drugs section of the EU-Russia Action Plan against organised crime and of the Roadmap to the Common Space of Freedom, Security and Justice; explore scope for enhanced action with Russia, especially in this roadmap, and other neighbouring countries to reduce the drug-related risk***
Assessment tool/ indicator: Number of drugs provisions implemented
Responsible for implementation: Member States, Commission
Deadline for implementation: 2006
State-of-play An EU-Russia conference on drugs was held in Warsaw on 13 and 14 November 2006 co-financed by several Member States and the Commission, and helped to identify joint initiatives and actions under Stages 2 and 3 of the Roadmap on the drugs section of the "Common Space of Freedom, Security and

[77] European Neighbourhood Action Plans.

[78] The ENP provides for collaboration with and concerning the following countries: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestine Authority, Syria, Tunisia and the Ukraine.

Justice". In 2007, joint initiatives included a 10-day training course in April 2007 hosted by Poland on combating synthetic drugs for Russian law enforcement officers and a first meeting with Russia in May 2007 within the framework of the COSPOL synthetic drugs project to plan the testing and implementation of a controlled delivery of synthetic drug precursors from Russia to Netherlands and Belgium.

The EMCDDA and the Federal Service of the Russian Federation for Narcotics Traffic Control (FDCS) signed a Memorandum of Understanding at the EU-Russia Summit in October 2007. The Memorandum will make it easier for Russian experts to participate in EMCDDA activities and foster exchanges of information related to drug use, including legislation and policies, science-based demand-reduction activities as well as gathering, analysing and exchanging information on drug use. To date, a strategic agreement exists between FDCS and Europol, while an operational agreement is still being negotiated.

Conclusions

EU-Russia cooperation in the field of drugs is making progress at the operational level, with further initiatives to be agreed.

Objective 35

Ensure that drugs concerns are taken on board when establishing priorities in the EU's cooperation with third countries/regions

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

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

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

Assessment tool/ indicator:

1. Number of projects completed;
2. Expenditure and percentage of total expenditure on assistance to these countries/ regions

Responsible for implementation: Member States, Commission

Deadline for implementation: 2008

State-of-play

The EU has adopted country and regional strategy papers for the period 2007-2013 which will underpin EC external assistance in the drug producing, trafficking and transit countries.

With regard to the countries at the Eastern border of the EU and Central Asia, **the BUMAD** (Belarus, Ukraine, Moldova Anti-Drug Programme), **SCAD** (South Caucasus Anti-Drug Programme), **CADAP** (Central Asia Drugs Programme), **BOMCA** (Border Management for Central Asia) and **EUBAM** (EU Border Assistance Mission Moldova/Ukraine) continue to be implemented, with new funding having been made available in 2007, while previous phases of these programmes were concluded. More recently a Border Management programme has been launched in the Caucasus region. See Table 16 for details on financial assistance under each of these programmes

As explained under Objective 32, the general capacity building efforts in the area of Justice and Home Affairs in the **Western Balkans** have been complemented recently with drug specific initiatives, including three TAIEX regional workshop and the planned support for a new regional coordination mechanism in the area of drugs (for information on financial assistance to the Western Balkans, please refer to objective 32).

In **Afghanistan**, a new multi-annual commitment of € 200 million to the rule of law sector, which now represents 40% of the EC's total assistance to Afghanistan. In terms of strengthening the state, the EC is a key donor to the Law and Order Trust Fund for Afghanistan (LOTFA) funding the Afghan National Police (€105m since 2002 – all already disbursed; and a further €30m planned for 2006) with a further €15m into the new Counter-Narcotics Trust Fund. In terms of the rural economy, the EC has so far committed €203m for rural development, food security and alternative livelihoods since 2002, with a further €36m in 2006.

In **Latin America**, the largest portion of EC cooperation with the Andean region is in the area of alternative development. These efforts have been complemented at the regional level by initiatives against precursors and against synthetic drugs, and at the inter-regional level by efforts to support intelligence sharing among EU-LAC countries, to promote cooperation between law enforcement authorities on the Latin American, Caribbean and West African trafficking route, and on promoting city partnerships within the region and with EU cities on the question of drug demand.

Conclusions
Drug-related projects have remained a top priority in the EC's cooperation with countries which are particularly affected by the cultivation, transit, trafficking and use of drugs[79].

Table 16 – EC external assistance to Eastern Border of the EU and Central Asia			
BOMCA 5	2005-2007	(incl. 0,42 MEUR from UNDP)	€ 4 620 000
BOMCA 6	2007-2009	(incl. 0,6 MEUR from UNDP)	€ 6 600 000
BOMCA 7	2008-2010	(incl. 0,6 MEUR from UNDP)	€ 6.000.000
CADAP 3	2005-2007	(incl. 0,3 MEUR from UNDP)	€ 3 300 000
CADAP 4	2007-2009	(incl. 0,5 MEUR from UNDP)	€ 5 000 000
BUMAD 2	2004-2007		€ 2 750 000
BUMAD 3	2007-2008		€ 2 200 000
Total			**€ 30 470 000**

Objective 36
Intensify law enforcement efforts directed at non-EU countries, especially producer countries and regions along trafficking routes

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

Assessment tool/ indicator:
1. Number of MS liaison officer networks created and/or further developed.
2. Number of meetings held

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play
This action aims to monitor the application by customs administrations of the *Council Decision on Common Use of Liaison Officers (LO)*, which includes the network of Liaison Officers on drugs trafficking.

During the reporting period, three EU-Russia Liaison Officers Meetings took place - in Moscow in September 2006 and in March and September 2007 - to discuss cooperation in the field of drugs. In September 2006, a first meeting of senior level officials took place.

Furthermore, two Western Balkan Lead Liaison Officers Meetings took place in 2006 and 2007, focusing on cooperation in the field of drugs. These meetings were in The Hague (October 2006) and in Sarajevo (June 2007).
Spain ran an AGIS funded project from January 2006 to March 2007 to establish a network in Latin America (ELON-LAC) the main aim of which is exchanging information on drugs within the network of Liaison Officers posted in Latin America and the Caribbean.

Action 36.2
Provide relevant training to MS liaison officers

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

[79] Under Action 38.2 details are given of anti-drugs projects funded by the EU and EC (data from 2005).

