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COMMUNICATION FROM THE COMMISSION

Community action in the field of drug dependence

Proposal for a
EUROPEAN PARLIAMENT AND COUNCIL DECISION

adopting a programme of Community action on the prevention of drug dependence within the framework for action in the field of public health (1995-2000)

(presented by the Commission)

COMMUNITY ACTION IN THE FIELD OF DRUG DEPENDENCE

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I. INTRODUCTION

1. This Communication and this proposal for a programme for the prevention of drug dependence need to be seen in the double context of the Communication of the Commission of 24 November 1993 on the framework for action in the field of public health[1], and the European Union Action Plan to combat drugs[2] which the Commission has submitted to the Council and Parliament.

2. In its Communication of 24 November 1993 the Commission defined a framework for future action at Community level in order to attain the objectives on health protection laid down in Articles 3(0) and 129 of the Treaty establishing the European Community following the entry into force of the Treaty on European Union. The role of the Community is identified as underpinning the efforts of the Member States in the public health field, assisting in the formulation and implementation of objectives and strategies, and contributing to the provision of health protection across the Community, setting as a target the best results already obtained in a given area anywhere in the Community.

3. In initiating action under Article 129, the Community has to address itself to preventing diseases and protecting health. Drug dependence is the only threat specifically mentioned in this Article, and the Commission Communication identified its prevention as a priority for Community action.

4. Drug dependence is a multi-faceted problem, with links to major social scourges such as social exclusion and unemployment as well as crime. The difficulties encountered by Member States in combatting its severe effects on society has led to a series of initiatives being taken at Community level over the past few years. The wide range of initiatives adopted by the Council and the European Parliament has demonstrated the seriousness with which they regard this problem and their conviction that actions to tackle it are needed at the Community level. The Community is now in a position to consolidate its achievements in the field of drug prevention and build on the work already carried out by proposing a forward-looking programme for drug dependence within the overall context of public health.This programme will aim to cover:

   - the use of narcotics and psychotropic substances;

   - the abuse of alcohol and pharmaceutical products[3];

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(1) COM(93) 559 final.

(2) COM(94) 234 final.

(3) Notably "medicinal products subject to special medical prescription" under Council Directive 92/26/EEC of 31 March 1992.

- the misuse of chemical substances or products (solvents, etc.) for drug dependence purposes[4].

5. The programme is based, among other things, on an analysis of the experiences acquired from previous Community initiatives launched at the request of the Member States. It also takes account of the drug demand reduction work undertaken or envisaged by international organizations, including the United Nations International Drug Control Programme, the specialist institutions of the United Nations, in particular the World Health Organization, and regional organizations such as the Council of Europe (Pompidou Group). The stepping up of cooperation with these organizations and the opening up of the programme to third countries, in particular to the countries of Central and Eastern Europe, will address the international dimension of the drugs phenomenon.

II. PRESENT SITUATION IN THE COMMUNITY

6. Two reports on drug demand reduction in the European Community have provided much useful information[5] but have demonstrated that there is a lack of reliable and comparable indicators within the European Community. This makes it difficult to assess the total number of drug users and to compare drug consumption levels and trends. The European Monitoring Centre for Drugs and Drug Addiction will help to fill this gap[6]. Despite the lack of available data, the second report on drug demand reduction revealed the following general trends:

- increase in drug-related mortality and morbidity[7];
- increase in the number of requests for treatment;
- increase in the number of first time use of drugs;
- high percentage of drug addicts among prisoners;
- increase in the number of AIDS cases linked to drug use;
- growing concern among drug users, their families and other persons in the Community about the risks of infection with HIV.

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(4) The terms "use", "abuse" and "misuse" are commonly used to qualify dependencies resulting from illicit and licit drugs and substances.

(5) COM(90) 527 final of 8 November 1990 and SEC(92) 725 final of 25 May 1992.

(6) OJ No L 36, 12.2.1993, p.1, and OJ No C 225, 20.8.1993, p. 3.

(7) Only in the Schengen area, death from overdose increased from 1 034 cases in 1980 to 4 843 cases in 1991 (without data from Belgium, Greece and the Netherlands). - National Statistics - Interpol - Lyon.

7. Of particular importance is the question of drug addictions in prisons. The figures suggest that the percentage of drug addicts in the prison population is above 30% in eight Member States (estimates supplied by the Member States in 1993).

8. The high number of Aids cases linked to drug use is still a major concern. The data yielded from the monitoring of AIDS in the European Community and the COST countries[8] reveal that between 1991 and 1993 injecting drug users accounted for more than 34% of the AIDS cases in men and more than 54% of the AIDS cases in women; in addition, the absolute figures for AIDS incidence in this transmission group are still increasing.

9. A special survey designed to reveal Europeans' attitudes, opinions and levels of knowledge concerning illicit drugs was carried out by the Commission by means of the Eurobarometer surveys[9] in March and May 1992. The results showed that more than 500 000 young Europeans were offered drugs by the age of 15, and almost 3 500 000 by the age of 19. Generally speaking, young Europeans are well informed about drugs such as hashish, cocaine and heroin, but know much less about new drugs such as crack or ecstasy and their associated risks. The type of person offered drugs is most often: male, a student, aged under 35 (for heroin, hashish and cocaine) or under 25 (for LSD, crack and ecstasy). While there was general approval for the establishment of special centres to take care of drug addicts, the use of substitute drugs to treat them aroused mixed reactions. The free distribution of syringes was approved only by the young, the better educated and those who live in large towns. Older persons and the less well educated were more in favour of repression and/or of isolating drug addicts.

III. OVERVIEW OF ACTIONS ON DRUG DEPENDENCE ALREADY TAKEN AT COMMUNITY LEVEL

European Council

10. Drug addiction was discussed by the successive European Councils of Milan (1985), The Hague (1986) and London (1986). Member States were asked to draw on their experience in the treatment and reintegration of drug addicts in order to participate in informing teachers, parents and young people about the dangers of drug abuse and to collaborate in the drafting of reports and recommendations on measures which could be taken at Community level. The European Council has returned to the problem regularly, as reflected in its declarations at Dublin and Rome (1990), Luxembourg and Maastricht (1991), Lisbon and Edinburgh (1992), and Brussels (1993). In addition the European Plan adopted by the European Council in Rome (1990) and reconsidered by the European

(8) WHO-EC collaborating Centre on AIDS, quarterly report of 30 June 1993.

