

COMMISSION OF THE EUROPEAN COMMUNITIES

COM(86) 601 final

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COMMUNICATION FROM THE COMMISSION TO THE COUNCIL

AND THE EUROPEAN PARLIAMENT

concerning Community actions combat the use of
illicit drugs

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I. INTRODUCTION

The fight against drug addiction was one of the priority themes in the Commission's communication to the Council dated 13 September 1984 on cooperation at Community level on health-related problems (COM(84) 502 final), and the Commission advocated Community-wide cooperation in this context.

Since that time, the drug issue has on several occasions been broached by the Health Ministers of the Member States in informal meetings (29 November 1984 in Brussels; 3-4 May 1985 in Venice; Council meeting in Brussels on 29 May 1986), at which the Commission was invited to submit proposals.

At the informal meeting held in London on 19 and 20 October 1986, the Ministers of the Interior of the Member States also requested the Member States and the Commission to consider, in particular, how much support they could provide for the activities of the Pompidou Group in the field of reducing the demand for drugs among the young and improving the treatment and rehabilitation of drug addicts.

The same stress on the fight against drug addiction emerged at Council level when at the Milan Summit of 28-29 June 1985 it instructed the Commission to do the necessary groundwork for the implementation of the proposals contained in the report drawn up by the ad hoc Committee on the People's Europe (Adonnino Committee). The Council asked the Commission in particular to provide support for the Pompidou Group in order to boost the action it was taking in the context of prevention of and research into drug addiction, and improve information concerning the consumption of illicit drugs.

More recently, at the European Council held in The Hague (26-27 June 1986), the European Council felt that ad hoc consultation between the Member States

and the Commission should be organized with a view to examining what action could be taken in this context which would not duplicate efforts already carried out elsewhere.

In parallel with this, the European Parliament has on several occasions raised the problems of drug addiction. As long ago as 1980, it adopted several resolutions on this issue⁽¹⁾ and in 1985 set up a "Committee of inquiry on the drug problem in the Community countries", its brief being to examine how the fight against drug abuse and the prevention of its spreading could be integrated into Community policies.

The recent report drawn up by this committee of inquiry (Doc. PE 106.715 B/def. of 2 October 1986) sets out a whole series of recommendations for measures, on the one hand, to reduce the supply of and demand for drugs and, on the other, to achieve the level of cooperation necessary at national and international levels in the field of education, the fight against drug-peddlers, etc.

This report, which was discussed at its most recent part-session in October 1986, has given rise to another European Parliament resolution dated 9 October 1986 calling for Community action, particularly in the form of prevention and health education, to be undertaken in the fight against drug abuse.

The Commission agrees with the European Parliament's opinion that concerted action at Community level is possible, necessary and urgent, and that, if such action is to be effective, a global approach to the drugs problem is called for, attacking each link in the chain from production and supply to demand and final consumption.

(1) Resolution of 10 March 1980 (OJ No C 85 of 8 April 1980, p. 15)
Resolution of 14 May 1982 (OJ No C 149 of 14 June 1982, p. 120)
5 Resolutions of 13 September 1985 (OJ No C 262 of 14 October 1985, pp. 119-123; Doc. B 2-801/85; Doc. B 2-802/85; Doc. B 2-803/85; Doc. B 2-806/85; Doc. B 2-807/85)

The action described in this Communication focuses on prevention and health education and is in addition to the recommendation for a Council Decision made by the Commission on 5 August 1986 concerning the Community's participation in preparatory work and in the International Conference on abuse of and illicit traffic in drugs (COM(86) 457 final), which, with a view to defining the Community's position to be adopted at the Conference, proposes an immediate stepping up of cooperation between the Community and both the producing countries and certain third countries, but also stresses the need for a global approach to the drug problem.

This action also takes into account the proposal for a Council Regulation relating to a research and development coordination programme of the EEC in the field of medical and health research "1987-1989" (COM (86) 549 final).

II. REASONS FOR A COMMUNITY PROGRAMME

Drugs are a growing threat to our society. We can no longer afford to ignore the extent and scale of drug abuse, measured in terms of mortality rate and the incidence of disease as well as in terms of marginalization and deviance. In fact, the number of drug takers in our countries is mounting rapidly, with today's figure standing at some 1.5 million regular heroin-takers in the Community, most being young people aged between 17 and 25. In addition, recently emerging phenomena are threatening to submerge Europe in the short term, viz. the appearance of new substances and new ways of consumption, such as pure cocaine mixed with tobacco or marijuana.

