



12 August 1998

A4-0294/98

## REPORT

on the 1997 annual report of the European Monitoring Centre for Drugs and Drug Addiction on the state of the drugs problem in the European Union (C4-0552/97)

Committee on Civil Liberties and Internal Affairs

Rapporteur: Mrs Anne-Marie Schaffner

(Delegation of the power of decision - Rule 52 of the Rules of Procedure)

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PE 225.474/fin.

- \* Consultation procedure  
simple majority
- \*\*I Cooperation procedure (first reading)  
simple majority
- \*\*II Cooperation procedure (second reading)  
simple majority to approve the common position  
majority of Parliament's component Members to reject or amend the common position
- \*\*\* Assent procedure  
majority of Parliament's component Members to give assent  
but simple majority under Articles 6a, 105, 106, 130d and 228 EC

- \*\*I Codecision procedure (first reading)  
simple majority
- \*\*II Codecision procedure (second reading)  
simple majority to approve the common position  
majority of Parliament's component Members to adopt a declaration of intended  
rejection of the common position, and amend the common position or confirm its rejection
- \*\*III Codecision procedure (third reading)  
simple majority to approve the joint text  
majority of Parliament's component Members to reject the Council text

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By letter of 30 September 1997 the European Monitoring Centre for Drugs and Drug Addiction forwarded to the European Parliament its annual report for 1997.

At the sitting of 24 October 1997 the President of Parliament announced that the report had been referred to the Committee on Civil Liberties and Internal Affairs as the committee responsible and to the Committee on Legal Affairs and Citizens' Rights and the Committee on the Environment, Public Health and Consumer Protection for their opinions.

The Committee on Civil Liberties and Internal Affairs appointed Mrs Anne-Marie Schaffner rapporteur at its meeting of 28 October 1997.

At the sitting of 12 January 1998 the President of the European Parliament announced that the Conference of Presidents had delegated the power of decision to the Committee on Civil Liberties and Internal Affairs pursuant to Rule 52 of the Rules of Procedure.

The Committee on Civil Liberties and Internal Affairs considered the annual report and draft report at its meetings of 25 May 1998 and 23 July 1998.

At the last meeting it adopted the motion for a resolution unanimously.

The following were present for the vote: d'Ancona, chairman; Reding vice-chairman; Schaffner, rapporteur; Andersson, (for Elliott), Bontempi, Brinkhorst (for De Luca), Buffetaut (for Jean-Pierre), Cederschiöld, Colombo Svevo, Deprez, Donnelly (for Mendes Bota), Goerens, Gomolka (for Posselt), Lindeperg, Nassauer, Oostlander (for Stewart-Clark), Orlando, Pirker, Pradier, Roth, Wiebenga, Wilson (for Schulz) and Zimmermann.

The opinions of the Committee on Legal Affairs and Citizens' Rights and the Committee on the Environment, Public Health and Consumer Protection are attached.

The report was tabled on 12 August 1998..

The deadline for tabling amendments will be indicated in the draft agenda for the relevant part-session.

**A**  
**MOTION FOR A RESOLUTION**

**Resolution on the 1997 annual report of the European Monitoring Centre for Drugs and Drug Addiction on the state of the drugs problem in the European Union (C4-0552/97)**

The European Parliament,

- having regard to the 1997 Annual Report of the European Monitoring Centre for Drugs and Drug Addiction on the State of the Drugs Problem in the European Union (C4-0552/97),
  - having regard to Council Regulation (EEC) No 303/93 of 8 February 1993 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction<sup>(1)</sup>,
  - having regard to the three-year work programme (1998-2000) of the European Monitoring Centre for Drugs and Drug Addiction,
  - having regard its resolution of 15 June 1995<sup>(2)</sup> on the Communication from the Commission to the Council and the European Parliament on a European Union action plan to combat drugs (1995 to 1999),
  - following delegation of the power of decision to the Committee on Civil Liberties and Internal Affairs pursuant to Rule 52 of the Rules of Procedure,
  - having regard to the report of the Committee on Civil Liberties and Internal Affairs and the opinions of the Committee on Legal Affairs and Citizens' Rights and Committee on the Environment, Public Health and Consumer Protection (A4-0294/98),
- A. whereas the task of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is to provide the Community and its Member States with objective and reliable information concerning drugs and drug addiction and their consequences, to improve the comparability of that information and to disseminate it in order to provide the Community and its Member States with an overall view of the problem when they take measures or decide on action,
- B. whereas the regulation on the establishment of a European Monitoring Centre for Drugs and Drug Addiction lays down five priority areas for action by the EMCDDA, i.e. demand and reduction of the demand for drugs, national and Community strategies and policies, international cooperation and geopolitics of supply, control of trade in narcotic drugs, psychotropic substances and precursors and the implications of the drugs phenomenon for producer, consumer and transit countries,

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<sup>(1)</sup> OJ L 36, 12.2.1993, p. 1.

<sup>(2)</sup> OJ C 166, 3.7.1995, p. 116.