(9) Eurobarometer 37 - European Drug Prevention Week.

Council in Edinburgh (1992) contributed to a significant extent to the development of Community action in the field of drug dependence.

Council

11. First discussed by the Health Ministers at an informal meeting in 1984, the fight against drug addiction has since evolved into a priority preoccupation of the Council of Ministers and the Ministers of Health meeting within the Council. The Commission transmitted to the Council two Communications in succession, one concerning cooperation at Community level on health related problems[10], which identified the fight against drug addiction as one of the priorities, and the other concerning Community actions in the fight against drugs[11]. Focusing on prevention and health education activities, this latter Communication reflected an overall approach to the drug problem, complementing the specific measures to combat production and supply advocated in a Recommendation for a Council Decision on Community participation in the preparatory work and the International Conference on Drug Abuse and Illicit Trafficking[12].

12. Step by step, the Council and the Ministers for Health meeting within the Council have put into practice the willingness of the Member States to take concerted measures to resolve the drugs problem, as expressed by the Hague European Council by adopting a series of Resolutions and Conclusions[13] requesting the Commission to support the Member States in the following fields: screening, health data, AIDS prevention among drug addicts, implementation of coordinated actions to prevent drug addiction, exchanges of information and production of regular reports on the reduction of drug demand, rehabilitation of drug addicts in prison, and coordination of two European Drug Prevention Weeks. The Education Ministers have also raised the question.

13. In order to comply with these specific requests, the Commission defined a number of basic activities. These involved promoting and facilitating:

- exchanges of experience and information between Member States in the fields of primary, secondary and tertiary drug prevention;

- the undertaking of pilot projects in the above-mentioned fields, especially projects involving several Member States or capable of serving as reference points for other Member States;

(10) COM(84) 502 final.
(11) COM(86) 601 final.
(12) COM(86) 457 final.
(13) List annexed.

- closer cooperation between national structures and non-governmental organizations (NGOs);

- the establishment of Community networks of NGOs.

14. Following the recommendations of the European Council in Dublin (1990) the Commission submitted to the Council a proposal for a Regulation on the establishment of a European Monitoring Centre for Drugs and Drug Addiction, which was subsequently adopted on 8 February 1993[14]. The Regulation entered into force on 30 October 1993, following the decision of the Brussels European Council that the Monitoring Centre should be sited in Lisbon. The Regulation stipulates that one of the Centre's top priorities, and the one to which it is required to give special attention during its initial three-year work programme, is drug demand and drug demand reduction.

European Parliament

15. The European Parliament has played an important role in getting drugs onto the agenda at Community level, adopting several Resolutions on the matter from 1980 onwards[15] and creating in 1985 a Committee of Inquiry into the drugs problem in the Member States of the Community. Following the report produced by this Committee of Inquiry, the European Parliament drafted two resolutions[16], calling for concerted action to resolve the drugs problem and for the drawing up of a comprehensive Community policy to combat drugs, covering, as far as reduction of demand is concerned, prevention, detoxification and rehabilitation. The Parliament emphasized in particular the necessity to ensure that more effort is directed towards endeavours to dissuade potential drug use, particularly among young people through health education.

IV. THE EUROPEAN COMMUNITY APPROACH

A. Objectives and means

16. In line with Article 129, the Commission Communication on public health identified drug dependence as a priority for future action by means of a specific programme. In drawing up such a programme the Commission has to identify specific activities which focus on preventing drug dependence. These activities have to be coherent with and complementary to other proposed programmes and activities under the public health framework.

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(14) OJ No L 36, 12.2.1993, p. 1, and OJ No C 225, 20.8.1993, p. 3.

(15) Notably: Resolution of 10 March 1980 (OJ No C 85, 8.4.1980, p.15); Resolution of 14 May 1982 (OJ No C 149, 14.6.1982, p. 120); Resolution of 13 September 1985 (OJ No C 262, 14.10.1985, pp.119-123).

(16) Resolution of 9 October 1986 (OJ No C 283, 10.11.1986, p. 79) and Resolution of 18 January 1989 (OJ No C 47, 27.2.1989, p. 51).

17. Future Community action in the public health field must take account of the principle of subsidiarity and the considerations set out in paragraph 27 of the Commission's Communication. The Community shall take action only if, and in so far as, the objectives cannot be sufficiently achieved by the Member States themselves and can, therefore, by reason of the scale or effects of the proposed action, be better achieved by the Community. Activities should be selected on the basis of prior appraisal and should yield a Community added value while achieving maximum cost efficiency.

18. The following criteria in particular have been identified for assessing the need for Community action in the drug dependence field:

- an activity on a scale which Member States themselves could not, or could only with difficulty, implement;

- an activity, which, implemented jointly, would offer obvious benefits even after taking into account the extra costs involved;

- an activity which, because of the complementary nature of work being done at national level, enables significant results to be obtained in the Community as a whole;

- an activity which leads, where the need is recognized, to the establishment of best practices;

- an activity which contributes to the strengthening of solidarity and social cohesion in the Community, and promotes its overall harmonious development.

19. In accordance with the Commission's Communication on public health the Commission's role will be to:

- facilitate the exchange of information and models of good practice in particular through networks and other exchange systems;

- lend support by providing appropriate incentives;

- encourage and coordinate, as necessary, activities at Community level.

The Commission will, in particular, support proposals submitted by Member States and initiatives involving organizations and agencies active in the field of drug prevention. In addition the Commission will cooperate with international organizations and transnational associations active in this area.

20. To have the greatest possible effect with the limited resources at its disposal, it will be important for the Commission to concentrate on the support of projects which normally will involve several Member States. In this way it will be possible to maximize the impact of measures, thus ensuring the visibility and added value of Community action.