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

Member States are not required to report on training events for Liaison Officers who work with non-EU countries.

Action 36.3

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

Assessment tool/ indicator *(revised)*:

1. Number of operational law enforcement projects initiated or completed
2. Quantity of precursors and drugs seized
3. Number of illicit laboratories dismantled

Responsible for implementation: Member States

Deadline for implementation: Ongoing

State-of-play

1. Number of law enforcement projects initiated or completed in 2006

With countries at the Eastern Border of the EU

- *Austria*: project with Croatia (initiated)
- *Finland*: project with Belarus (completed)
- *Lithuania*: projects with Russia and Belarus (initiated)
- *Poland*: operation with Ukraine and Russia (initiated); training courses for Ukrainian police
- *Slovenia*: 2 joint operations initiated, 4 completed

With Balkan countries

- *Austria*: projects with Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Turkey, Serbia and Montenegro
- *Czech Republic*: working group South-East (customs, police; completed)
- *Commission*: financing of a mentoring scheme for officials of this and the Mediterranean Region

With Latin-American and Caribbean countries

- *Slovenia*: 2 operations referred to LAC. Joint operations via Europol and Interpol (completed)
- *Spain*: 19 training courses on drugs, money laundering, intelligence and legal matters (completed)
- *Commission*: Financing of an Intelligence-Sharing Working Group (ISWG)

With Morocco

- *Belgium*: implementation of police cooperation between Belgium and Morocco
- *Spain*: training course on synthetic drugs (completed); course on analysis of intelligence (completed); conference on customs cooperation Spain-Morocco (completed)

With countries on other drug routes:

- *Portugal*: protocol on police cooperation between Portuguese and Guinea-Bissau Criminal Police

2. Quantity of drugs and precursors seized <u>within</u> third countries

In countries at Eastern Border of the EU

- *Lithuania*: 1.3 kg amphetamine and 7 kg of cannabis resin (both in Russia);
- *Poland*: 397 lt. and 550 lt. of BMK (in Russia)

In Balkan countries

- *Germany*: 3.5 kg of cocaine in Bulgaria; 4.25 kg of cocaine in Turkey

In LAC and Caribbean countries

- *Slovenia*: 15.45 kg of cocaine (country unspecified)
- *Spain*: 202 kg of cocaine in Argentina

In countries on other drug trafficking routes

- *Czech Republic*: 2000 kg of cannabis resin in India
- *Slovenia*: 25 kg of heroin in Switzerland

Action 36.4

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

Assessment tool/ indicator *(revised)*:

1. Update of matrix on EU and MS assistance to third countries in the field of drugs

Responsible for implementation: Member States, Commission

Deadline for implementation: Ongoing

State-of-play

All the regions referred to in the report on Action 35 have benefited from funding to strengthen law enforcement agencies, even if this generally is not the top priority in the EC's external assistance to these regions in the area of drugs. This includes support for airport/port controls, an important contribution to the Police Trust Fund for Afghanistan, the financing of an intelligence sharing network of EU/LAC officials, etc. West Africa has also benefited from an initiative covering this region as well as the most relevant LAC countries. See Action 38.1 for financial information on assistance to third countries.

Conclusions

Law enforcement cooperation with third countries is included in the drug cooperation chapters in all association and cooperation agreements with non-EU countries in the field of drugs. The feedback received from the Member States in this specific field prompted practical information on activities carried out in the past year and – in one or two cases – on seizures. Unfortunately, reports on activities and data on numbers and quantities do not reveal much about the success of the action. It is recommended to amend the first and delete the second and third indicators for this action in future progress reports.

Objective 37

Continue and develop an active political engagement by the EU with third countries/regions

Action 37.1

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

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

Responsible for implementation: Council, Commission

Deadline for implementation: Ongoing

State-of-play

The EU-CAN Specialised High Level Dialogue on Drugs took place on 27 September 2006. The High Level Meeting of the EU-LAC Drugs Coordination and Cooperation Mechanism took place on 22-23 May 2007 in Trinidad and Tobago and concluded with the Port of Spain Declaration, which identified new priority areas for future cooperation in the areas of drug supply and demand reduction as well as money laundering, customs, police and judicial cooperation (see Action 37.2).

The annual report for 2007, produced by the corresponding EU-LAC co-presidency, is available[80].

[80] CORDROGUE 59 (2007)

Action 37.2

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

- Latin America and the Caribbean
- Central Asia
- Western Balkan countries

Assessment tool/ indicator: Review reports

Responsible for implementation: Council, Commission

Deadline for implementation: 2006 (Latin America), 2007 (Central Asia), 2008 (Western Balkans)

State-of-play

The review of the Panama Action Plan with the LAC region was concluded in May 2007 at the High Level Meeting of the EU-LAC Coordination and Cooperation Mechanism in Trinidad and Tobago.

The Port of Spain Declaration sets out future priorities for cooperation in the fields of demand and supply reduction and other areas related to drugs, such as money laundering, customs, police and judicial cooperation.

The review of the other two action plans with Central Asia and with the Western Balkans respectively will take place in 2008.

Action 37.3

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

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

Responsible for implementation: Council, Member States, Commission

Deadline for implementation: Ongoing

State-of-play

The Member States and European Commission participated in the meetings of the Permanent Representatives of the Pompidou Group. Member States and the European Commission (observer) actively participate in the work of the UNODC, as well as in the Commission on Narcotic Drugs (CND) and the Commission on Crime Prevention and Criminal Justice (CCPCJ) and the Paris Pact as well as in the activities of WHO and UNAIDS.

Action 37.4

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

Assessment tool/ indicator: Council, Member States, Commission

Responsible for implementation: Report on EU activities within the Dublin Group

Deadline for implementation: Ongoing

State-of-play

The regional chairs (mostly, EU Member States) have produced regular detailed reports on the drugs situation in the Caribbean, North, East, West and South Africa, Central America and Mexico, (the latest in December 2006) and South America, the Balkans, Eastern Europe, Central Asia, South East Asia and China and South West Asia (July 2007).

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

Assessment tool/ indicator:
1. Number of Dublin Group recommendations implemented[81]

Responsible for implementation *(revised)*: Council

Deadline for implementation: Ongoing

State-of-play
The Dublin Group adopts recommendations twice a year. However, the extent to which these are implemented by the collaborating countries is unclear.