- C. whereas, under the terms of the annex to the above-mentioned regulation, during its first three years of activity the EMCDDA was required to give priority to demand and reduction of the demand for drugs, and whereas that period ended in 1997; whereas the EMCDDA has been asked to broaden the scope of its responsibilities, for instance in assisting in the fight against money laundering,
- D. whereas, following three years' work by the EMCDDA in this area, data collected at national level by the Reitox local points and collated at European level by the Monitoring Centre on demand and reduction of the demand for drugs in the European Union is still nowhere near comparable, since basic definitions have not been standardized and data is not collected on the basis of uniform criteria,
- E. whereas, if they are to take measures and decide on action, both the Member States and the institutions of the European Union urgently require not only comparable information, but also assessments of the effectiveness of differing national drugs policies and must recognize that the Reitox centres are indispensable for this purpose,
- F. whereas the process of laying down research priorities, harmonising definitions and collection methods and analysing data must involve the EMCDDA and, above all, the Member States, which should work together both on the Management Board and in the context of the Reitox network,
- G. whereas the 1997 annual report, which relates to data for 1996 and deals with demand and reduction of the demand for drugs and anti-drug strategies, is a clear improvement over the previous report and contains a variety of interesting information, but does not as yet constitute an adequate basis for the assessment of the demand for drugs in the European Union and the effectiveness of national policies,
- H. whereas the EC budget resources allocated to the EMCDDA totalled ECU 5.84 m for the 1996 financial year and ECU 6.3 m for the 1997 financial year,
- I. whereas Parliament has two representatives, the Commission two representatives and each Member State one representative on the EMCDDA's Management Board, and whereas that body lays down the EMCDDA's annual research priorities,
- J. whereas the Monitoring Centre's second three-year work programme (1998-2000) once again focuses on the area of reduction of the demand for drugs and outlines initial moves towards the collection of information and the analysis of national and Community strategies and policies,
  - 1. Calls on the EMCDDA in the short term to step up its efforts to standardize the collection of key items of data in the area of reduction of health risks and of the demand for drugs (e.g. drug-related deaths, infection rates, crimes committed by drug addicts, data on current drug consumption);
  - 2. Welcomes the evidence of progress set out in the EMCDDA's 1997 annual report by comparison with its 1995 annual report, and calls on the EMCDDA to make the improvements required to develop reliable and comparable methods, data systems and key indicators without delay;

3. Welcomes the emphasis the report places on demand and demand reduction, as urged by Parliament in its resolution of 13 May 1992<sup>(1)</sup> on education for health and drug misuse in the Member States of the European Community and the Council of Europe;
4. Notes the analysis of new trends in synthetic drugs set out in the first main section of the 1997 annual report, and, in this connection, draws attention to its resolution on the Commission communication to the Council and the European Parliament on the control of new synthetic drugs<sup>(2)</sup> and strongly urges that it be implemented;
5. Calls on the Member States to coordinate with the EMCDDA their efforts to collect data in the drugs sphere, with a view to providing better guarantees in future of the comparability of such data at European level; emphasises the importance of the National Focal Points (Reitox), whose data and reports are fundamental to the tasks of the EMCDDA; accordingly calls on Member States to fund these centres adequately and ensure that they are able and encouraged to cooperate with the EMCDDA and each other, so as to ensure that there is better comparability of data collected and that the EMCDDA is consequently better able to produce more meaningful conclusions;
6. Points to the fact that in a number of cases in Member States there is a split of operational and political responsibility for the Reitox centres; emphasises the importance of the work of the National Focal Points, whose data and reports are fundamental to the tasks of the EMCDDA, and assumes that they can carry out their activities with as little interference as possible from national governments;
7. Calls on the EMCDDA to follow up its data collection work with an assessment of the various anti-drugs strategies and to submit that assessment to Parliament and the Council as an aid to decision-making;
8. Calls on the Monitoring Centre to draw up a marketing plan which takes account of the needs of the bodies for whom its reports and studies are intended;
9. Calls on the EMCDDA to draw up definitions and common indicators with a view to carrying out a cost-benefit assessment of the drugs policies and pilot projects carried out in the EU Member States, taking account of the health, socioeconomic and public order aspects;
10. Accepts that the annual report of the Monitoring Centre is its main item of written work and that this is supported by additional reports on specific subjects; nonetheless regards the presentation of an annual report on the state of the drugs problem as an insufficient return on the Monitoring Centre's work and looks to the EMCDDA in future to draw up comprehensive analyses in the above-mentioned areas which, once complete, will be made available to all relevant institutions in the Member States and at European level;

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<sup>(1)</sup> OJ C 150, 15.6.1992, p. 48.

<sup>(2)</sup> Minutes of the sitting of 12.5.1998.

11. Urges the EMCDDA in future to give greater publicity to the handy summary of its annual report so that it can serve as a general work of reference;
12. Regards it as essential that the EMCDDA should make a start on incorporating the applicant countries from Central and Eastern Europe and Cyprus into the Reitox network and taking account of data from those countries in its reports and analyses;
13. Regards it as essential that in the foreseeable future the EMCDDA should also deal with the priority areas laid down in the constituent regulation which it has not so far covered and calls on the Monitoring Centre to draw up and submit a longer-term work programme which sets out a proposed timetable for dealing with these priority areas;
14. Supports the EMCDDA's plan to improve and expand the information on legal issues in its publications, and to this end is preparing a CD-ROM with the legal provisions adopted at European level on drugs.
15. Attaches great importance to gaining a clear insight into the working relationship and any possible points of friction between the Monitoring Centre and the Focal Points, so that, on the basis of an assessment, measures can be taken to bring about improvements;
16. Urges that the increase in the budget of the EMCDDA should also have implications for the financial resources available to the Focal Points;
17. Emphasises that the EMCDDA should ensure that its three-yearly and annual work programmes and other relevant results from its work are prepared with a minimum of delay and are forwarded automatically and promptly to the European Parliament, the Council and the Commission; wherever possible these reports should be presented by the Director of the EMCDDA to Parliament's Committee on Civil Liberties;
18. Regards it as essential to improve and step up communication and cooperation between the European Parliament and the EMCDDA, in particular through the EP's representatives on the EMCDDA's Management Board;
19. Stresses that the two representatives appointed on behalf of the European Parliament should attend a meeting of the Committee on Civil Liberties at least once each year and should objectively report on the performance of the Monitoring Centre;
20. Wishes to have an early assessment of the organisation of the EMCDDA, including the number of personnel and their role in the organisation; wishes also to be informed of the size and effectiveness of the Bureau and the Management Board of the EMCDDA;
21. Calls on the EMCDDA to provide the European Parliament with reliable and comparable statistics and data so that it may take objective decisions in the context of the forthcoming adoption of the EU's new action plan to combat drugs and to step up cooperation with the UNDCP with the aim of strengthening the Centre's statistical work;

22. Instructs its President to forward this resolution to the Council, the Commission, the European Monitoring Centre for Drugs and Drug Addiction and the governments and parliaments of the Union Member States and the applicant countries.

