

# EUROPEAN PARLIAMENT



## *s e s s i o n d o c u m e n t s*

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A4-0185/99

## REPORT

on the report, including key elements of a post-1999 EU drugs strategy, from the Council to the European Council on activities on drugs and drugs-related issues under the UK Presidency  
(7930/2/98 - C4-0409/98)

Committee on Civil Liberties and Internal Affairs

Rapporteur: Hedy d'Ancona

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PE 230.393/fin.

- \* Consultation procedure  
simple majority
- \*\* 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 6d, 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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## PROCEDURAL PAGE

Following the Cardiff European Council of 11 and 12 June 1998, and pursuant to Article D, third paragraph, of the Treaty on European Union, the Council Presidency forwarded to the European Parliament the report, including key elements of a post-1999 EU drugs strategy, from the Council to the European Council on activities on drugs and drugs-related issues under the UK Presidency (7930/2/98 - C4-0409/98).

At the sitting of 13 July 1998 the President announced that he had referred this document to the Committee on Civil Liberties and Internal Affairs as the committee responsible.

The Committee on Civil Liberties and Internal Affairs appointed Mrs d'Ancona rapporteur at its meeting of 23 July 1998.

It considered the draft report at its meetings of 1 December 1998 and 17 February, 15 March and 31 March 1999.

At the last meeting it adopted the motion for a resolution unopposed, with one abstention.

The following took part in the vote: d'Ancona, chairman and rapporteur; Reding, vice-chairman; Augias (for Elliot), Bontempi, Cederschiöld, Ceyhun, Colombo Svevo, De Luca, Deprez, Lambraki (for Ford), Lambrias (for Pirker), Lindeperg, Mendes Bota, Nassauer, Pradier, Schaffner, Stewart-Clark, Van Lancker (for Candal), Voggenhuber (for Orlando), Wilson (for Schulz) and Zimmermann.

The report was tabled on 31 March 1999.

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 report, including key elements of a post-1999 EU drugs strategy, from the Council to the European Council on activities on drugs and drugs-related issues under the UK Presidency (7930/2/98 - C4-0409/98)**

The European Parliament,

- having regard to Article 129 of the Treaty establishing the European Community (future Article 152 of the Treaty) establishing the European Community,
- having regard to Title VI of the Treaty on European Union, and in particular Articles K.1(4), (7), (8) and (9), K.3 and K.6 thereof,
- having regard to the new Title VI, and in particular future Articles 29, 30, 31, 34 and 39 of the Treaty on European Union,
- having regard to the three United Nations Conventions of 1961, 1971 and 1988 on drugs,
- having regard to the declaration and the action plan adopted by the General Assembly of the United Nations in New York on 8 and 10 June 1998,
- having regard to the European Union action plan to combat drugs (1995-1999) (COM(94)0234 final),
- having regard to the Community Action Programme on the Prevention of Drug Dependency as part of action on public health (1996-2000) (Council and European Parliament Decision 102/97/EC)<sup>(1)</sup>,
- having regard to the Joint Action of 17 December 1996<sup>(2)</sup> adopted by the Council on the basis of Article K.3 of the Treaty on European Union concerning the approximation of the laws and practices of the Member States of the European Union to combat drug addiction and to prevent and combat illegal drug trafficking,
- having regard to the Joint Action of 16 June 1997<sup>(3)</sup> adopted by the Council on the basis of Article K.3 of the Treaty on European Union concerning information exchange, risk assessment and the control of new synthetic drugs,
- having regard to its previous resolution of 15 June 1995 on the communication from the Commission to the Council and the European Parliament on a European Union action plan

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<sup>(1)</sup> OJ L 19, 22.1.1997, p. 25.

<sup>(2)</sup> OJ L 342, 31.12.1996, p. 6.