21. Special attention will be paid to the obligation contained in Article 129 which states that health protection requirements shall form a constituent part of the Community's other policies. Many aspects of Community policy impinge on the prevention of drug dependence and the Commission undertakes in its Communication on public health to ensure that full account is taken of health protection and drug dependence prevention issues. The Commission has established appropriate procedures to ensure that this commitment is respected through adequate coordination and consultation in the development of relevant policies. In addition, the Commission will submit on a yearly basis a report on the health protection aspects of policies which will form part of the Commission's Annual Report.

22. The following are examples of other Community policies and instruments likely to have an impact on the prevention of drug dependence:

- certain instruments concerning the completion of the single market and consumer policy, particularly as regards drug precursors, pharmaceutical products, medicinal products and dangerous substances and preparations;

- the social affairs policies and instruments, particularly concerning migrants, poverty, employment, protection of workers' health and safety and the European Social Fund;

- education and training for young people and health professionals, and activities targeted at young people in the field of culture, communication and information;

- instruments designed to protect citizens' rights such as personal data protection measures;

- research on health systems, on addiction behaviour as described in the Commission proposal for a specific RTD programme in the area of biomedicine and health, 1994 - 1998[17], assessment of requirements, health education and information.

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(17) COM(94) 68 final of 30 March 1994.

B. The public health framework and the prevention of drug dependence

23. The prominence accorded to combatting drug dependence in the context of public health reflects changing perceptions of how to conduct the fight against drugs, both at global level and within the Member States. In the past, the strategy adopted by the international community tended to concentrate more on reducing supply and stamping out trafficking. Even when demand reduction measures were introduced, they were essentially based on a law enforcement approach. Numerous factors have led to this strategy being gradually modified, including the following:

- the continuing inflow of illicit drugs despite all efforts to combat trafficking and reduce supply;
- the increasing misuse and abuse of licit substances and products;
- the increased risks posed by communicable diseases such as hepatitis and Aids, which are especially associated with intravenous drug use;
- the need to develop approaches to supplement law enforcement so as to meet the social and health needs of drug users.

These factors have led to a greater emphasis on demand reduction as part of an integrated approach to the drugs problem, and to the emergence of prevention as a priority theme.

24. Indeed, this trend was recently confirmed by the United Nations and is also apparent in the current policies of the Member States. The preventive approach to drug use and its consequences is increasingly finding a place in the more general context of social, educational and health policies and structures[(18)].

25. Drug dependence cannot be considered in isolation as it is often associated with other health problems and issues, such as tobacco consumption, communicable diseases, health promotion and health education. These are already being tackled in individual Community programmes or are due to be tackled in a coordinated way in future programmes. In particular, the spread of HIV among intravenous drug-users causes major concern. In this context it should be borne in mind that intravenous drug-users may combine the three known channels by which HIV can be transmitted, namely transmission through the bloodstream, sexual transmission and transmission from mother to baby.

26. Dependence also arises as a result of the abuse of alcohol and of pharmaceutical substances or by the misuse of chemical products such as solvents particularly by young people. This points to the need for effective health information and education strategies.

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(18) SEC(92) 725 final of 25 May 1992.

27. It is also clear that drug prevention actions under the heading of public health policy need to be coordinated with law enforcement, since it can include a socio-medical dimension (e.g. alternatives to imprisonment for the delinquent user), and a health dimension (e.g. health care for drug addicts in prisons).

C. The European Monitoring Centre for Drugs and Drug Addiction

28. The European Monitoring Centre for drugs and Drug Addiction (EMCDDA) has been established to provide the Community and its Member States with objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences. In order to achieve its task the Centre has to collect, register and analyze existing information, including data resulting from research, communicated by Member States as well as that emanating from Community, non-governmental national sources and competent international organizations; carry out surveys, preparatory studies and feasibility studies, together with any pilot projects necessary to accomplish its tasks; organize meetings of experts; set up and make available scientific documentation resources and assist in the promotion of information activities; provide an organizational and technical system of supplying information on similar or complementary programmes or actions pursued by the Member States; establish and coordinate the European Information Network on Drugs and Drug Addiction (REITOX), a computer network forming the infrastructure for the collection and exchange of information and documentation; facilitate exchanges of information between decision-makers, researchers, specialists and those involved in combating drugs in governmental and non-governmental organizations.

29. The Centre will have an important role to play in the field of demand reduction to which it will have to give special attention during its first three-year work programme. The Commission and the Member States, as members of the Management Board, will be able to ensure that the Centre carries out its mandate to the full. In the field of demand reduction, in particular, the Centre will have a role to play in certain areas covered by the present Communication, namely statistics and epidemiological data, research, studies and surveys, and assessment.

30. The activities of the Centre which concern the collection and circulation of information will provide important input for possible proposals for actions and measures and facilitate the development of policies by the Commission, the Council and the Member States, according to their respective competence. The Commission, for its part, will make available to the Centre the information and statistical data available to it.

D. Cooperation between Member States

31. The Member States are primarily responsible for all care of drug addicts and treatment of drug dependence and aspects of their financing and delivery. However, the Commission may be called on by the Member States to assist them in improving their collaboration on health care matters and may also provide assistance to them in actions designed to improve the quality of health care and treatment. As foreseen under Article 129, the Commission is willing to facilitate cooperation in the following areas:

    * best available options for the development of various therapies;

    * methodology for evaluating and comparing therapeutic strategies, structures and practices;

    * comparisons on the availability of treatment and access to it;

    * analysis of the provisions which encourage therapy for drug addicts, particularly AIDS and HIV-positive patients, pregnant addicts and the newborn affected by drug addiction;

    * incorporation of therapy and other alternative measures into the law enforcement process.

32. The Commission, where appropriate in collaboration with the European Monitoring Centre on Drugs and Drug Addiction, will encourage cooperation between Member States in these fields by supporting exchanges of information and experience and Community-wide dissemination of the best practices. Cooperation will also be encouraged through the development of networks and the provision of financial support for programmes or pilot projects addressing objectives shared by the Member States who wish to participate.