## B EXPLANATORY STATEMENT

### 1. Tasks of the Monitoring Centre

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was established by a Council regulation of 8 February 1993. That regulation came into force on 29 October 1993 when Lisbon was fixed as the seat of the Monitoring Centre. The Centre was then set up in the course of 1994, prior to embarking on its work in the first half of 1995.

Article 1 of the regulation lays down the objective of the Monitoring Centre. Paragraphs 2 and 3 of that article read as follows:

(2) The Centre's objective is to provide, in the areas referred to in Article 4, the Community and its Member States with objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences.

(3) The statistical, documentary and technical information processed or produced is intended to help provide the Community and the Member States with an overall view of the drug and drug addiction situation when, in their respective areas of competence, they take measures or decide on action.

Article 4 sets priorities for the objectives and tasks of the Monitoring Centre, priorities which are laid down in the following order in the annex:

1. demand and reduction of the demand for drugs
2. national and Community strategies and policies
3. international cooperation and geopolitics of supply
4. control of trade in narcotic drugs, psychotropic substances and precursors, as provided for in the relevant present or future international conventions and Community acts
5. implications of the drugs phenomenon for producer, consumer and transit countries, within areas covered by the Treaty, including money laundering, as laid down by the relevant present or future Community acts.

The annex also stipulates that during the first three-year period of its activity the Monitoring Centre should pay special attention to demand and demand reduction. This stipulation was reflected in the first three-year work programme, which ran to the end of 1997, and in the annual report.

The Reitox (European Information Network on Drugs and Drug Addiction) computer network was set up as the basis for the collection of information by the EMCDDA. The network links the national and non-national specialist centres in the Member States and international and European organizations.

The EMCDDA's supreme decision-making body is the Management Board, which consists of two representatives of the Commission, one representative from each Member State and two experts appointed by Parliament.

To enable it to carry out its tasks, in 1996 the Monitoring Centre was allocated ECU 5.84 m and in 1997 ECU 6.3 m in resources from the Community budget. In addition, the development of a data network linking the Member States, the Commission and the Monitoring Centre was funded using appropriations entered against Item B5-7210. The EMCDDA's 1997 establishment plan made provision for a staff complement of 35 persons. ECU 2.56 m in 1996 appropriations was carried over to 1997.

## 2. The 1997 annual report

The main tool by means of which the Monitoring Centre's overall work can be assessed is the annual report, since to date the EMCDDA has submitted to Parliament virtually no other results of its work. Although the Monitoring Centre has already completed three years' work, the 1997 annual report is only the second, following the 1995 annual report. It relates to data for 1996.

The 1997 report is divided into two main parts:

- (I) Demand and reduction of the demand for drugs
- (II) Anti-drug strategies.

In the first part, the Monitoring Centre gives a general overview of the drugs situation in the European Union. It endeavours to show which drugs are used in the EU and to outline some of the results of drug use (drug-related deaths, HIV and hepatitis infections, arrests for drug use or drug dealing). The title, demand and reduction of the demand for drugs, is somewhat inappropriate, since this section also contains data about the supply of drugs, e.g. drug seizures. National strategies for reducing demand and the risks associated with drug use are also dealt with in this section, which also focuses on the analysis of new trends in the area of synthetic drugs.

Part II is intended to give an overview of anti-drug strategies at national, EU and international levels. Particularly as regards national strategies, this part of the report contains a number of useful tables, which, for example, make it possible to compare the legal situation in the individual Member States. Although still at a very early stage, the Monitoring Centre's efforts to put a figure on the social costs of the drugs problem are interesting and new.

## 3. Assessment of the annual report and the work of the Monitoring Centre

In overall terms, the 1997 report represents an improvement over its predecessor from 1995 and in some areas actually provides a basis for further work. However, it still contains many gaps and shortcomings, which, although they can partly be explained by the relatively short period in which the Monitoring Centre has been in existence, should nevertheless be remedied promptly.

### (a) Areas focused on in the report

In dealing with the priority areas, the annual report concentrates mainly on priorities 1 (demand and reduction of the demand for drugs) and 2 (national and Community strategies and policies) as laid down in the regulation establishing the Monitoring Centre. The other priorities, such as the geopolitics of supply or the control of trade in narcotic drugs and precursors, have thus far been ignored. The last priority, the implications of the drugs phenomenon, was at least touched on in a section dealing with the consumer countries.

By concentrating on the first two priorities, the Monitoring Centre is complying with the objective laid down for it - the regulation stipulated that it should give special attention to demand and demand reduction during the first three years following its inception. However, that first three-year period came to an end in 1997 and the annual report clearly shows that those three years were not sufficient either to develop procedures for the collection of properly comparable information or to carry out the requisite assessments of different policies. In future, therefore, the EMCDDA will have to continue to focus on the standardization of data in the area of demand and the assessment of the successes achieved by national prevention strategies.

At the same time, however, it is essential that in the foreseeable future it should also start work in the other priority areas and, for example, assess successes and problems in connection with control of the trade in narcotic drugs, psychotropic substances and precursors. The initial work on the implications of the drugs phenomenon, such as the social cost of the drugs problem, must also be expanded and deepened.

(b) Data collection

The annual report clearly shows that there is some way to go before the European Union has at its disposal properly comparable data. The differences start with the collection of data - different Member States focus on different topics. As a result, data on each separate issue is available only from some Member States. Basic inquiries or data collection procedures are not carried out on the basis of uniform criteria, do not focus, for example, on the same age group or are not based on the same definitions (e.g. what is a drug-related death, where does 'problematical drug use' begin?). The main characteristic of the results and tables produced is that they are insufficiently comparable, making general conclusions about the overall situation in the European Union difficult to draw.