<sup>(3)</sup> OJ L 167, 25.6.1997, p. 1.

to combat drugs (1995-1999)<sup>(1)</sup>, its recommendation of 6 October 1998 to the Council on European cooperation in the framework of the UN General Assembly special session on (Ungass) drugs<sup>(2)</sup>, and its resolution of 12 May 1998 on the Commission Communication to the Council and the European Parliament on the control of new synthetic drugs (designer drugs) (A4-0157/98)<sup>(3)</sup>,

- having regard to the report, including key elements of a post-1999 EU drugs strategy, from the Council to the European Council on activities on drugs and drugs-related issues under the UK Presidency (7930/2/98 - C4-0409/98),
  - having regard to the report of the Committee on Civil Liberties and Internal Affairs (A4-0185/99),
- A. whereas, pursuant to Article K.6 of the TEU and in the light of the codecision procedure which underlies Article 129 of the EC Treaty (future Article 152 of the EC Treaty), the European Parliament, taking reasonable deadlines into account, should be informed in advance of new Council initiatives on drugs,
- B. whereas, in order to develop new initiatives and alternative policies, the drugs problem requires a reciprocal exchange of information and experience between Member States so that an effective approach to this problem can be achieved,
- C. whereas the problems relating to the abuse of drugs call for a multidisciplinary approach at local, regional, national and European level,
- D. whereas in several Member States cooperation between the police, the judicial authorities, medicine and services and organisations assisting drug addicts has had beneficial effects which allow the medical, social and public order matters relating to drugs to be managed more effectively and flexibly,
- E. whereas there is a considerable level of agreement between the Member States of the European Union on the social support and care of those who are dependent on drugs,
- F. whereas information and education on drugs are very important with regard to demand reduction,
- G. whereas in drawing up its post-1999 drugs strategy the Council was not able to take into account any results which might still be expected from the Commission's first action plan (1995-1999),
- H. whereas the Council's post-1999 drugs strategy and the Commission's expected drugs action plan (2000-2005) cover the same period of time; whereas, however, the relationship and connection between these two documents is not made clear,

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<sup>(1)</sup> OJ C 166, 3.7.1995, p. 116.

<sup>(2)</sup> OJ C 328, 26.10.1998, p. 43.

<sup>(3)</sup> OJ C 167, 1.6.1998, p. 19.

- I. whereas the UNDCP has considerable experience with regard to replacement crops and alternative agriculture, but whereas it has not produced the desired effects in countries where non-democratic regimes have been in power, even when considerable sums of money have been spent both on crop eradication and substitution to little effect,
- J. whereas the funds intended by the EU for the UNDCP should not be managed directly by the governments of third countries that do not offer guarantees of sound and correct management of funds and do not respect human rights and fundamental freedoms,
- K. whereas the European Parliament has asked the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to continue its studies on controlling and reducing supply and demand,
- L. whereas cooperation with the applicant countries, for their gradual but rapid integration into the Community acquis, must be considered one of the priorities of the pre-accession strategy, in the mutual interest of the applicant countries and the countries of the Union,
- M. whereas non-governmental organisations make an important contribution to finding solutions to drug-related problems,

makes the following recommendations:

## **GENERAL**

- 1. Urges the Council to continue to keep it informed of its initiatives arising from Article K.6 of the Treaty on European Union and Article 129 of the EC Treaty (future Article 152 of the EC Treaty), so that the opinion of the European Parliament can be considered in further planning and decision-making;

## **INSTITUTIONAL ASPECTS**

- 2. Calls on the Council and the Commission to coordinate initiatives on drugs more effectively and preferably to combine them in a single document so as to simplify the European Parliaments' task and to increase clarity for those European citizens who are interested;
- 3. Calls also for better institutional cooperation and coordination within the European bodies responsible, taking into account the fact that the drugs problem goes across all the pillars;
- 4. Recommends to the Council that all initiatives relating to drugs be coordinated by one Commissioner;
- 5. Considers that the facilities of the EMCDDA in Lisbon could be utilised to a greater extent if knowledge and experience at the Centre were improved and developed and products could be produced which were scientifically acceptable to all Member States;
- 6. Emphasises the importance of ensuring that information supplied by national centres to the EMCDDA is on a common basis in order to make comparisons valid;