Conclusions
The Dublin Group remains a very valuable instrument for Member States and the Commission for consultations and inspiring cooperation activities. However, the regional chairs of the Dublin Group should report on the extent to which recommendations are implemented.

Objective 38
Improve the coherence, visibility and efficiency of the assistance to candidate countries and third countries/ regions

Action 38.1
Exchange information on drug related technical assistance projects and operational activities in candidate countries and third countries/regions, in particular to identify duplication and gaps in technical assistance and operational activities

Assessment tool/ indicator:
1. Annual report by COM to the Council
2. Update of the database on technical assistance projects in candidate and third countries by COM on the basis of information provided by MS.

Responsible for implementation: Council, Commission

Deadline for implementation: Annual

State-of-play
In June 2006, the HDG debated and agreed a set of conclusions and recommendations proposed by the European Commission on the level and nature of Member States' and the Commission's external assistance in the area of drugs based on 2004 data which was compiled by the Commission. A similar exercise corresponding to the 2005 Drugs Matrix will conclude in November 2007.

At nearly € 760 million, the stock of EU international cooperation projects in the area of drugs in 2005 makes the EU the strongest player in global efforts against drugs (see Table 17). Afghanistan (with nearly two thirds) and the three main coca growing countries (Colombia, Bolivia and Peru with nearly one third) absorb most of the EU funding for international anti-drugs projects. The figures show a consistent commitment by the EU to address the international challenges posed by drugs.

More than half of the EU Member States plus the European Commission have international cooperation projects in the area of drugs. This includes fourteen of the fifteen countries that were members of the EU before January 2005 and one of the twelve new Member States since that date. Approximately 80% of the value of the stock of projects is accounted for by two EU partners; seven partners account for another 15%.

The collection of data for the 2006 matrix was launched in September 2007.

Conclusions
Notwithstanding the above, the projects to which these figures correspond reflect only the most visible

[81] The Dublin Group comprises of the EU Member States/ European Commission and five other countries. The EU Member States/ Commission do not therefore have exclusive ownership of their recommendations.

and easily measurable part of the efforts undertaken by the EU when cooperating with the international community. There are other cooperation and coordination initiatives that, by their nature, are confidential, do not take the form of projects and/ or are part of continuous undertakings the cost of which is difficult to ascertain. In that regard, the figures in Table 17 provide an imperfect gauge of the total commitment of the EU in this area.

Table 17A – Stock of projects funded by the European Union as of December 2005

Summary – Donor Distribution of Funds			
Donor	**Nr. projects**	**Amount in Euro**	**Themes [82]**
Austria	18	4.018.040 *(0.5%)*	Int (1), DDR (4), Alt (8), Prec (1), Other/ Rep (4)
Belgium	2	3.200.000 *(0.4%)*	Int (1), DDR (41)
Denmark	3	14.500.000 *(1.9%)*	Int (2), Alt (1)
EC	49	334.272.940 *(44.1%)*	Int (9), DDR (16), HR (1), Alt (13), Prec (2), AML (3), Other/ Rep (5)
Finland	15	5.514.761 *(0.7%)*	Int (1), DDR (8), Alt (2), AML (1), Other/ Rep (3)
France	15	12.456.666 *(1.6%)*	Int (4), Alt (3), AML (1), Other/ Rep (7)
Germany	19	82.837.965 *(10.9%)*	Int (4), DDR (3), Alt (8), Other/ Rep (4)
Hungary	1	288.500 *(<0.1%)*	Other/ Rep (1)
Ireland	6	1.000.000 *(0.1%)*	Int (2), DDR (2), HR (2)
Italy	21	20.150.500 *(2.7%)*	Int (5), DDR (2), HR (1), Alt (5), Prec (1), AML (2), Other/ Rep (5)
Luxembourg	18	8.005.486 *(1.1%)*	Int (3), DDR (8), Alt (4), Other/ Rep (3)
Netherlands	14	16.551.937 *(2.2%)*	DDR (1), HR (7), Alt (4), Other/ Rep (2)
Portugal	3	487.351 *(<0.1%)*	DDR (1), Other/ Rep (2)

[82] **Int** - Institution Building and Policy Support; **DDR** - Drug Demand Reduction; **HR** – Harm Reduction; **Alt** - Alternative Development; **Prec** - Precursors control; **AML** - Anti-Money Laundering; **Other/ Rep** - Other Supply Reduction.

Spain	13	1.290.929 *(0.2%)*	DDR (6), Alt (3), Prec (1), AML (1), Other/ Rep (2)
Sweden	8	7.132.066 *(0.9%)*	Int (1), DDR (3), Alt (4)
UK	58	246.492.407 *(32.5%)*	Int (9), DDR (2), Alt (15), AML (10), Other/ Rep (22)
Total	**263**	**758.199.548**	