The Monitoring Centre is clearly aware of this shortcoming. Although it points out that the availability and quality of information has improved by comparison with the previous report, it also states that it will seek to define and implement further common standards.

An important role in data collection is played by the National Focal Points, which draw up reports on the situation in their respective countries and forward them to the Monitoring Centre. If the data obtained is to be as objective and comparable as possible, not only is there a need for close coordination between the Focal Points and the EMCDDA, but the Focal Points must also be as independent as possible of national governments. At present, this does not seem to be the case throughout the Union, a situation which could give rise to distortions of data.

(c) Data assessment

A conspicuous shortcoming in the work carried out hitherto by the Monitoring Centre, one which has already been criticised by many Members of the EP and which is also reflected in this annual report, lies in the area of data assessment. The EMCDDA concentrates essentially on the collection of information and its exposition on a purely descriptive basis, whereas in a variety of areas there is an urgent need for the comparison of data, an assessment of the results of individual policies and an appraisal of the effectiveness of strategies. It is not enough to describe, on the one hand, the drugs situation, and, on the other, national policies, particularly in the area of the reduction of demand and the curbing of risks. Above and beyond this, at the very least an effort should be made, for example, to consider the two areas in relation to each other in order to establish whether the respective national drugs policies have a verifiably different impact.

This shortcoming is of course not solely the fault of the Monitoring Centre - it also reflects the fact that in the Member States themselves too little research and too few assessments of this kind are carried out. However, only information prepared and assessed in this way can make a genuinely useful contribution to the framing of Community and Member State measures and policies in the drugs sphere.

#### 4. The work programme for the period 1998-2000

During a visit by a delegation from the Committee on Civil Liberties to Lisbon on 3 March 1998 the Monitoring Centre presented its three-year work programme, covering the period 1998-2000, which had clearly already been adopted in November 1997.

This work programme once again focuses on only two priority areas:

1. Demand and reduction of the demand for drugs
2. National and Community strategies and policies.

The vast majority of the work will relate to the first priority, in the following areas:

- (a) consolidation and improvement of the epidemiological and demand reduction information system
- (b) consolidation and improvement of the Reitox network
- (c) improvement and development of reliable and comparable methods, data systems and key indicators
- (d) improving the quality of the annual report and raising the profile of the work of the EMCDDA and Reitox
- (e) development of structured cooperation with the EMCDDA's international partners.

In the second priority area, the gradual development of tools and methodologies, including a cost-benefit analysis, is planned, with a view to moving towards the comparability of measures, legislation, strategies and policies in the EU. One of the first tasks for 1998 is the development of a databank containing details of legal instruments in the Member States and at international level.

#### 5. Future objectives of the EMCDDA's work

##### (a) Information collection

One of the Monitoring Centre's main tasks is to ensure that information is comparable at European level - quite clearly a lengthy, labour-intensive process. The EMCDDA itself concedes that no satisfactory results have yet been achieved, even though, under the three-year programme, priority was attached to comparability in the sphere of demand. The Monitoring Centre is aware of this shortcoming and its work programme for the next three years therefore focuses primarily on improving basic data and data collection in the area of epidemiology and demand reduction. Owing to the particular difficulties inherent in establishing a common basis for data collection, the EMCDDA must make prompt efforts to extend this process to its other priority areas. The Monitoring Centre should pay particular attention to this problem in its annual activity reports, so that the progress made or the continuing shortcomings can be clearly identified.

In view of the accession negotiations now starting with six countries and the accession preparations involving five further countries, the Monitoring Centre should also start to extend the Reitox network and initial situation analyses to cover those countries (perhaps initially the first six). Appropriations from the Phare programme could be used for this purpose.

(b) Information assessment

As a matter of urgency, the Monitoring Centre must expand its work to combine information collection with information assessment. From the point of view of the framing of policy in the Member States and at European level, there is a pressing need for an assessment of the various national policies on drugs. In particular, investigation is required into the impact of 'new' risk reduction strategies, such as the provision of clean syringes or methadone programmes, on the state of health of drug addicts, public health in general or public safety (reduction in the number of crimes committed by drug addicts?). Conversely, it must also be examined whether a strict policy of prohibition may act as a deterrent and reduce the number of, for example, first-time drug users. Without such assessments of the differing national policies, the Member States and the Community institutions will be unable to frame drugs policies which are pragmatic and effective.

In the work programme for the period 1998-2000 the EMCDDA takes a first step in the right direction by stating its aim of developing criteria for comparing the effectiveness of differing policies in the sphere of demand reduction and damage limitation. However, no provision has been made for this work to start in 1998. In view of the pressing need for such assessments, the EMCDDA should give this task priority on the basis of a fast-track approach.

(c) Results of the EMCDDA's work

It is not enough for a Monitoring Centre, which in future will receive annual funding totalling ECU 7 m, to submit to bodies, such as the European Parliament, which are involved in the framing of drugs policy, an annual report on the state of the drugs problem in the European Union. The EMCDDA should instead carry out the more comprehensive analyses referred to above and, once they are complete, make them available to all relevant institutions in the Member States and at European level.

The EMCDDA should continue to forward its three-year work programmes to the European Parliament at an early stage. It should also draw up a longer-term work programme which sets out its proposed timetable for dealing with the priority areas laid down in the constituent regulation, covering both information collection and assessment.

As regards cooperation between the EMCDDA and the European Parliament, the members of the Centre's Management Board appointed by Parliament should in future play a more active role in representing the EP's interests, not least in terms of potential findings, in connection with the drafting of the work programmes and in providing feedback and monitoring the EMCDDA's results and activities.