7. Is moreover of the opinion that the EMCDDA should extend and facilitate Parliament's understanding of, and constructive contribution to, activities in the most effective manner;

## **INTERDISCIPLINARY ACTIONS**

8. Considers that the synergistic effect of better coordination of the various activities relating to drugs and drug use - such as support, care facilities for drug addicts, social policy, research, education, exchange of information and experience geared towards a reduction of the harmful consequences for the health of the user and for public health in general, demand reduction and preventive measures - is are not adequately recognised in the Council document and therefore recommends Member States, the Council and the Commission to make greater use of this potential in their policy plans;
9. Concurs with the proposal to encourage more effective cooperation through the full use of coordinated intelligence between the police, customs and law enforcement bodies so that assets obtained through crime can be confiscated and urges that funds thus gathered be used for programmes and projects associated with drug abuse;
10. Points out that a meticulous, objective and quantified analysis of the dangers of all types of drug use can not only contribute to a de-ideologising of the drugs debate in Europe but also contribute to a targeted and effective approach to the problems associated with the drugs phenomenon;

## **PUBLIC HEALTH**

11. Notes that in the Council report no specific attention is paid to the assessment of the treatment methods for drug addicts, recently introduced in some Member States, and the development, manufacture and distribution of less addicting alternatives to methadone;
12. Notes that in its strategy plan the Council pays hardly any attention to prevention and information as instruments for demand reduction for drugs and urges that in this area in particular the experiences of the Member States during European drug prevention week (November 1998) should be included in the strategy plan;
13. Calls on the Council, in cooperation with the EMCDDA to inform the Member States, where this has not yet been done, about research institutes that are able to carry out toxicological testing on a regular basis of new synthetic drugs so that the health risks for consumers are reduced;

## **IMPLEMENTATION OF LEGISLATION, MONITORING AND REDUCTION OF SUPPLY**

14. Is disappointed that the Council's drugs strategy document shows little creativity in its approach to certain aspects of law enforcement and reduction of the drugs supply; calls on the Council to make full use of the opportunities provided by the anticipated directive on money laundering;
15. Urges the Council to monitor closely the use of funds intended by the EU for North-South cooperation for action against drugs, so as to assess whether the stated aims are being

achieved effectively, with more attention being paid, furthermore, in the wider context of development policy, to an integrated and participatory approach to alternative crops;

## **INTERNATIONAL COOPERATION**

16. Urges the current and future presidencies to disseminate the positive experiences gained in the European Union and the Member States with regard to the care and treatment of addicts, prevention, limitation of harmful effects on health and cooperation between the law enforcement bodies and to include them in the EU drugs strategy;
17. Calls on the Council and the Commission to step up the procedures required for significant participation by the applicant countries in the activities of the European Monitoring Centre for Drugs and Drug Addiction;
18. Instructs its President to forward this recommendation to the Council, the Commission, the governments and parliaments of the Member States, the EMCDDA and the United Nations.

## **B**

### **EXPLANATORY STATEMENT**

#### **Background**

In the European context the drugs question is dealt with on the basis of two articles. On the one hand there is Article K.1(4) of the Treaty on European Union, which deals mainly with the judicial, policing and customs aspects of the subject. There is also Article 129 of the Treaty which concentrates on public health. With the entry into force of the Treaty on Amsterdam this Article is to be replaced by Article 152 of that Treaty. In this Article emphasis is placed on the prevention of the causes of health risks and thus introduces the concept of restriction of the harmful effects of drugs on health.

At present a European Union action plan to combat drugs (1995-1999) and the first Community action programme for the prevention of drug addiction (1996-2000) and many other Community programmes in the social field, in training, science and international cooperation are in progress.