33. Without prejudice to the European Community's competencies, in particular those arising from Article 129, Title VI of the Treaty on European Union also identifies the fight against drug addiction as a matter of common interest to be addressed in the context of cooperation in the fields of Justice and Home affairs. This opens the possibility of developing new instruments (joint positions, joint actions, conventions) for which the Commission or any Member State may make proposals, and which may have an impact also on public health policies. In the context of its Communication on a European Union Action Plan to combat drugs, the Commission also addresses this aspect.

E. Cooperation with international organizations and third countries regarding drug dependence

34. Drug dependence knows no frontiers be they national or those of the Union. Close cooperation is called for with third countries, particularly with the Union's neighbouring countries, not only in controlling drug trafficking and supply but also in the field of drug demand reduction.

35. The existing exchange of information with third countries on drug dependence should be reinforced. Considering the scale of movement at the Union's borders, links need to be established with the structures responsible for prevention and for the treatment of drug dependence in the Union's neighbouring countries. These exchanges of information could be completed by an exchange of specialists and the joint organization of conferences, seminars and training courses.

36. Cooperation in intergovernmental international organizations should be pursued and developed with each of the organizations which deal with the different aspects of drug demand reduction, in so far as public health aspect is concerned.

   - The links with the Council of Europe's Pompidou Group on subjects of common interest will be consolidated and joint projects established to pool efforts and avoid duplication of effort.

   - Cooperation with the WHO on the health aspects of drug dependence, including the links with AIDS and the study of new forms of drug dependence, will be pursued.

   - Close cooperation with the ILO on drug dependence at work will also be pursued in order to develop prevention and assistance models appropriate to the workplace.

   - The United Nations Drug Control Programme (UNDCP) is currently stepping up its activities in the field of prevention and demand reduction, including action taken in the framework of international conventions. This will allow the establishment of appropriate links between the Community and the UNDCP activities. Of particular importance is the improvement of tests for drugs in body fluids.

   - Cooperation with UNESCO, as concerns the prevention, education and drugs programme (PEDDRO) which is being jointly developed and which will be pursued and intensified.

   Due to its strengthened role under the TEU, the Commission can encourage such cooperation by two means: via its right of initiative pursuant to Article 129 of the European Community Treaty and via the right of initiative it is enjoying under Title V of the Treaty on European Union concerning the Common Foreign and Security Policy (CFSP). The European Council in Lisbon, by identifying the fight against drugs as an area

suitable for joint action by the European Union in the framework of the CFSP paved the way for complementarity action by the Union on the external level.

37. Without prejudice to relations which the Commission may maintain pursuant to Article 229 of the EC Treaty, the EMCDDA will also have to pursue cooperation, in its field of competence, with these organizations, while avoiding any duplication of work.

V. THE PREVENTION OF DRUG DEPENDENCE AND COMMUNITY ACTION

38. The extent and complexity of the drugs phenomenon is closely bound up with the socio-cultural, legal, medical, socio-psychological and economic factors prevailing in the Member States. These factors vary from one Member State to another and bear on Member States' policies in the field of drugs[19].

39. There are certain points of convergence in the individual approaches used by Member States, a number of which have been outlined in the past, particularly by the Council. They underline for example, the need to concentrate efforts primarily on prevention and more particularly on information and health education for the public and target groups[20] and the need to establish clearly-defined policies to deal with the problems resulting from drug use. These policies, according to the Council[21], ought to establish not only the ultimate objective (an end to drug use) but also the intermediate objectives which need to be attained (lowering of the mortality rate, reduction of the risks of infection by HIV or other agents of infection, reduction of marginalization).

A. A multidisciplinary and multidimensional context

40. Drug dependence is a complex phenomenon which needs to be tackled at various levels - local, national, Community and international - and in ways which involve multidisciplinary and multidimensional responses and actions across a range of different areas. Policies on the prevention of drug dependence need in particular to take account of the following:

- activities targeted at high risk groups in specific settings;

- identification, development, testing and use of best practices for disseminating information and providing advice to target groups;

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(19) Extract from the Resolution of 11 November 1991.

(20) Conclusion of 3 December 1990 (OJ No C 329, 31.12.1992 p. 20) and Declaration of 15 May 1992 (OJ No C 148, 12.6.1992, p. 3).

(21) Conclusion of 16 May 1989 (OJ No C 185, 22.7.1989, p. 3).

- initiatives in the field of education and training in order to develop drug prevention strategies;
- work on early detection and counselling of drug users;
- rehabilitation and social reintegration of drug addicts.

The scope for Community action in so far as these areas are concerned can be addressed under a number of different headings:

1. Specific preventive actions

41. Certain social aspects which are often associated with drug users need to be taken into account in any preventive approach as they can make it difficult to carry out effective actions. These may include a high degree of marginalization, aberrant behaviour resulting from the administration of substances highly dangerous to health, and considerable difficulties in ensuring the adequate delivery of medical and social services. Nevertheless experience shows that appropriate and specific preventive actions help to motivate addicts to stop taking drugs or to assist them to reduce their intake or to persuade them to change to safer methods of administration. This demonstrates that such actions have to be continued to reduce the risk associated with drug dependence. High priority also needs to be given to preventive actions designed to make European citizens more aware and knowledgeable about drug dependence, its causes and consequences, through specific information and health education actions. In addition, actions need to be undertaken to improve the knowledge and skills of professionals directly involved in the prevention of drug dependence. Little is known about drug consumption methods and trends within the Community in particular in target groups, such as ethnic minorities and immigrants and the factors shaping drug use, in particular those shaping initial experimentation and the transition to regular use. Furthermore, drug demand is constantly changing and therefore on-going qualitative and quantitative evaluations of the programmes and actions are needed in order to improve and, where appropriate, re-define prevention policies.

Improvement of awareness among the public and specific target groups

42. There is a need for specific actions designed to promote healthy lifestyles and provide objective information to the general public and specific target groups (particularly parents and young people) on drugs and drug addiction, in addition to the actions to be taken within the context of the programme of Community action on health promotion, information, education and training[22]. These call for the deployment of a variety of strategies, ranging from the organization of official prevention campaigns involving the use of the media, to the promotion of positive role models in the sport and cultural worlds.

(22) COM(94) 202 final of 1 June 1994.