Moreover, the state of reliance which occurs with most illicit drugs results in withdrawal effects with specific pathological features and certain ways of consuming them (in particular, intravenous injection of heroin) can favour the spread of deadly viruses such as AIDS or hepatitis B. Certain forms of dependence (mainly cocaine) can also give rise to social deviance with a strong psychotic bias which can lead to acts of marginalization, delinquency and even criminal acts.

There is therefore an urgent need to stem the different types of drug addiction in European countries, an urgency which has, furthermore, been stressed on more than one occasion by the different European institutions.

The fight against illicit drugs concerns everybody: relatives and close friends of drug addicts (existing or potential), teachers, social workers and others involved in social and cultural activities, doctors, various kinds of charitable organizations, governments and various international and European institutions. We all have a part to play, a contribution to make, within the limits of our powers.

Thus, while drug addiction is now a worldwide problem which can be tackled only by intensifying international cooperation, there is also a Community dimension which makes specific action by the European Community essential, in view of the fact that the efforts of the individual Member States to combat illicit drugs have so far failed to produce the desired results.

Indeed, action at European level, even if only preparatory, can contribute to an immediate improvement in the effectiveness of the efforts of the Member States and the international organizations involved (in particular, the WHO and the Council of Europe) by:

- promoting exchanges of experience in combating the use of illicit drugs;
- preventing futile and costly duplication of prevention or research work;
- permitting access to a sufficiently wide sample of patients to be able to carry out more meaningful epidemiological studies and research.

Furthermore, in view of the political objective of achieving a European internal market, an integrated approach to combating the use of illicit drugs at Community level would, by permitting harmonization and coherence of the policies of the Member States on this issue, favour the creation of the right conditions for the abolition of intra-European frontiers.

The Commission initiative represents a preparatory stage to the proposal for further activities, allowing areas where meaningful action is needed to be identified; it is a response to the concerns of the different European institutions mentioned above and, with a view to a global approach to the drug problem, is in addition to the specific measures to combat production and supply recommended in the proposal presented to the Council on 5.8.1986 (COM(86) 457 final) (see page 4 above).

It goes without saying that, when drawing up and implementing the programme, the Commission will take account of not only the experience of the Member States in this field but also that of the aforementioned international organizations with which cooperation will be developed.

By taking such action, the Community will be responding to the concerns of Europeans by satisfying a collective need and by enabling global solutions to be envisaged to problems common to all the Member States, and at the same time helping to resolve one of our society's fundamental problems.

III. AREAS OF ACTION

The action envisaged by the Commission is concerned mainly with prevention, treatment, rehabilitation and research. It is a preparatory phase which will begin in 1988 and last for two years only. It will be based on studies and exploratory action carried out in 1987 by internal redeployment of staff. The programme for 1988 and 1989 is as follows:

III.1 Prevention of drug abuse

This will involve the following:

- development of the programmes for training and information on drugs of, in particular, parents, teachers, those involved in social and cultural activities and social workers;
- development of the education programmes on drugs for children and adolescents.

III.2 Treatment and rehabilitation

Despite the many efforts made by individual countries, it has to be conceded that current attempts to treat drug addicts leave much to be desired and that rehabilitation and social integration of addicts has proved difficult. In particular, the role of synthetic substitutes has given rise to conflicting views, particularly since different approaches continue to be adopted.

A critical assessment and comparison should therefore be carried out of all existing systems with a view to improving methods of treatment, rehabilitation and social reintegration of drug addicts and developing lasting and effective methods.

Action will therefore be undertaken with a view to:

- improving information for drug addicts, who should indeed be informed about the possibilities of treatment and the services which can provide such treatment and about the social structures within the European Community; information programmes for drug addicts on the treatment and social structures existing at national and Community levels will therefore be developed;
- exchanging experience and information on methods and practices in the Member States for treatment and social reintegration of drug addicts;
- promoting pilot therapeutic and social experiments;
- improving and coordinating existing treatment and rehabilitation systems.

III.3 Comparative and basic statistical studies

The aim of these studies is to clarify the above activities; it will be necessary to assess the real quantities of illicit drugs circulating in the Community and identify the substances most commonly taken and the ways in which they are taken and also to assess the real number of drug addicts, distinguishing, as far as possible, the following categories of users:

- occasional
- regular
- dependent
- dependent and treated
- dependent and cured
- dependent but having undergone treatment and relapsed.