#### **Key elements of the Council's post-1999 EU drugs strategy**

We are now several years further on and, under the British Presidency, the Council took the initiative with the 'Key elements of an EU drugs strategy 2000-2004'. The most important supplement to this report is the 'Draft report on Drugs and Drug-related issues to the Vienna European Council' drawn up by the Austrian Presidency.

The Council document, dated 2 June 1998, starts by stating that although much has been achieved at both Community and intergovernmental level across the wide spectrum of drugs-related activity, the problem of illicit drugs has not diminished. Trends in drug abuse and patterns of global drug trafficking are constantly changing. Where the use of cannabis and cocaine is stabilising and use of heroin is declining, synthetic drugs in particular and sharply increased consumption are causing ever more problems. The European Union must continue therefore to work actively on a practical and flexible response: on the one hand by combating drug trafficking and the production of drugs and on the other hand by preventing the use of drugs and reducing the adverse consequences of drug abuse.

The Council therefore wants to assess the effectiveness of existing EU strategies and activities. Greater emphasis must be placed on outcomes, monitoring, research, training and exchange of best practice. The Council links in to the Fifth Framework Programme for Research, Technological Development and Demonstration by stressing the knowledge available in the field of medical and socio-economic aspects of drug abuse.

With regard to law enforcement the Council advocates practical cooperation at operational level by the police and customs services. Europol has a role with regard to the rapid exchange of information on synthetic drugs, the aim thus being to reduce the availability of illegal drugs. The plan to confiscate the assets obtained from drugs offences should be noted and the consideration of possible alternatives to prison sentences for drug users and those dependent on drugs.

The Council document specifically chooses to look beyond the Union's borders in the approach to combating drugs. The report notes that although individual Member States have different political and policy priorities for international anti-drugs cooperation with and action directed towards

specific regions and countries, there is a clear commonality of interest in tackling effectively the reduction of supplies of drugs from all four corners of the world. The Council considers it essential to aim for close cooperation at both political and operational level with all major international organisations (e.g. UNDCP, WHO, WCO, Council of Europe) operating in the drugs field, with the G7/G8 and bilaterally with other donor countries.

It considers that this is a prerequisite to effective action and a sensible use of limited resources, avoiding duplication of effort.

## **Observations**

The rapporteur has been asked to give an opinion on this report. The critical observations on the Council document on the post-1999 drugs strategy concern two areas. Firstly, there are the more formal and procedural objections and secondly there is criticism of the content of the document itself and the choices it advocates.

To start with the first aspect: the Commission announced some time ago that it was producing a communication on drugs as a follow-up to the European Union action plan on combating drugs (1995-1999). Although the original idea was that it could be submitted shortly after publication of the Council report, the Commission has assured Parliament and the Council that it will forward a document in mid-April this year.

While not detracting from the logic that a second action plan for the post-1999 years should follow the first action plan, it is nevertheless in relation to the forthcoming Commission proposals and the Council document under consideration that the rapporteur would wish to make her first observation. The question that arises concerns the actual relationship between these initiatives which are on the same subject and, moreover, cover the same period. The rapporteur would advocate that Commission and Council forces should be joined in a single document so that there is greater clarity for Parliament and citizens.

A second more formal objection concerns the status and scope of the Council document. On page 3 (of the English language version) there is a reference to the strategy being 'developed in detail by succeeding Presidencies'. Although there was some activity under the Austrian Presidency, there now seems to be no further movement. Following on from this observation is another formal procedural criticism. The Council's strategy plan contains a number of proposals which belong in part to the first pillar and otherwise come under the third pillar.

On the basis of Article K.6 the Presidency would have had to consult the European Parliament on its activities, which did not happen. However, the European Parliament was asked for its opinion in accordance with the TEU, but this took place only at a very late stage so that one wonders whether Parliamentary observations can have any impact, in particular now that there is so little clarity about whether, and if so, when, a final version of the European drugs strategy can be expected.