43. Activities in this area which would be worthy of consideration include:

- the organization of further European Drug Prevention Weeks. These could be organized every two years, as suggested in the evaluation of the 1992 Week, and could be devoted on each occasion to a different theme to be chosen in liaison with the national coordinators;

- the creation and supporting of telephone help-line initiatives directed towards young people, and investigate the possibilities of introducing a single standard telephone number for such services in all Member States;

- support for pilot actions to improve the effectiveness of information campaigns and determine the awareness of Europeans with regard to drugs and drug prevention including changes in their attitudes towards drugs;

- support for the creation and testing of tools and models for disseminating information in at-risk areas;

- support for the identification and use of appropriate information vectors for particular targets (schools, workplace, hospitals, pharmacies, doctors' waiting rooms, prisons, military barracks, etc.);

- facilitating exchanges concerning the most effective methods of conveying information, especially to certain groups identified as being particularly vulnerable;

- making available the anti-doping code of conduct for athletes.

Health education

44. In line with the guiding principles mentioned in the previous European Plan to Combat Drugs and the approach developed in the Commission Communication on the framework for action in the field of public health, prevention of drug dependence through education is best carried out in the general context of promoting more positive attitudes towards health.

45. Specific measures have been identified in the past, notably by the European Parliament[23], and these will need to be tied in with the actions developed under the programme of Community action on health promotion, information, education and training. They are aimed not only at schoolchildren and students but also at groups outside the school environment, as well as with families and all those involved in the provision of education.

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(23) Resolution on education for health and drugs misuse in the Member States of the European Community and the Council of Europe (OJ No C 150, 15.6.1992, p. 42).

46. Activities in this area which could be considered include:

- the creation of a pilot Community network giving priority to drug prevention, based on a selection by Member States of schools located in at-risk areas and in association with the existing European network of health-promoting schools;

- the establishment and implementation of integrated projects, programmes and basic drug prevention guidelines in the schools involved in this network, with the participation wherever possible of children and parents;

- initiatives to make education on drugs a more integral part of the vocational training received by teachers and youth leaders in the field of drug prevention, and initiatives to improve coordination between all those involved in the provision of education (parents' organizations, the teaching profession, educators, addict support associations, the medical profession, etc.);

- studies and analyses to highlight children's and young persons' perceptions of drugs and about the availability of drugs in schools.

Training

47. The effectiveness of all of the abovementioned actions depends on the availability of suitably trained personnel. Further training in drug problems is needed not only for professionals with direct responsibilities in the field of prevention (health professionals, educators, etc..) but also for professionals likely to come into contact with drug addicts in other contexts (prison staff and police officers), so as to help them understand and diagnose the problem and employ appropriate prevention strategies.

48. Activities in this area which could be considered include:

- staff and student exchanges and exchanges of information and experience, including the establishment of pilot projects for exchanges of experience between local authorities in different Member States concerning prevention models and practices, with a view to developing joint actions;

- further-training programmes for health professionals, especially general practitioners and pharmacists;

- the development of training material geared to the needs of the professional groups concerned;

- the implementation of pilot projects for further-training of police and prison officers;

- the establishment of multidisciplinary drug prevention training modules.

49. Community programmes and actions in the field of education, training and youth, and in particular the proposed SOCRATES, LEONARDO DA VINCI and YOUTH FOR EUROPE III programmes, may serve as a framework for projects aimed at promoting transnational cooperation, mobility and exchanges in this field.

Risk reduction

50. The health risks resulting from drug use are considerable. They arise from the shared use of injecting equipment among intravenous drug users which encourages the transmission of diseases, such as hepatitis and AIDS and can lead to poisoning by septicaemia, and death from overdose.

51. Preventing communicable diseases essentially depends on changing the risk behaviours of certain vulnerable groups. However, it is difficult to persuade drug addicts to make such changes: because they are often socially marginalized, they are a difficult group to reach and they tend to pay little heed to official messages.

52. Activities in this area which could be considered include:

- support for the introduction of specific methods of conveying information on risk behaviour to intravenous drug users, including the involvement of persons with first-hand experience who can use their knowledge to help to spread relevant information concerning prevention;

- support for the introduction of innovatory methods and for the most effective methods of prevention, including projects involving the distribution of disinfection kits and safe injecting equipment;

- an assessment of the impact of syringe distribution schemes in terms of reducing the risks associated with injecting drugs, and the accompanying health measures required, including the development of maintenance programmes;

- support for the establishment of reception and information structures;

- the promotion of coordination between the poison control centres to establish an early warning system for instances of acute poisoning linked to drug use;

- the establishment of an inventory of the drugs which are commonly used intravenously by addicts and their side effects.

2. Early detection and screening

53. There are two main concerns with regard to early detection and screening for drug use, each corresponding to a particular environment, the immediate environment of children and young persons and the work environment. These are:

- the early detection and counselling of children and young persons who are drug users;

- the reliability of tests on body tissues and fluids to detect the use of illicit drugs at work.

54. Vigilance, resulting in early detection of a child's or young person's involvement in drugs followed up by an appropriate response, can prevent a slide into drug dependence. To be able to detect the problem, the persons concerned need to be able to recognize certain behavioural changes symptomatic of drug taking, and those responsible for young persons need to have access to advice and to appropriate preventive instruments. Initiatives aimed at providing advice to teachers and others in the young person's social environment (e.g. youth leaders and parents) concerning the signs of possible drug use by children and young persons are of particular importance.

55. Drug taking can indeed be confirmed by testing body tissues and fluids, e.g. hair and urine. But the results of such tests need to be interpreted with care: comparisons between different tests have highlighted the risk of false-positive or false-negative results and may need to be confirmed. There is also a need to ensure quality assurance in testing.

56. The question of the reliability of tests on body fluids to detect the use of illicit drugs was the subject of the Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989[24]. The Commission, with the assistance of a working party composed of representatives of the Member States, is in the process of drafting a Communication. The actions envisaged respond to the different points contained in the Council's conclusions.