A European information system on the drug problem could also be set up, backed up by a European data bank, subject to the constraints of medical confidentiality and individual rights.

III.4 Medical research (prevention and treatment)

Medical research into combating the use of illicit drugs must be stepped up, particularly in the field of epidemiology and treatment, and all Member States would benefit from the coordination of national efforts. Furthermore, epidemiological research covering several countries would present a better picture of the frequency of drug addicts in given populations and permit easier identification of the populations at risk.

IV. AIMS OF THE ACTION

After the implementation of this preparatory action, the Commission should be in a position to determine which major actions should be envisaged next, in particular which would be the most useful practical proposals the Commission could make at this juncture.

V. CONCLUSIONS

The choice and definition of the preparatory action described in this communication give pride of place to the priorities established by the European Parliament and its committee of inquiry. Be that as it may, there must be an ongoing dialogue between the Member States and the Commission in order to establish the new priorities and the fields to which cooperation could be extended in order to step up the fight against drug addiction.

With this in mind, the Council and the European Parliament are asked to take note of the preparatory action described in this Communication to combat the use of illicit drugs and to take it into account when adopting the 1988 budget.

The Member States are also asked to put forward the names of a number of top-level experts so that the Commission can select those who will assist it in setting up and implementing the various actions in this programme.

FINANCIAL STATEMENT

1. Budget heading

Article 647 "Action in the field of health" and item 648 "Studies in the field of health", concerning prevention, treatment and rehabilitation.

2. Legal basis

EEC Treaty.

3. Proposal for classification under compulsory/non-compulsory expenditure

Non-compulsory.

4. Description and justification of project

Following the proposals from the "People's Europe" ad hoc Committee, the European Council of 28-29 June 1985 in Milan, the European Council of 26-27 June 1986 in The Hague and several resolutions by the European Parliament, the preparatory action described in the communication from the Commission to the Council and the European Parliament concerning Community action to combat the use of illicit drugs, which will last for two years only, following which appropriate proposals can be made, aims to:

- reduce the demand for illicit drugs
- help to stem the spread of the various forms of drug abuse in the Member States of the Community, and to circumscribe their adverse effects in both medical and socio-economic terms;
- improve the treatment and rehabilitation of drug addicts.

With this in mind, preliminary ad hoc initiatives are envisaged in the following areas:

- improvement of prevention by setting up information, training and health education programmes;
- improvement of existing systems for treatment and rehabilitation and promotion of pilot therapeutic and social experiments.
- comparative and basic statistical studies and medical research.
- setting up of a Community information system on the drug problem.

5. Type of expenditure and method of calculation

Travel and accommodation expenses for meetings, conferences, seminars and missions, experts' fees and the financing of pilot projects, secretarial and computer software expenses, costs for publications, purchases of scientific works and periodicals and study expenses are set off against Article 647 "Action in the field of health" and item 6481 "Studies in the field of health".

Method of calculation for the first year : 1988

Article 647

- travel and accommodation expenses for conferences, seminars and missions	150 000
- experts' and consultants' fees and pilot projects	300 000
- secretarial expenses and computer software expenses	125 000
- publications and purchases of scientific works	50 000

Item 6481

- studies	<u>500 000</u>
	<u>1 125 000</u>

The distribution of expenses will be identical for next year.

6. Financial implications for intervention appropriations

6.1. This preliminary and limited action is to last two years. The first year is to be devoted mainly to:

- the development of information, training and health education programmes in the field of the prevention of the consumption of illicit drugs;

- specific activities concerning treatment and rehabilitation such as the development of pilot information programmes for drug addicts and possibly the start of the improvement and coordination of existing treatment and rehabilitation systems.
- the assessment of research and studies already carried out and stepping up of comparative and basic statistical studies and medical research.

Annual appropriations determined on the basis of the budgetary procedure should not exceed the following amounts:

	Non-differentiated appropriations (Ecus)
1st year	1 125 000
2nd year	1 125 000
	<hr/> 2 250 000

These annual appropriations are covered by the 1987-1990 four-year budget forecasts.

6.2. Proportion financed from the Community budget : 100%

7. Remarks : nil.

8. Financial implications for staff and current administrative appropriations

Staff working exclusively on the project : 2 A and 1 C.

The additional staff will be found by internal redeployment of staff within the framework of the Rolling Plan/posts.