29 June 1998

## **OPINION**

(Rule 147)

for the Committee on Civil Liberties and Internal Affairs

on the 1997 Annual Report of the European Monitoring Centre for Drugs and Drug Addiction on the state of the drugs problem in the European Union (C4-0552/97) (report by Mrs Schaffner)

Committee on Legal Affairs and Citizens' Rights

Draftsman: Angela C. Sierra González

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## **PROCEDURE**

At its meeting of 27 November 1997, the Committee on Legal Affairs and Citizens' Rights appointed Angela C. Sierra González draftsman.

It considered the draft opinion at its meetings of 18 and 19 May and 23, 24 and 25 June 1998.

At the last meeting it adopted the following conclusions by 8 votes to 4, with 0 abstentions.

The following were present for the vote: Palacio Vallelersundi, acting chairman; Malangré, vice-chairman; Sierra González, draftsman; Barzanti, Berger, Cassidy, Gebhardt, Nassauer (for Mosiek-Urbahn), Oddy, Thors, Ullmann and Wijnsbeek (for De Clercq).

### **1. Introduction**

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a Community body based in Lisbon. It was set up under Regulation (EEC) No 302/93 of 8 February 1993<sup>(1)</sup>, which also lays down the tasks it is to perform. The basic aim of the annual report is to provide Community and national policy-makers with a comprehensive, reliable body of information on the basis of which to compare the effectiveness of the various policies and take appropriate action. For such purposes, the centre has its own information network for the collection and exchange of data (Reitox), with focal points in each Member State.

The annual report is divided into six chapters dealing with various aspects of the drugs problem, such as prevalence and patterns of use, the cost of national strategies, and action taken by the European Union and at international level. This year's report also contains a new chapter on synthetic drugs. One noteworthy feature is the valuable contribution made by the comparative tables on the laws in force in the various Member States and by the statistics given in each chapter. These data highlight the different approaches taken at national level to the classification of drugs, the statutory regulation of possession (and personal use) and trafficking, as well as the different penalties

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<sup>(1)</sup> OJ L 36, 12.2.1993, p. 1.

applying in each Member State, some of which provide for treatment in a specialized centre as an alternative to prosecution and imprisonment.

The preamble to the Regulation referred to above expressly required the EMCDDA to pay particular attention to demand reduction during its first three years in operation, whence the importance of the chapter on that subject in the annual report.

As the report points out, action aimed at reducing demand is a typically European phenomenon. With a view to complementing the demand reduction activities of the Member States, the Community has adopted a programme of Community action on the prevention of drug dependence within the framework for action in the field of public health (1996-2000)<sup>(1)</sup>, based on Article 129 of the EC Treaty. To date, Community action to reduce demand under the programme has focused mainly on prevention. It is nonetheless clear from the preamble to Decision No 102/97/EC that the Community considers drug dependence to be primarily 'a major health scourge' (Recital 13) requiring a multidisciplinary approach which 'should in particular ensure that the social and personal implications of the phenomenon are taken into account, in order to limit the adverse consequences to the health and social situation of affected persons' (Recital 11).

Unfortunately, experts differ over exactly what issues and activities are covered by the term 'demand reduction'. The Member States have interpreted the concept in different ways and the national implementing programmes are thus based on a variety of approaches. Action to reduce demand for drugs can cover an extremely wide range of activities which may be directed both towards reducing demand and towards mitigating the harmful effects of drug taking at an individual or collective level ('harm reduction') without actually changing the habits of those affected. The aims can range from primary prevention, which involves working with young children in key areas, to total abstinence and controlled use, involving substitution programmes under which drugs are prescribed to addicts (although the programmes which already exist in some Member States vary in both scope and type).

When it considered the wide range of issues and problems to which drug dependence gives rise, the European Parliament drew attention to such disparities. In its resolution of 15 June 1995, it noted the contradictory attitude shown by some Member States which, while pursuing an official policy in keeping with the United Nations conventions to which they were party (which, broadly speaking, seek to prohibit and suppress the production, trafficking in, sale and use of a whole series of substances, except for medical or scientific purposes) took a more pragmatic approach to demand reduction at regional or municipal level, aimed at reducing the harm caused to those affected.

The chapter on demand reduction refers only briefly to harm reduction interventions (which are carried out mainly at municipal level in some EU towns) and covers the same subject areas as last year's report, although it does contain new sections on interventions in the field of criminal law and prisons. The sections on 'outreach' and 'low threshold services', i.e. community-based services provided to those not effectively reached by clinic-based services, are of particular interest. Such services are based on an understanding of drug users' lifestyles and are provided by volunteers who normally operate in urban areas - in the street or in public places where drug addicts gather. They stretch from the distribution of syringes to the provision of cheap accommodation and food. The EMCDDA points out that such services are very often linked to HIV and hepatitis prevention. The section on substitution treatments, the normal aim of which is not maintenance but eventual

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<sup>(1)</sup> Decision No 102/97/EC of 16 December 1996, OJ L 19, 22.1.1997, p. 25.

abstinence, is of particular importance. The report also states that at least two Member States regularly administer heroin in clinics or buses for maintenance purposes, or are doing so on a trial basis.

Lastly, in this chapter the EMCDDA also outlines a number of trends, the most important of which are listed below.

- Many EU countries have new or revised anti-drug policies and have stepped up funding of demand reduction activities.
- National demand reduction policies which are formulated by the various ministries involved are mainly implemented at local and municipal levels and are aimed at those affected or at high-risk groups; this is particularly true of prevention measures. Regional structures also exist in some Member States.
- Harm reduction approaches have expanded due to fears over HIV infection and have reduced the spread of HIV in many countries.
- Substitution treatment is available in all EU countries, but to a widely varying degree. Most countries have expanded their methadone treatment programmes over the past few years. Eventual abstinence is usually the goal, but treatment may be designed to continue indefinitely.

Unfortunately, as the EMCDDA report points out, many Member States do not keep central registers of patients undergoing substitution treatment, which is why it was necessary for the Reitox data to be supplemented by data from a study carried out by the Commission in the early 90s.