3. <u>Social and occupational reintegration</u>

57. The social repercussions of drug addiction are manifold, and addicts are often marginalized by their addictive behaviour. A recent study at European level showed, for example, that drugs are by far and away the biggest cause of social exclusion, with 60% of the interviewees (out of a sample of 20 000 persons) saying they would object to an immediate neighbour who was a drug addict (as opposed to 47% for an alcoholic, 36% for a person with "a criminal record", 32% for an extreme right-winger, 30% for a homosexual and 26% for a person suffering from AIDS). Health support for drug addicts therefore needs to be accompanied by social support, a <u>sine qua non</u> for their effective reintegration into society. In terms of cost-effectiveness, it seems that the absence of social reintegration measures imposes an additional financial burden on the public health system by undermining the prevention process.

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(24) OJ No C 185, 22.7.1989, p. 2.

58. Activities in this area which could be considered include:

- evaluating and strengthening policies and practices concerning the reintegration and rehabilitation of drug addicts at the workplace, including actions taken by the private sector;

- programmes and pilot projects offering vocational training opportunities in addict reception centres, with a view to creating standard programmes;

- sporting and cultural programmes which, by promoting healthy lifestyles among drug addicts, facilitate their integration into other circles.

4. Drug addicts in prison

59. The results of the Seminar on "Management of Drug Addicts in Prison" of 3-5 March 1994, organized by the Commission with the assistance of the Greek authorities and the participation of the Pompidou Group of the Council of Europe in response to the Resolution of the Council and Ministers for Health meeting within the Council concerning the treatment and rehabilitation of drug addicts serving sentences for criminal offenses[25], have helped to identify the requisite spheres of action.

60. Activities in this area which could be considered include:

- the development of training of all categories of staff (prison officers, prison governors and health workers) taking into account experiences which have already been put into practice, including health related problems such as AIDS;

- the development of risk reduction projects in prisons taking into account measures which are already implemented in the community;

- actions for certain groups of inmates with specific problems;

- re-enforcement of links between the services available in the community and programmes within the prison.

61. Any activities concerning drug addicts in prison under Article 129 could also be complemented by initiatives within the framework of Title VI of the TEU, for example regarding the use of penal measures to reinforce motivation for treatment (early release conditional on entering a treatment programme).

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(25) Resolution of 11 November 1991 (OJ No C 304, 23.11.1991, p. 7).

5. Licit substances

62. As far as alcohol abuse and pharmaceutical products abuse are concerned, there is a need to undertake preventive efforts in the fields of information, education and training targeted at those at risk and in specific situations such as educational establishments and the workplace. In particular, pilot projects aimed at identifying preventive principles and methods would be of value.

63. Council Directive 92/109/EEC[26] on the manufacture and placing on the market of certain substances used in the illicit manufacture of narcotic drugs and psychotropic substances contains provisions to ensure that precursor and essential chemicals are not diverted to illicit drugs manufacture. The Commission will monitor the correct application of the mechanisms foreseen by this Directive. The Commission will propose, if necessary, the appropriate actions to ensure that all misuses of licit substances are avoided as far as possible.

6. Data collection

64. When the European Committee to Combat Drugs (CELAD) began its work on December 1989, it quickly concluded that the Member States information sources on drugs were scattered, heterogenous and contradictory, making it difficult, if not impossible, to form a reliable picture of the extent of the drug problem on which common actions carried out by the Member Sates and the Community should be based. In due course, this led to the setting up of the European monitoring centre for drugs and drug addiction[27] which, among other in the field of drug prevention, will have the task to collect and analyse existing data. The EMCDDA should be able to map out for the Member States and the Commission the extent of the drug abuse problem and the structures, trends and consequences of drug abuse, while at the same time facilitating the compatibility and comparability of medico-social data, the establishment of a Community-wide overview of Member States' comparative studies and basic statistics, and the establishment of a European network for the collection of health data on drugs and drug addiction. It will also be an aid to decision making in the Member States and the Community. The EMCDDA and Eurostat will ensure the coordination of the statistical programme of the EMCDDA with the existing socio-economic statistical system of the European Union.

65. The Commission will act in close cooperation with the EMCDDA in order to avoid duplication of efforts and to generate mutual added value. Through its participation in the managing board of the centre, the Commission will seek to ensure that Community priorities and needs are fully taken into account in EMCDDA programmes. Moreover, the Commission, on the basis of data collected or generated by the EMCDDA, may take

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(26) OJ No L 370, 19.12.1992, p. 76.

(27) Council Regulation (EEC) No 302/93 of 8 February 1993 (OJ No L 36, 12.2.1993, p. 1 and OJ No C 225, 20.8.1993, p. 3).

appropriate initiatives, pursuant to the Treaties, for the introduction of measures or the implementation of actions that have been identified either by the EMCDDA or by the Commission as necessary or particularly promising.

66. In order to support Member States' epidemiological monitoring initiatives the Commission, in cooperation with EMCDDA and the Council of Europe, will encourage the extension to all Member States of the "Multivilles" (Multi-Cities) study organized under the auspices of the Pompidou Group, the aim being in particular to encourage technical cooperation between the major European cities.

67. Organizations in the Member States have developed various management models, based on a variety of different philosophies. While it is not part of the Community's remit to evaluate these models as such, a coordinated action to identify the different methods employed would be of value. A first contribution should be available from the COST Social Sciences research collaboration. It has recently set up Action A6 which is a first network on the "Evaluation of Action against Drug Abuse in Europe" with working groups on "Evaluation of policies, policy changes and societal responses to policies", "Evaluation of primary prevention", "Evaluation of treatment", "Development of research instruments" and "Drug related delinquency". The Commission will promote in particular actions designed to identify the measures employed on the basis of an inventory drawn up with Member States.

7. Formulation and dissemination of research

68. As stated in the Communication of the Commission on the framework for action in the field of public health, Article 129 gives the Community a clear mandate for research in the field of disease causation and transmission. The Commission will ensure coherence between the drug dependence programme, the work carried out by the EMCDDA and the Community's specific programmes of the 4th Framework Programme for research, particularly regarding research on biomedicine and health including research on causes and toxic effects of drug dependence but also taking into consideration results from the new Targeted Socio-Economic Research programme, in particular those arising from "Research into social integration and social exclusion in Europe", as well as from the COST action A6.