What is highlighted by these formal procedural objections is that at institutional level much improvement is still possible, despite the efforts of the Commission in this direction. In the rapporteur's view, consideration should be given to the recommendation that one Commissioner should have a coordinating role and should be made responsible for the European drugs policy, which by definition goes across all the pillars. The fact that the drugs question goes across the pillars

also has procedural consequences - not least as regards the manner in which the European Parliament carries out its monitoring tasks, which must also be taken into account.

There are then, of course, also points of criticism which relate more to the content of the report. The first concerns the European Union's first action plan which covers the period up to this year. The fact that no real evaluation seems possible hampers the development of new initiatives after 1999. In other words: if we cannot examine the experiences under the action plan which is now drawing to a close, what can be said about the value of the new initiatives? Establishing clear criteria against which progress can be measured is extremely important. The European Monitoring Centre for Drugs and Drug Addiction in Lisbon is now involved in ensuring that the data from the Member States is comparable.

With the drugs problem in particular we are increasingly realising that it is not just a question of law enforcement but that more than just criminal law is of relevance. The Council is extremely cautious in considering the extent to which alternatives to prison sentences are preferable for those dependent on drugs. Various Member States have already gained a lot of experience in this field. The rapporteur also notes that the Council shows only a marginal interest in experience gained elsewhere and in particular in how the best use could be made of it. The call to 'assess the effectiveness of and progress on existing strategies and activities' (p.1 of the annex - Key elements of an EU drugs strategy 2000-2004) is of necessity restricted to European level. An assessment of the treatment methods for those dependent on drugs used in the Member States (such as group or individual therapy, the supervised distribution of drugs or replacement substances) does not involve excessive effort. Simply exchanging this information can contribute to a de-ideologising of the drugs debate in Europe.

Lastly, it is important to recognise that the various actions and initiatives on drugs and drug dependency amount to more than the sum of their parts. Synergistic effects come into play and the Council document does make reference to this fact. Better coordination and exchange of knowledge are ways of optimising this process. It is therefore also astonishing that in cases where the potential could have been fully used, as during and after the European drugs prevention week, this would not seem to have been done.

The rapporteur also wonders why the Council, in its call for better comparability of data on drugs, sidelines the European Monitoring Centre for Drugs and Drug Addiction so much and only gives it a secondary role. Evaluations - such as those the Commission had carried out after the first action programme - should in principle be carried out by the EMCDDA, or the Focal Points in the Member States.

The rapporteur calls for specific attention to be paid to contacts with countries and organisations outside the European Union. The Council document is more or less obliged to refer to this, as an organisation such as the UNDCP has such huge amounts of knowledge and experience, inter alia with regard to replacement crops (for poppy and coca plants). As the Council rightly states there is no point in duplication of work, but in its contacts the EU must stress that it is an advocate of a broader approach to the task by asking for greater attention to be given to an integrated approach in crop replacement and alternative farming projects.

Following these observations it is appropriate to endorse some of the Council's proposals. The encouragement of more effective cooperation between the police, customs and law enforcement bodies is to be welcomed and also efforts to confiscate the assets obtained through (drugs) offences.

With regard to the latter point it should be added that the funds thus gathered should be allocated to drugs and drug addiction related programmes. It is quite understandable that synthetic drugs are recognised as a part of the total drugs policy that needs extra attention. It is logical and right that a link is made to organised crime. Some synthetic drugs or products which are offered as synthetic drugs on the drugs market are, however, much more a threat to the health of the users, and this must also be monitored at European level. It is for this reason that in the recommendations in this report the Council is called on to designate research institutes, insofar as this has not yet happened, which are in a position to test very regularly new synthetic drugs which have come onto the market to ascertain their chemical composition and thus the health risks.