- There remains an urgent need for further research to be carried out with a view to assessing the effectiveness of demand reduction activities. Although many Member States have made considerable progress in this respect, common definitions and criteria must be laid down before the various projects can be assessed.

The latest data on drug-related problems supplied by the Commission<sup>(1)</sup> highlight above all the failure of the anti-drugs policies implemented by States, the EU and the international community and their inability to deal with the serious social damage caused by drugs (premature deaths, HIV infection, crimes committed to obtain money for drugs, etc.). The full extent of the problem may be gauged from a comparison between the economic costs of drug abuse in OECD countries (including expenditure on law enforcement, prevention programmes and health care for drug-related diseases), which currently amount to approximately US\$120 billion, and the profits generated by drugs, which are commonly estimated at between US\$300 bn and US\$500 bn.

In November 1996 over 60 MEPs, including the rapporteur, signed a proposal for a recommendation on the harmonisation of the Member States' laws on drugs (B4-1238/96). This proposal noted the positive results obtained from some national risk reduction policies and called on the Member States and the Council to:

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<sup>(1)</sup> COM(97)0670 final.

- draw up new rules on the production, sale and use of cannabis and its derivatives;
- consider repealing the criminal penalties placed on the consumption of other illegal substances in cases of proven addiction;
- establish a system for the public control of the supply of substances which are currently illegal, which provides for the possibility of such substances being prescribed by doctors in cases of proven addiction and which would serve as a means of preventing the onset of additional addictions to substitute products.

## 2. Conclusions

The Committee on Legal Affairs and Citizens' Rights calls on the Committee on Civil Liberties and Internal Affairs to take the following conclusions into consideration:

- (1) Considers that, in accordance with Decision No 102/97/EC of 16 December 1996, within the EU drug dependence should be treated primarily as a public health problem and that the only aspects of this problem which should be criminalised are the trafficking in and production of drugs and the laundering of profits made from such activities;
- (2) Draws attention to the objectives set out in Article 1 of Council Regulation (EEC) No 302/93 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction, and accordingly underlines the purpose of the Centre in providing objective and reliable information, comparable at European level, on drugs and drug addiction and their consequences, in order to help provide the Community and Member States with an overall view of the problem when they take measures or decide on action.
- (3) Welcomes the progress discernible in the EMCDDA's annual report for 1997 compared with the annual report for 1995, and calls on the Centre to carry out the necessary improvements and developments of reliable and comparable methods, data systems and key indicators without further delay.
- (4) Considers that the representatives of the Member States in the Reitox network should therefore forward the necessary information and statistics to the ECMDDA, including evidence of spending connected with the drugs policy or costs caused by drug abuse, and should formulate in conjunction with that organisation an effective operational methodology which includes common definitions and criteria.
- (5) Calls on the European Monitoring Centre for Drugs and Drug Addiction to carry out, after it has obtained the information, an assessment of the different anti-drugs strategies and submit the assessment to Parliament and the Council as an aid to decision-making.
- (6) Welcomes the EMCDDA's annual report and notes the information and statistics given in the various chapters thereof, with particular regard to the chapter on demand reduction.
- (7) Supports the EMCDDA's plan to improve and expand the information on legal issues in its publications, and to this end is preparing a CD-ROM with the legal provisions adopted at European level on drugs.
- (8) Points out that Article 129 of the EC Treaty is an appropriate legal basis for a Community policy that lends support to action by the Member States for the prevention of drug

dependence and its transmission, and promotes research into its causes, information for the authorities concerned and health education.

- (9) Welcomes the fact that the Member States' authorities are endeavouring to use the range of legal options to prevent young consumers from sliding into illegal activity by tackling drug consumption at dance events in a pragmatic way; calls on the Member States and Council in this connection to place this approach by the authorities on a uniform legal basis, with the primary anti-drugs aim of avoiding illegal activity, particularly by young consumers; also wishes to see a separate chapter in the annual reports covering young people as consumers, as their behaviour changes extremely rapidly.

12 May 1998

## **OPINION**

(Rule 147)

for the Committee on Civil Liberties and Internal Affairs

on the 1997 Annual Report of the European Monitoring Centre for Drugs and Drug Addiction on the state of the drugs problem in the European Union

Committee on the Environment, Public Health and Consumer Protection

Draftsman: Mr Doeke Eisma

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## **PROCEDURE**

At its meeting of 27 November 1997 the Committee on the Environment, Public Health and Consumer Protection appointed Mr Doeke Eisma draftsman.

It held an exchange of views at its meeting of 15 April 1998 and considered the draft opinion at its meeting of 11 May 1998, at which it adopted all the conclusions, with 4 votes against and 1 abstention.

The following were present for the vote: Collins, chairman; Eisma, draftsman; Baldi (for d'Aboville), Bowe, De Coene (for Graenitz), Gahrton (for McKenna), Grossetête, Hardstaff (for Lienemann), Hulthén, K. Jensen, Kokkola, Kuhn, Needle, Oomen-Ruijten, van Putten, Roth-Behrendt, Sandbæk (for Blokland), Schörling (for Lannoye), Sjöstedt (for Bertinotti), Trakatellis and Whitehead.

### **I. General remarks**

In presenting the Annual Report on the State of the Drugs Problem in the European Union, the European Monitoring Centre for Drugs and Drug Addiction located in Lisbon performs a task assigned to it by Article 2(10) of Regulation (EEC) No 302/93. It is the most important document for assessing the Centre's work, since other accounts of its activities have yet to be presented to the European Parliament.

This is the second report, the first having been the '1995 report'. It contains statistics on 1996, despite the reference to 1997 in the title. The third report ('1998') will then no doubt cover the year 1997 and so ensure uninterrupted monitoring of the drugs problem in the European Union.