69. The identification of needs in drug dependence research is an ongoing activity. There is a need to ensure dissemination of research results and exchanges of scientific personnel. There is also a need to ensure the use of these research findings in policy decisions and in prevention strategy. The Commission will in particular encourage Member States to involve researchers in any activity concerning the preparation of policies on the prevention of drug dependence.

First programme of Community action on the prevention of drug dependence

1. Areas of activities

70. Community action on the prevention of drug dependence must have regard to the objectives and means set out in paragraphs 16 to 22 of the present Communication, particularly in relation to the visibility and added value of Community action. In addition, the limited resources available suggest that the Community should focus on the most promising activity areas and to use the most cost-effective instruments. In order to achieve these objectives, the Commission proposes that this action programme should concentrate on activities in the following areas:

- improving public awareness in particular by means of coordinated transnational actions. The previous Community experience highlights the visibility and cost effectiveness of actions in this field;

- using the opportunities provided in other Community policies, programmes and instruments, when appropriate, to prevent and combat drug dependency especially in the areas outlined in paragraph 22 of this Communication and, of course, in other health programmes based on Article 129, e.g. AIDS and other communicable diseases; health promotion, information, education and training;

- supporting initiatives and actions relating to young people of school-going age in relevant environments - home, leisure and school - and the promotion of best practices in this regard. In all Member States, young people are considered as the primary target group for drug prevention. The diversity of the preventive approaches adopted can provide examples of good practice which helps those responsible in the field of drug prevention in Member States to learn from experiences of each other. Setting as a target the best results already obtained in a given area anywhere in the Community, the Commission will support initiatives and pilot projects and, as necessary, facilitate cooperation and coordinate activities at Community level.

2. Consultation and Participation

(a) Advisory body on drug dependence

71. As regards the implementation of programmes adopted by the European Parliament and the Council, by means of decisions pursuant to Article 129, the Commission will be proposing the establishment of an Advisory Committee, chaired by the Commission comprising representatives of each Member State. The composition of the Committee should ensure adequate representation of the interests and expertise of the national authorities, the health professionals and the non-governmental organizations in the field.

(b) Other groups involved

72. The Commission will examine with the Member States whether or not the setting up of national coordination committees for the drug dependence programme would enhance the motivation and involvement of the national players. These national committees could be a central point of reference for the many different organizations and professions involved in this work.

73. In the past, the non-governmental organizations active in the prevention of drug dependence have contributed generously both funds and expertise to the realization of Community actions, such as the European Drug Prevention Weeks. In view of the instrumental role, in prevention, care and research, played by these organizations the Commission will maintain and strengthen its links with them, both through the Advisory Committee described above and through direct links in particular with existing networks.

3. Evaluation and reports

74. The evaluation and reporting structure of the action plan will comprise two key elements:

- an independent peer review of the major activities supported;

- a report on actions undertaken under the programme, to be submitted to the relevant Institutions by the Commission half-way through programme, and a final report at the end of the programme.

In addition, the Commission will ensure that the results of the most significant actions, and initiatives are made available to interested parties and the general public.

CONCLUSIONS AND RESOLUTIONS OF THE HEALTH COUNCIL CONCERNING DRUG DEMAND REDUCTION IN THE EUROPEAN COMMUNITY AND ALCOHOL ABUSE

MAIN TEXTS PUBLISHED IN THE OFFICIAL JOURNAL

1. Resolution of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 concerning a European network of health data on drug abuse (OJ No C 185, 22.7.1989, p. 1).

2. Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 concerning the reliability of tests on body fluids to detect the use of illicit drugs (OJ No C 185, 22.7.1989, p. 2).

3. Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 regarding the prevention of AIDS in intravenous drug users (OJ No C 185/ 22.7.1989, p. 3).

4. Conclusions of the Council and the Ministers for Health meeting within the Council of 13 November 1989 on the implementation of coordinated measures for preventing drug addiction and coping with drug addicts (OJ No C 31, 9. 2.1990, p. 1).

5. Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 3 December 1990 on reducing the demand for narcotic and psychotropic substances (OJ No C 329, 31.12.1990, p. 20).

6. Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 4 June 1991 on the monitoring of action to reduce drug demand (OJ No C 170, 29.6.1991, p. 2).

7. Declaration by the Council and the Ministers for Health of the Member States meeting within the Council of 4 June 1991 on action to combat the use of drugs, including the abuse of medicinal products, in sport (OJ No C 170, 29.6.1991, p. 1).

8. Resolution of the Council and the Ministers for Health of the Member States meeting within the Council of 11 November 1991 on the treatment and rehabilitation of drug addicts serving sentences for criminal offenses (OJ No C 304, 23.11.1991, p. 7).

9. Resolution of the Council and of the representatives of the governments of the Member States meeting within the Council on a code of conduct against doping in sport (OJ No C 44, 19.2.1992, p. 1).

10. Declaration of the Council and the Ministers for Health of the Member States meeting within the Council of 15 May 1992 on European Drug Prevention Week (OJ No C 148, 12.6.1992, p. 3).

11. Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 13 November 1992 on the second report on drug demand reduction in the European Community (OJ No C 326, 11.12.1992, p. 3).

12. Declaration of the Council of 13 December 1993 on European Drug Prevention Week (OJ No C 15, 18.1.1994, p. 7).

13. Resolution of the Council and of the representatives of the Governments of the Member States meeting within the Council of 29 May 1986 on alcohol abuse (OJ No C 184, 23.7.1986, p. 3).

Proposal for a
EUROPEAN PARLIAMENT AND COUNCIL DECISION

adopting a programme of Community action on the prevention of drug dependence within the framework for action in the field of public health (1995-2000)

EXPLANATORY MEMORANDUM

1. In its Communication of 24 November 1993 on the framework for action in the field of public health, the Commission identified drug dependence as a priority for action as it is the only threat specifically mentioned in Article 129 of the Treaty establishing the European Community.