Table 17B – Stock of projects funded by the European Union as of December 2005

Summary – Thematic Distribution of Funds			
Themes	**Nr. Projects**	**Amount In Euro**	**Beneficiary countries & regions**
Institution Building	42	131.023.909 *(17.3%)*	Afghanistan (16), Central Asia (1), Southern Caucasus (1), Eastern Europe (1), SADC (1), Mediterranean region (1), former Yugoslav Republic of Macedonia (1), Bulgaria & Romania (1), Turkey (1), Global (8), West Africa (1), Middle East (1), Laos (4), Peru (1), Myanmar (1), Belarus (1), Burma (1), Peru & Bolivia (1), Trinidad & Tobago (1)
Alternative Development	70	503.109.797 *(66.4%)*	Bolivia (12), Colombia (14), Peru (10), Afghanistan (23), Global (3), Morocco (1), Laos (3), Vietnam (1), Thailand & Burma (1), South-East Asia (1), Paraguay (1)
Anti Precursors Diversion	6	3.203.024 *(0.4%)*	Afghanistan (1), Andean Region (1), Central Asia (2), Latin America (2)
Anti Money Laundering	17	7.303.499 *(1%)*	CARDS (1), ASEM Region (2), Global (2), Zambia (1), AML (1), Iran (1), Latin America (1), China (1), Nigeria (4), UAE (1), East/ Southern Africa (1), COT/ other Caribbean States (1)
Other Supply Reduction	58	76.339.605 *(10%)*	Afghanistan (1)3), Southern Caucasus (1), Western Balkans and Mediterranean Region (1), LAC (2), BIH (1), Global (1), Central Asia (2), Venezuela (1), AMLAT (1), Iran (2), China (1), Eastern Europe (1), Russia (2), Tajikistan (3), Africa (1), Eastern & South Eastern Africa (1), Palestinian Territories), West and Central Asia (1), Capo Verde (4), Colombia (3), Latin America (1), Barbados (1), Brazil (2), Iraq (1), Jamaica (3), Pakistan (2), Turkey (3), UAE (1), Ukraine/ Poland (1)
Harm Reduction	11	4.876.054 *(0.6%)*	Global (1), Eastern Europe (1), South-Eastern Europe (1), South East Asia (1), Global (3), Ukraine (1), Belarus (1), Europe/ Central Asia (1), Eastern Europe (1)
Demand Reduction	59	32.343.660 *(4.3%)*	Latin America – Caribbean (1), Asia-Caribbean (2), Caribbean (1), Dominican Republic (1), Surinam (1), Afghanistan (4), Russia (12), Myanmar (1), Pakistan (1), Iran (40), Venezuela (1), Montenegro (1), Serbia (2), KOS (1), Global (6), Peru (3), Central Asia (2), South Africa (1), Lebanon (1), Cape Verde (1), Laos (2), Central America (1), Chile (1), Zambia (1), Bolivia (1), LAC (1), Andean Countries (1), South America (1), Honduras (1), Thailand & Burma (2)
Total	**263**	**758.199.548**	

Table 17C – Stock of projects funded by the European Union as of December 2005

Summary Geographic Distribution of Funds			
Beneficiary regions & countries	**Nr. Projects**	**Amount In Euro**	**Donor**
Afghanistan	57	452.430.231 *(59.7%)*	EC (8), Austria (2), Belgium (1), Denmark (3), France (2), Finland (1), Germany (4), Hungary (1), Ireland (3), Italy (7), Netherlands (1, UK (24)
Bolivia	13	54.727.666 *(7.2%)*	EC (3), Austria (3), France (1), Germany (1), Italy (1), Luxembourg (1) Portugal (1), Spain (1), UK (1)
Colombia	17	115.919.963 *(15.3%)*	EC (4), Austria (1), Germany (1), Italy (1), Netherlands (5), Spain (1), Sweden (2), UK (2)
Peru	14	47.782.674 *(6.3%)*	EC (1), Austria (3), Belgium (1), Finland (1), Germany (3), Italy (1), Luxembourg (2), Spain (2)
Other Latin American and Caribbean *)	30	13.295.736 *(1.8%)*	EC (7), France (3), Luxembourg (2), Spain (8), UK (10)
Mediterranean and Balkans **)	17	11.147.334 *(1.5%)*	EC (11), France (1), Italy (1), Luxembourg (1), UK (3)
Eastern Europe **)	25	12.343.794 *(1.6%)*	EC (5), Finland (10), France (1), Germany (1), Ireland (2), Netherlands (3), Sweden (2), UK (1)
Central Asia **)	11	6.483.500 *(0.9%)*	EC (1), Austria (2), Finland (1), Germany (2), Ireland (1), Italy (2), Luxembourg (1), UK (1)
South Asia **)	3	921.920 *(0.0%)*	EC (1), UK (2)
South East Asia **)	18	17.383.330 *(2.3%)*	EC (1), Germany (2), Italy (3), Luxembourg (7), Sweden (4), UK (1)
West Asia *)**	11	2.901.977 *(0.4%)*	EC (1), Austria (1), Luxembourg (2), Italy (1), Luxembourg (1), UK (5)
Sub-Saharan Africa *)**	18	8.907.765 *(1.2%)*	EC (1), Finland (1), France (1), Italy (4), Luxembourg (3), Netherlands (1), Portugal (2), UK (5)
Other countries, regions plus GLOBAL projects	29	13.953.658 *(1.8%)*	EC (5), Austria (6), Finland (1), France (4), Germany (5), Netherlands (4), Spain (1), UK (3)
Total	**263**	**758.199.548**	

*) Latin America – Caribbean inter-regional projects included

**) Inter-regional projects excluded

***) Excluding Afghanistan

5. INFORMATION, RESEARCH AND EVALUATION (OBJECTIVES 39-46)

The EU Drug Strategy 2005-2012[83] aims to achieve the following concrete, identifiable result for the field of information and research:

[83] CORDROGUE 77, p. 19.

"A better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure."

The EU Drug Strategy 2005-2012[84] aims to achieve the following concrete, identifiable result for the field of evaluation:

"To give clear indications about the merits and shortcomings of current actions and activities on EU level, evaluation should continue to be an integral part of an EU approach to drugs policy."

The objectives and actions in this chapter are related to sections 31 and 32 of the EU Drugs Strategy 2005-2012
Action 39 ***Provide reliable and comparable data on key epidemiological indicators*** ***Full implementation of the five key epidemiological indicators and, as appropriate, fine tuning of these indicators***
Assessment tool/ indicator *(revised):* 1. EMCDDA report on the implementation and on possible problems faces
Responsible for implementation: Member States, EMCDDA
Deadline for implementation: Ongoing
State-of-play An approach to summarising overall implementation levels of the five key indicators in the EU Member States has been developed that will allow trends in implementation levels to be tracked over time. Based on the assessment of data delivered to the EMCDDA and discussions with Reitox national focal points, a summary table was produced that provides an overview on the current situation structured by timeliness in data collection and compliance with the standardised key indicators. These data can be found in Table 18. The overall picture is relatively positive with the majority of countries reporting both recent and compliant data. However, a clear problem area is that many countries have not invested in recent estimates of problem drug use (PDU indicator) raising questions about the long-term viability of this measure. Given that this indicator reports on the scale and dynamic of the most damaging forms of drug use, a clear need exists to consider how reporting can be reenergised. The EMCDDA is currently reviewing the indicator to ensure that it remains relevant to reporting needs. Table 18 also facilitates the identification of those countries that have had problems in implementing one or more of the indicators. As these problems are not likely to be homogenous subsequent follow-up work is planned as part of the Reitox quality control mechanisms to identify problem areas and to work with focal points to identify possible strategies for improving data availability and compliance. A project was launched in 2006 to standardise and rationalise key indicator (KI) guidelines, training material and reporting tools, develop a new KI resource area on the EMCDDA website, and for the first time explicitly identify minimum implementation targets. By the beginning of 2008, this project will not only facilitate work to improve the implementation of the indicators but will also allow policy makers to have a clear perspective of the measures necessary to achieve the goal of the action plan in this area. Finally, both these approaches will assist the EMCDDA to work closely with Reitox national focal points to identify and analyse data-collection problems and identify options for overcoming them. Due to the heterogeneity of the situations in different Member states, the bilateral discussions are likely to be useful and training and technical support needs to be tailored and focused on the needs of those countries where problems have been identified. This analysis, together with clear understanding of what constitutes a minimum implementation standard should facilitate Member States to identify the