For years the European Parliament has been reiterating its position in the fight against drug abuse<sup>(1)</sup>. The most important statements it has made can be summarized as follows:

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<sup>(1)</sup> OJ C 283, 10.11.1986, p. 79, OJ C 150, 15.6.1992, p. 41, and OJ C 166, 3.7.1995, p. 116

- It is in Europe's interests to focus on limiting the demand for drugs.
- The drugs problem is intricate and extremely complex and includes a mixture of human, psychological, social, economic and medical elements.
- At least as much importance must be attached to prevention and risk limitation as to the prosecution of drug dealers and consumers.

The Centre's present report must be gauged by these statements, and future annual reports should be geared to them.

## **II. Presentation and structure of the 1997 annual report**

The 1997 annual report is presented in an attractive and modern form and written in an easily comprehensible language, which gratifyingly differs from the jargon used in comparable publications by European institutions. The information is also presented in compact and succinct form, enhanced by numerous up-to-date tables and statistics. In this respect the report is also a great improvement on its predecessor. This does not alter the fact, however, that it will prove far more useful if future reports include an index and a summary.

The report is divided into two main parts: Part I concerns demand and demand reduction, while Part II covers anti-drug strategies. It is satisfying to note that the Centre is focusing on the priorities, as referred to in Regulation (EEC) No 302/93 and the European Parliament's opinion on it (Van den Brink report),

### 1. Demand and demand reduction

The first chapter, on demand for drugs, gives an overview of drug consumption in the EU and related problems. The information provided concerns, for example, drug users and the various drug-induced infectious diseases. The second chapter is devoted to measures to restrict demand. From the enormous number of local, regional and private agencies specializing in prevention, treatment or rehabilitation it might be inferred that drug addiction is increasingly regarded as a disease requiring prevention and therapeutic help rather than an offence for which the perpetrator can be prosecuted. In its opinion on Regulation (EEC) No 302/93 the European Parliament called for the Centre to pay particular attention to demand and demand reduction in the first three years of its existence (Van den Brink report<sup>(1)</sup>), letter C on the list of priorities in the annex to Regulation (EEC) No 302/93). The three-year start-up phase was completed at the end of 1997. A reading of the report reveals, however, that these three years were insufficient for the collection of data that are genuinely comparable at European level. In the next few years the Centre should therefore continue down the path it has taken and work on the standardization of data and information concerning demand and its reduction.

### 2. Synthetic drugs

An innovation is Chapter 3 on new trends in such synthetic drugs as Ecstasy, LSD and amphetamines.

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<sup>(1)</sup> OJ C 150, 15.6.1992, p. 54

Synthetic drugs are a growing problem, particularly among young people. It is therefore very important that the EU should draw up plans for an information campaign aimed specifically at drawing the attention of young people to the health risks inherent in synthetic drugs. As already proposed in the Burtone report (A4-0398/96), information and education are of the utmost importance for prevention.

### 3. Anti-drug strategies

The second part of the report concerns anti-drug strategies pursued by the various Member States (Chapter 4), the European Union (Chapter 5) and at international level (Chapter 6).

#### (a) Public expenditure, social costs

The section entitled 'Public expenditure, social costs' (Chapter 4), with which the Centre has responded to the European Parliament's call for a cost-benefit analysis of anti-drug measures, is interesting. It very soon becomes apparent that the Member States are not even capable of indicating precisely how much money they spend on measures to combat drugs. While it is agreed that the money spent certainly includes the cost of enforcing the criminal law ('repressive measures'), sickness (cost of treatment, loss of working hours) and prevention, how to gauge whether expenditure by the authorities or other costs have been, or continue to be, due to drug abuse? Can, for example, the value of property stolen or destroyed during offences committed to obtain money for drugs still be classified as 'drug-related'? Assessment is even more complicated where the cost of prevention is concerned. Any measure taken in support of young people as they mature can in fact be regarded as indirect expenditure on drugs prevention. However, views on this differ in the Member States, which makes it difficult to compare expenditure on repression, health and prevention and to assess its efficiency.

#### (b) Action taken by the European Union

Chapter 5 provides a very good overview of action taken at the level of the European Union under its drugs policy and of the legal and political framework within which the various actors operate. It becomes clear in this context why it is so difficult to formulate a coherent European policy on drugs. Competence is widely dispersed in organisational and institutional terms. It is governed not only by Community law but also by the foreign policy ('second pillar') and the home affairs policy ('third pillar') and is exercised by the Union, the Member States and international organizations. Within the EU different decision-making procedures have to be applied, depending on whether, for example, the problems relate to money-laundering, trade in precursor substances, public health, prevention, the financing of anti-drug programmes or the criminal law.

This too reveals how important is the work that the European Monitoring Centre is meant to perform: achieving comparability in a confusion of terms of reference and information and creating an objective basis for policy-making decisions at national, Community and international level.

The annual report summarizes the most important decisions taken by the European institutions in 1996 regarding the reduction of supply and demand and shows how closely linked they are to developments at international level. However, it unfortunately conveys the impression that there is something of an institutional imbalance. Thus no mention is made of the European Parliament's

resolutions of 19 April 1996 on North-South cooperation in the campaign against drugs<sup>(1)</sup> and of 16 April 1996 on a programme of action on the prevention of drug dependence<sup>(2)</sup> or of the Commission communication on the outlines of an industrial policy for the pharmaceutical sector<sup>(3)</sup>. On the other hand, far less important opinions of the Council are meticulously listed.

This chapter unfortunately pays little attention to euregional cooperation and contacts with Central and Eastern Europe. In view of the forthcoming negotiations with the applicant countries it is undoubtedly important that the Centre take a greater interest in the drugs problem in these countries.

### **III. Aspects that should be considered in future reports**

The European Union's action plan to combat drugs 1995-1999<sup>(4)</sup> will expire in the near future. It is therefore appropriate for the European Parliament to attempt even at this early stage to participate in the formulation of the Commission communication on the next action plan.