[84] CORDROGUE 77, p. 20.

appropriate actions necessary to improve reporting levels where they are problematic.

Conclusion

The long-term improvement in the availability and quality of data noted in the 2006 progress review appears to be continuing slowly. Some progress is noted in the data available since the first review was conducted. In particular, a number of new surveys have been reported and treatment demand data has become more available with both an increased number countries contributing and improved compliance.

Progress has also been made in addressing some of the problems identified in the progress review. The difficulties of assessing implementation levels and trends in compliance have been addressed in two ways.

Table 18 -Level of implementation in the EU Member States of the five key indicators in 2006

Key epidemiological indicator Timelines & compliance	Infectious diseases (DRID)	Treatment demand (TDI)	Problem drug use (PDU)	Drug-related deaths (DRD)	General Population survey (GPS)
Recent data available (2004) broadly reflecting EMCDDA reporting standards	15	13	5	17	18
Most recent data from (or before) 2001 (GPS), 2002 (PDU), 2003 (TDI, DRID, DRD)	4	2	14	3	7
Data quality limited or not in line with EMCDDA standards/definitions	6	5	3	6	0
No implementation	1	6	4	0	1

This table is based on 2005 reporting on 2004 registry data. Current level of implementation is available in 26 Member States (BE, CZ, DK, DE, EE, EL, ES, FR, IE, IT, CY, LV, LT, LU, HU, MT, NL, AT, PL, PT, SI, SK, FI, SE, UK and NO). This table has been verified by Reitox national focal points and sent to all Member States in November 2006. The level of implementation in 2007 is currently under assessment with results expected by October 2007.

Objective 40
Provide reliable information on the drug situation

Action 40.1
Reitox National Focal Points and Europol National Drugs Units to pursue their work to ensure their annual and standardised reporting on national drugs situations

Assessment tool/ indicator: Reports delivered

Responsible for implementation: Member States

Deadline for implementation: Annual

State-of-play

The quality of the Reitox national reports is improving steadily. Although the quality of the chapters within the same report can be very patchy, a rough ranking of all the national reports might be: six good, twenty satisfactory and two insufficient.
In 2006, improvements were also made to guideline compliance, layout rules and the common referencing of sources. References to studies, methodologies and possible biases to help the interpretation of results are now part of almost all national reports. There is room for improvement in keeping to the deadlines for the submission of national reports to the EMCDDA.

Although trends are usually presented in national reports, in some countries reliable quantitative data sets are still missing and consequently it is impossible for these countries to report on trends. Although some reports are written more scientifically, in the majority of cases analysis and interpretation of data are still lacking. In several reports, few new activities, studies or results were

reported.
In line with the conclusions of the Reitox Heads of Focal Points meeting in May 2007, and as a result of the reflection currently being carried out at the EMCDDA in close collaboration with the Reitox NFPs, it has been decided that the national reporting system, as well as quality criteria, will be revised and harmonised. The adoption of the new tools is scheduled for 2008. The Reitox network played an important role in collecting and revising data contributing to the reporting on the implementation of the 2nd recommendation of the Council Recommendation of 18 June 2003 focusing on harm reduction activities. The NFPs are still working in close collaboration with the Commission in relation to this work, in particular, on demand reduction.

Europol does not have Europol national ***drug*** units within the Member States, but only Europol national units, who liaise and/ or report on all Europol related issues in the Member States.

Action 40.2
EMCDDA and Europol to pursue annual reporting on the drug phenomenon at EU scale

Assessment tool/ indicator: Reports delivered

Responsible for implementation: EMCDDA, Europol

Deadline for implementation: Annual

State-of-play
In November 2006, EMCDDA launched its Annual Report 2006[85] on the state of the drug problem in Europe at the European Parliament in Brussels. The EMCDDA's Annual Report offered data from the EU-25 Member States, Norway, Bulgaria and Turkey. The Annual Report provides in-depth information on the state of the drug problem in the EU. The EMCDDA Statistical Bulletin[86] provides statistical information on the drug situation in the Member States. In addition to the Annual Report, the EMCDDA also published its selected issues 2006, which covered in-depth information on gender differences in drug use, a broader approach to substance use, and developments in recreational drug use. The EMCDDA Annual Report 2007 will be published in November 2007.

In 2006, Europol published four reports. Apart from the Europol Drugs Unit's contribution to the OCTA 2006, it also issued a Strategic Report on Drug Production and Drug Trafficking in the European Union, a Heroin Situation Report and the Ecstasy Logo Catalogue.

Conclusion
Overall, in 2006 both the EMCDDA (including the Reitox Network) and Europol delivered a series of reports on the drug demand and drug supply situation in Europe, providing policy makers and implementing agencies with up-to-date information on the drug situation and the responses to it.

Objective 41
Develop clear information on emerging trends and patterns of drug use and drug markets

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

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

Responsible for implementation: Council, Commission

Deadline for implementation: 2008

State-of-play
By the end 2007, early 2008 the Commission aims to publish a working paper on EU guidelines and mechanisms for detecting, monitoring and responding to emerging trends. In this field, several tools and instruments are already available, including the Early Warning System, operated by EUROPOL and EMCDDA, and the European Perspectives on Drugs Project (E-POD) developed by the

[85] http://ar2006.emcdda.europa.eu/en/home-en.html
[86] http://stats06.emcdda.europa.eu/en/home-en.html

EMCDDA. The Commission's working paper will build on the instruments already available to Member States and within the framework of Europol and EMCDDA, and aims to identify a number of basic elements necessary to recognise and explore emerging trends at national level.

Objective 43 ***Promote research in the field of drugs***
Action 43.1 Promote research in the context of the Community Programme for Research and Development and of Member States' research programmes - on biomedical, psychosocial and other factors contributing to drug use and addiction and - on other relevant issues, such as the effectiveness of primary awareness campaigns, effective interventions to prevent HIV/AIDS and hepatitis C, and the long term effects of Ecstasy use
Assessment tool/ indicator: - Identification and inclusion of topics in the Framework Programme and the work programmes as well as national research programmes - Level of successful drug related applications to the Research Programme and number of projects supported at the MS level
Responsible for implementation: Member States, Commission

Deadline for implementation: Ongoing

State-of-play

The EU Research Programmes[87] increasingly provide opportunities for EU research organisations and networks in the field of drugs to collaborate at international level.

Activities in these fields have previously received support from the 6th Research Framework Programme (2002-2006) and earlier Framework Programmes. For example, research carried out under the 6th Research Framework Programme included the development of methods for profiling amphetamines[88], research into organised crime (Assessing Organised Crime)[89] and Increased Knowledge on Organised Crime[90] and underlined the usefulness of such research.

Until the arrival of the 7th Framework Programme (2007-2013), in the field of humanities and drugs, the emphasis was on biomedical and genetic research. The 7th Framework Programme provides the opportunity to researchers and their networks in the EU to submit proposals on a variety of research topics that include possibilities for drug-related topics.

In the field of *health*, themes that are eligible for funding include: (1) *Research on the brain and related diseases, human development and ageing*; (2) *Translational research in major infectious diseases: To confront major threats to public health*; (3) *Translating the results of clinical research outcome into clinical practice including better use of medicines, and appropriate use of behavioural and organisational interventions and new health therapies and technologies,* and (4) *Enhanced health promotion and disease prevention.*

In the field of *socio-economic sciences and humanities*, themes that are eligible for funding include: (1) *Demographic areas*; (2) *Societal trends and lifestyles*; (3) *Socio-economic and scientific indicators: How indicators are used in policy*; (4) *Socio-economic and scientific indicators: Developing better indicators for policy* (5) *Socio-economic and scientific indicators: Provision of underlying official statistics.*

Table 19 provides an overview of drug-related research projects funded by the Commission under the 5th and 6th Framework programmes. Since the year 2000, projects with a combined value of € 23 million have been awarded.

Action 43.2

Promote research on identifying protective factors in countries with low HIV/AIDS prevalence rates in drug users.

Assessment tool/ indicator: Study delivered

Responsible for implementation: Member States, with support of EMCDDA

Deadline for implementation: 2007

State-of-play

To respond to action 43.2, the EMCDDA issued a call for interest to the Member States in November 2005. This resulted in reactions from experts and organisations from 12 countries offering preliminary ideas and, in some cases, the working time of researchers. As no funds were available to support a dedicated study, activities were limited to those that could be accomplished within the framework of the existing EMCDDA work programme and restricted to the secondary analysis of existing data sets.

This has resulted in two related exercises:

a) a literature review of protective factors for HIV infection; and

b) a project to bring together mathematical modellers and epidemiologists to develop new analyses of existing data sets that may give some further insight into this important issue.

[87] 5th, 6th and 7th Framework Programmes run by the European Commission.

[88] CHAMP project (http://ec.europa.eu/research/fp6/ssp/champ_en.htm)

[89] Assessing Organised Crime (http://www.assessingorganised crime.net)

[90] Increased Knowledge on Organised Crime (http://ikoc.unicatt.it)

The literature review was finalised in early 2007. The work of the modelling group is ongoing and conclusions are expected in late 2007 or early 2008.
Action 43.3 ***Make full use of the research capacity of the Council of Europe (Pompidou Group)***
Assessment tool/ indicator: Report on research activities of the Pompidou Group
Responsible for implementation: Member States, Commission
Deadline for implementation: Ongoing
State-of-play The Council of Europe (Pompidou Group) has established a collaboration platform on drug-related research in which experts explore gaps and priorities in this field. The platform works together with the Commission and EMCDDA on setting up a database on existing EU drug-related research.
Conclusion The EU continues to invest in and promote drug policies that are increasingly science-based.

Table 19 - Drug Related Research funded by the European Commission							
Research: 5th and 6th Framework Programmes							
Project/Reference Title and name	**Beneficiary/ Country**	**Start Date**	**End Date**	**Implementing Agency/Contractor**	**Total Budget Euro**	**EC Contribution Euro**	**Source**
Treat 2000- treatment system research European addiction treatment	Germany	March 00	August 04	University of Essen		666.000,00	RTD F5
Heroin addicts and their children	United Kingdom	February 00	January 05	University of Sheffield		749.989,00	RTD F5
Dopamine D3 receptor ligands: novel treatment of drug addiction	France	February 00	January 03	INSERM		999.000,00	RTD F5
Support Needs for Cocaine and Crack Users in Europe	Germany	January02	December 03	University of Hamburg		483.360,00	RTD F5
Endogenous Cannabinoid System role in ethanol and nicotine addiction: implications for treatment of drug abuse	Spain	January 02	January 04	Universidad Complutense de Madrid		459.772,00	RTD F5
Methadone for drug users: identifying best practice (MEHIB)	Spain	January 01	January 04	Andalusian School of Public Health		390.031,00	RTD F5
Gender, culture and alcohol problems: a multi-national study	Germany	January 02	January 04	Freie Universitaet Berlin		611.233,00	RTD F5
Determination of the extent of drug related mental health problems	United Kingdom	December 01	November 04	St George's Hospital Medical School		880.149,00	RTD F5
Integrated Services aimed at Dual Diagnosis and Optimal Recovery from Addiction	Denmark	November 02	October 05	County of Aarhus		1.399.986,00	RTD F5
The Quasi-compulsory treatment of drug dependent offenders in Europe	United Kingdom	October 02	September 05	University of Kent at Canterbury		855.006,00	RTD F5
Management of high-risk opiate addicts in Europe	Germany	October 02	September 04	University of Hamburg		558.000,00	RTD F5
Genomics and mechanisms of addiction	United Kingdom	December 04	January 06	University of Surrey		8.100.000,00	RTD F6
Collaborative Harmonisation of methods for profiling Amphetamine Type Stimulants- CHAMP	Finland	July 04	July 06	Keskusrikospoliisi, Finland		867.180,00	RTD F6