The Centre can perform valuable preparatory work in this context by providing Parliament with reliable and comparable statistics and data that open the way for a policy-making decision based on facts rather than on the prejudices so often encountered in drugs policy.

The 1997 annual report shows how much drug use is changing, how much it may be the fashionable thing to do and how much it is also subject to cultural habits. When the new action plan is drawn up, a pragmatic policy having as its overriding objective the reduction of the suffering of those concerned (drug addicts and their social environment) and of damage in society should be pursued.

Future annual reports should pay greater attention to this aspect of the drugs problem than ever before. The danger otherwise is that the (financial and other) efforts hitherto made in Europe to reduce the demand for drugs will be thwarted by the current trend at international level.

The work of the Centre, which singled out certain approaches in the Dutch drugs policy for favourable mention in the last annual report, has already been criticised by the USA's prohibition agency.

Even Commissioner Emma Bonino came under fire from proponents of a more repressive drugs policy in Washington (Joseph Califano, Director of the Centre on Addiction and Substance Abuse (CASA), in the International Herald Tribune of 18 October 1996). Statements by the Director of the United Nations Drug Control Programme (UNDCP), Pino Arlacchi, also indicate an escalation of the international 'war against drugs', i.e. a repressive policy.

To counteract this, the Centre might take up a suggestion the European Parliament has made in the past and add an evaluation of the efficiency of national, Community and international anti-drug strategies after the descriptive section in the chapter on the 'Reduction of demand'.

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(<sup>1</sup>) OJ C 141, 13.5.1996, p. 247

(<sup>2</sup>) OJ C 141, 13.5.1996, p. 19

(<sup>3</sup>) OJ C 141, 13.5.1996, p. 63

(<sup>4</sup>) C4-0107/97, report by Sir Jack Stewart-Clark

Finally, a few comments on the Centre's organisation. Making data comparable is difficult. A complicating factor is the Centre's dependence for data on the functioning of the national 'Focal Points', which are not always able to provide comparable and validated data. This is partly due to the vagueness of terms of reference and to the lack of transparency and growing size of the bureaucracy in Lisbon. An imbalance in the distribution of financial resources between the Centre in Lisbon and the Focal Points is undoubtedly a contributory factor. The Focal Points are being assigned a rising number of new tasks without any increase in financial compensation. It is therefore regrettable that more and more money is being spent on strengthening the apparatus in Lisbon while comparatively little money is spent on the important tasks of the Focal Points. The bureaucracy in Lisbon should therefore be limited so that the management structures are simpler and communication is improved.

Cooperating is more important than the comparability of data. The Centre should therefore confine itself to gathering a few vital figures and focus more on ensuring exchanges of know-how among the Focal Points. A suggestion that might be made in this context is that every Focal Point in the EU should adopt a future Focal Point in one of the applicant countries.

The European Monitoring Centre is the appropriate authority for putting an end to the fragmentation of data that is typical of the fight against addiction. However, it should be given a broader mandate so that, besides obtaining information, it makes exchanges and cooperation between policy-makers, researchers and fieldworkers in the assistance and prevention spheres possible.

#### **IV. Conclusions**

The Committee on the Environment, Public Health and Consumer Protection calls on the Committee on Civil Liberties and Internal Affairs, as the committee responsible, to incorporate the following amendments in its report:

1. Welcomes the emphasis the report places on demand and demand reduction, as urged by Parliament in its resolution of 13 May 1992<sup>(1)</sup>;
2. Calls on the European Monitoring Centre for Drugs and Drug Addiction to continue its efforts to achieve comparability of data and information relating to supply and demand and supply and demand reduction:
  - the spread of diseases, especially where it is due to the use of infected needles, and
  - the influence of the price and quality of available substances on the health of drug addicts, and
  - experiences with methadone and needle-exchange programmes and with the medical prescription of heroin;
3. Welcomes the inclusion of a chapter on synthetic drugs;

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<sup>(1)</sup> OJ C 150, 15.6.1992, p. 48

4. Emphasises the importance of cost-benefit analyses of current measures to combat drugs for determining which anti-drug strategies at national, Community and international level are efficient and which are not;
5. Calls on the European Monitoring Centre for Drugs and Drug Addiction to devote more space in its next annual report to the European Parliament's work on the drugs problem;
6. Calls on the European Monitoring Centre for Drugs and Drug Addiction to provide the European Parliament with reliable and comparable statistics and data so that it may take objective decisions in the context of the forthcoming adoption of the EU's new action plan to combat drugs and to step up cooperation with the UNDCP with the aim of strengthening the Centre's statistical work;
7. Is of the opinion that a humane, tolerant and pragmatic approach, such as the harm-reduction strategy, is better suited to dealing with the drugs problem than total repression, which should be directed more at large-scale trafficking and organised crime;
8. Calls on the European Monitoring Centre for Drugs and Drug Addiction to take a greater interest in the drugs problem in Central and Eastern Europe and believes that this will require close cooperation, which may be achieved if every Focal Point adopts a counterpart in an applicant country;
9. Calls on the European Monitoring Centre for Drugs and Drug Addiction to take a greater interest in the euregional drugs problem and in bilateral cooperation;
10. Is of the opinion that the cooperation between the Monitoring Centre and the Focal Points is not optimal and therefore considers it necessary to increase the financial compensation received by the Focal Points rather than the bureaucracy in Lisbon; also considers that the Focal Points must receive the necessary recognition and financial support;
11. Believes that, besides obtaining information, the Monitoring Centre should pay greater attention to cooperation between policy-makers, researchers and fieldworkers in the assistance and prevention spheres and should also provide information concerning prevention and treatment to people who draw up and implement drugs policy;
12. Regrets that the annual report does not draw a distinction between a repressive policy and a socially-oriented, humane policy, such as harm reduction, which would help determine the effectiveness of the two approaches;
13. Regrets that the annual report makes no distinction between national legislation and the practical implementation of national policies.