INTELLIDRUG Intelligent intra-oral medicine delivery micro-system to treat addiction and chronic diseases	Italy	January 04	December 06	Assuta Medical Centres, Israel	3.765.476,00 €	2.000.000,00	RTD F6
Standardised extracts of cannabis for use in the treatment of migraine and rheumatoid arthritis	United Kingdom	2005		School of Pharmacy, University of London, UK		1.436.950,00	RTD F6
NANOSECURE (drugs part)	United Kingdom	June 06		C-Tech Innovation Ltd-UK		50.000,00	RTD F6
Characterisation and role of interactions between opioid and cannabinoid systems	France	October 05	September 06	Centre National de la Recherche Scientifique		40.000,00	RTD F6
Molecular Bases involved in cannabinoid dependence	Spain	June 06	May 07	Universitat Pompeu Fabra		80.000,00	RTD F6
European Illicit Trafficking Countermeasures Kit	France	Sept 2004		Commissariat à l'Energie atomique	4.200.000,00	2.450.000,00	RTD F6
						23.076.656,00	

Objective 44 ***To create networks of excellence in drug research*** ***Encourage research networks, universities and professionals to develop/create networks of excellence for the optimal use of resources and effective dissemination of results***
Assessment tool/ indicator: COM report on the level of networking and acquired funding for these networks
Responsible for implementation: Commission
Deadline for implementation: 2007
State-of-play In February 2007, the Commission launched a prior information notice on a call for tender into a study conducting 'a comparative analysis of research in illicit drugs in the European Union', funded by the Drug Prevention and Information Programme 2007-2013. The study will provide insight in the current state of play of drug-related research, its prioritisation and funding at nationaland EU level. It will also examine the position of EU drug-related research in comparison with other regions in the world. During the meeting of the National Drug Coordinators in Berlin in March 2007, the issue of drug-related research within the EU and compared to other regions in the world was discussed. During the meeting of the Horizontal Drug Group in May 2007, the issue was further explored and the Commission indicated it would present an initial response to the drug-related research issue by November 2007. The outcomes of the study are due in the third quarter of 2008 and will be further examined during an international conference on drug-related research, which the Commission aims to organise by the end of 2008.
Conclusions With the outcomes of the study the Commission hopes to set the basis to improve collaboration and exchange of expertise in the field of drug-related research in the EU.

Objective 45 ***Continuous and overall evaluation***
Action 45.1 ***Establish a consolidated list of indicators and assessment tools for the evaluation of the EU Drug Strategy and Action Plans***
Assessment tool/ indicator: COM annual review with the support of EMCDDA and Europol
Responsible for implementation: Commission, EMCDDA, Europol
Deadline for implementation: Ongoing
State-of-play During the process of drafting the current EU Action Plan on Drugs 2005-2008, a set of indicators and assessment tools was formulated, along with practical actions, with the aim of measuring and documenting progress during the implementation phase. As reported in the Progress Review 2006, some difficulties regarding the usefulness, relevance, quality and availability of data for some of these indicators were uncovered. Improvements have been suggested for the remaining implementation period of the current action plan. Nevertheless, for the next Action Plan on Drugs 2009-2012, efforts to formulate relevant and measurable indicators and assessment tools should again receive a high level of priority. The Commission expects that the 2008 final evaluation of the EU Drug Action Plan 2005-2008, including the advice and analysis of the external consultant, who was contracted to help develop an evaluation methodology, and the advice of the Final Evaluation Steering Group will provide a solid basis for work on the new Drug Action Plan.
Action 45.2 ***Commission to present progress reviews to the Council and the European Parliament on the implementation of the Action Plan and proposals to deal with identified gaps and possible new challenges***
Assessment tool/ indicator: COM annual review with the support of EMCDDA and Europol
Responsible for implementation: Commission
Deadline for implementation: Annual

State-of-play On 21 December 2006 the Commission presented to the Council the 2006 Progress Review on the implementation of the EU Drugs Action Plan 2005-2008[91]. Europol and EMCDDA provided important contributions by making available information and data and by making proposals for improving some of the indicators. These changes were adopted by the Council in June 2006[92].
Conclusions The Commission continues to invest in improving the measurability of the objectives and actions in the current and future EU Drug Action Plan

Objective 46 ***Follow-up of the mutual evaluation of drug law enforcement systems in the Member States*** ***Extent of implementation of recommendations for best practices***
Assessment tool/ indicator: Council report and proposal for recommendations
Responsible for implementation: Council
Deadline for implementation: 2006
State-of-play In 1999 and 2000 the Council conducted an evaluation of drug law enforcement systems in the Member States (ref.). This resulted in a number of recommendations to the Member States for improvement. There is little or no information about the extent to which these recommendations have been followed up by the Member States.
Conclusions The implementation of this objective cannot be held to be satisfactory.

91 17101/06 CORDROGUE 118 (2006).
92 Presidency Conclusions 10301/07 CORDROGUE 32.

6. INFORMATION ON FUNDING PROGRAMMES IN THE FIELD OF DRUGS

The European Union has a number of funding instruments in place that can be used to support and promote a wide range of activities to help implement the EU Drug Strategy 2005-2012 and its EU Action Plans on Drugs, but also in support of activities within Member States and with and towards third countries. Underneath, information on current funding programmes is presented.

- **Drugs Prevention and Information Programme**

  Within the general programme on Fundamental Rights and Justice 2007-2013, the specific programme on "Drugs prevention and information" will feed into the EU Action Plan on Drugs 2005-2008. With a budget of € 21.35 million for the period 2007-2013, the general objectives of the 'Drugs Prevention and Information' Programme are to prevent and reduce drug use, dependence and drug-related harms; to contribute to the improvement of information on drug use; and to support the work on the EU Drugs Strategy 2005-2012.

- **Prevention of and Fight against Crime Programme**

  The objectives of the Prevention of and Fight against Crime programme, which will provide € 597.6 million for the period 2007-2013, are *inter alia*: to stimulate, promote and develop horizontal methods and tools for strategically preventing and fighting crime and to promote and develop coordination, cooperation and mutual understanding among law enforcement agencies. This programme also offers funding for projects which contribute to the supply reduction policy of the EU Drugs Action Plan 2005 – 2008.

- **Sixth and Seventh Framework Programme**

  With a total budget of € 50 billion, the 7th RTD Framework programme will support collaborative research on the basis of ten themes. Of these, the following could be of relevance for drugs research:

  Under the thematic priority "**Health",** possible activities for drugs-related research include research on brain and brain-related diseases, research on HIV/AIDS and Hepatitis Co-infection, research on enhanced health promotion and disease prevention and primary prevention research. Under the thematic priority "**Socio-Economic Sciences and Humanities"**, possible activities for drugs-related research which include: research to address economic cohesion between regions and regional development in an enlarged EU; and social cohesion and its relation to social problems such as poverty, housing, crime, delinquency and drugs; major societal trends and lifestyles; research into the social exclusion of young people and adolescents, considering questions such as delinquency, criminalisation and drug use. Under the thematic priority "**Security"**[93]**,** possible activities to support drugs law enforcement

[93] Activities in these fields have previously received support from the 6th Research Framework Programme (2002-2006) and earlier Framework Programmes. Research carried out under the 6th Research Framework Programme included the development of methods for profiling amphetamines (the CHAMP project - http://ec.europa.eu/research/fp6/ssp/champ_en.htm) and research into organised crime AOC (Assessing

include methods for rapid identification and detection (e.g. forensic profiling) and increasing the security of citizens; and delivering technological solutions to combat organised crime (including drugs smuggling).

- **Public Health Programme**

  The objectives of the current Community action programme for public health[94] (2003-2008) are: health information, rapid reaction to health threats, and health promotion by addressing health determinants including drugs. Activities cover networks, co-ordinated responses, sharing of experience, training and dissemination of information and knowledge.

  The second Community action programme for public health 2008-2013 has a budget of € 313.5 million. Its objectives are: improve citizens' health security, promote health including the reduction of health inequalities, and generate and disseminate health information and knowledge. With regard to drugs, one of the key objectives is to promote policies that lead to a healthier way of life by tackling health determinants, including drug consumption.

- **Joint Research Centre**

  The Joint Research Centre carries out scientific and technological research coordinated with DG Research's Framework Programmes, networking with other centres of excellence in the relevant fields. The JRC is expanding its activities to include the area of security and freedom and will work with the Commission in the field of forensic profiling of synthetic drugs.

- **European Neighbourhood Policy Instrument**

  The EU offers its neighbors a privileged relationship, building upon a mutual commitment to common values. The European Neighborhood Policy (ENP) thus embodied, sets out to provide assistance for the development of an area of prosperity, stability and security between the enlarged EU and its ENP partners and Russia. It aims to go beyond existing relationships to offer a deeper political relationship and economic integration while the Strategic Partnership with Russia aims to contribute to the realization of the four 'common spaces'.

  The central element of the European Neighbourhood Policy is the bilateral ENP Action Plans agreed between the EU and each partner. These set out an agenda for political and economic reforms with short and medium-term priorities where specific provisions exist for cooperation to combat drug trafficking and drug addiction. ENP Action Plans exist for 12 of the 16 partner countries (except Belarus, Syria, Algeria and Libya) with their implementation jointly promoted and monitored through sub-Committees. Efforts made under the ENP are funded by a € 11.81 billion allocation for the period 2007-13 to the new financial instrument called European Neighborhood Policy Instrument.

Organised Crime – http://www.assessingorganised_crime.net), and IKOC (Increased Knowledge on Organised Crime – http://ikoc.unicatt.it) and underlines the usefulness of such research.

[94] http://eur-lex.europa.eu/LexUriServ/site/en/oj/2002/l_271/l_27120021009en00010011.pdf

- **European Development Fund (EDF)**

  This fund supports EC development assistance to the ACP (Africa, Caribbean and Pacific) group of countries with the overall objective of reducing and eventually eradicating poverty. Support to sustainable economic, social and environmental development, promotion of the gradual integration of developing countries in the world economy, and combating inequality, are particular priorities to achieve this objective. Nonetheless, conflict prevention, crisis management and good governance have increasingly become key concerns of EU policy towards these countries. The current EDF allocation (10^{th} EDF for the period 2008-2013) amounts to € 22.7 billion and offers room for financing regional and country programmes and activities against drugs.

- **Development Cooperation Instrument**

  This instrument is the main tool for providing development assistance to countries outside the Cotonou Agreement and the European Neighbourhood frameworks; that is, its main beneficiaries are the countries and regions of Latin America, Asia, the Middle East, Central Asia and the South African Republic through specific geographic programmes, the priorities for which are guided by Country Strategy Papers (CSPs) and Regional Strategy Papers (RSPs), which are negotiated between the Commission and the beneficiary country or region in question.

  However, this budget instrument also funds a number of thematic programmes (in the areas of migration, food security, environment, non State actors/local authorities, health, etc.) from which ACP countries also benefits. Total average funding for this instrument is about € 2.4 billion per year.

  Geographic programmes can (and do) fund anti-drug initiatives as long as drugs are considered a priority sector in the corresponding CSP or RSP. In the thematic programmes, anti-drugs projects can also be financed mostly in the area of demand reduction through programmes such as those in health or those that support non state actors.

- **Stability Instrument**

  Peace, security and stability as well as human rights, democracy and good governance are essential for sustainable economic growth and poverty eradication. To address the interdependence between development and security, a new budget instrument, the Instrument for Stability, has been created with effect from January 2007. It has a three-pronged focus: rapid initial responses to crises (political crises as well as natural disasters; capacity building measures to strengthen international organisations and NGO'S involved in crisis prevention or responses; and long term actions to counter global and trans-regional threats. Funding for this instrument amounts to € 2.062 billion for the period 2007-2013 – of this, € 118 million will be devoted to addressing global and trans-regional threats to security (including those from drugs, terrorism, various forms of trafficking, etc)