2. Drug dependence is a complex phenomenon in terms of its causes and manifestations, and the health and social ramifications are many and varied. Although the data supplied by the Member States are not directly comparable, those furnished for the second report on drug demand reduction in the European Community have revealed disturbing trends such as an increase in drug-related mortality and morbidity, in the number of first users of drugs and in the number of AIDS cases linked to drug use. The diversity of illicit products consumed and the different methods of consumption, the abuse of alcohol and pharmaceutical products and the deliberate inhalation of toxic products for abusive purposes are all factors which give cause for serious concern, both in the Member States and at Community level.

3. Drug dependence has been a matter of concern to all the Community Institutions. An important step towards defining the perspectives for Community activity in this field was taken with the adoption by the European Council (Rome 1990) of the European Plan to Combat Drugs and its chapter on drug demand reduction. Since 1986, several Council resolutions and conclusions relevant to drug demand reduction have called for Community actions to be implemented concerning: screening and health data, prevention of AIDS in drug addicts; implementation of coordinated prevention measures, exchanges of information; rehabilitation of drug addicts serving sentences for criminal offenses, production of regular reports on drug demand reduction, and coordination of two European Drug Prevention weeks. The European Parliament has also played an important role in getting drugs onto the agenda at Community level, by adopting many Resolutions on the matter.

4. The Commission has responded by undertaking various actions and initiatives. Furthermore, on a proposal from the Commission the Council adopted a Regulation in February 1993 establishing a European Monitoring Centre for Drugs and Drug Addiction, which is charged with providing the Community and its Member States with objective, reliable and a comparable information at European level concerning drugs and drug addiction and their consequences. The Centre will therefore have an important role to play in the field of drug demand reduction to which it will have to give special attention during its first three-year work programme.

5. The identification of drug dependence in Article 129 means that the Community must consolidate its achievements in the field of drug dependence and build on the work already carried out. The Commission has already decided in its Communication on the framework for action in the field of public health that this would be best achieved by means of a specific programme to be launched as part of a strategy involving a mix of actions both of those that are general in nature and those that are disease specific.

6. The present proposal is the first multi-annual programme on drug dependence in the framework of public health. Since the Member States have responsibility for the prevention of drug dependence, the guiding principle is that it is up to them to define appropriate prevention programmes. The Community's role will focus primarily on supporting actions undertaken by them, promoting coordination between their policies and programmes, ensuring better use is made of Community actions in relation to the prevention of drug dependence and promoting cooperation between Member States.

7. The Commission's role will be to encourage and facilitate exchanges of information, experience and models of good practise as well as to support and coordinate, as necessary, activities at Community level. The Commission will, in particular, support proposals submitted by Member States and initiatives involving organizations and agencies active in the field of drug prevention. Cooperation with international organizations and transnational associations active in this area will also be fostered.

8. Collection of data at Community level, projects having a Community interest, networking of organizations active in the field of prevention, and support for pilot projects capable of being transferred to other Member States are all examples of actions which, when implemented at the Community level, can improve the level of knowledge on drug dependence and its prevention. The EMCDDA will have a key-role to play in ensuring the dissemination of information for this purpose. Such transfers of knowledge and practices can assist each Member State and in so doing illustrate the added value of Community action. Community action should also help Member States to re-define their strategies and implement drug prevention measures and policies more effectively.

9. In view of the complexity of the drugs phenomenon, policies to combat drug dependency must take account of the following:

   - activities targeted at high risk groups in specific settings;
   - identification, development, testing and use of best practices for disseminating information and providing advice to target groups;
   - initiatives in the field of education and training in order to develop drug prevention strategies;
   - work on early detection and counselling of drug users;
   - rehabilitation and social reintegration of drug addicts.

10. In taking account of these elements and the need to ensure a Community added-value, this Community action programme will, in view of the limited resources available, focus on:

   (a) improving public awareness in particular by means of coordinated transnational actions;

   (b) using the opportunities provided in other Community policies, programmes and instruments, when appropriate, to prevent and combat drug dependency;

   (c) supporting initiatives and actions relating to young people of school going age in relevant environments - home, leisure and school - and the promotion of best practices in this regard.

11. This programme on the prevention of drug dependence is a component of the European Union Action Plan to combat drugs, which draws together the various actions initiated under the three pillars of the Treaty on European Union, i.e. the Treaty establishing the European Community, the common foreign and security policy, and justice and home affairs.

12. This proposal for a Council decision takes account of the requests made by the European Parliament and by the Council. It reflects the experience gained by the Commission in implementing a number of specific actions on drug dependence. It takes account of the principle of subsidiarity and recognizes that the situation varies between Member States. It also introduces the appropriate consultation procedures and suitable assessment measures for the activities undertaken.

Proposal for a

EUROPEAN PARLIAMENT AND COUNCIL DECISION

adopting a programme of Community action on the prevention of drug dependence within the framework for action in the field of public health (1995-2000)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 129 thereof,

Having regard to the proposal from the Commission[1],

Having regard to the opinion of the Economic and Social Committee[2],

Having regard to the opinion of the Committee of the Regions[3],

Whereas drug dependence has grown alarmingly in the Member States and has serious implications for the health of individuals and the welfare of the general public;

Whereas, in creating in 1985 a Committee of Inquiry into the problem of drugs in the Member States, the European Parliament demonstrated its desire to study in depth the factors which trigger drug demand and enable drugs to continue being produced and distributed;

Whereas in its resolutions[4] concerning this problem the European Parliament formulated a series of proposals with a view, in particular, to Community action on the prevention of drug dependence;

Whereas the European Council, at its meeting in Dublin on 25 and 26 June 1990, stressed that it was the responsibility of each Member State to develop an appropriate drug demand reduction programme and considered that effective action by each Member State, supported by joint action of the Twelve and the Community, should be a main priority over the coming years;

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(1) OJ No

(2) OJ No

(3) OJ No

(4) OJ No C 172, 2.7.1984, p. 130.
OJ No C 283, 10.11.1986, p. 79.
OJ No C 47, 27.2.1989, p. 51.
OJ No C 150, 15.6.1992, p. 42.

Whereas the actions undertaken at Community level on the basis of the Council resolutions, declarations and conclusions relating to the prevention of drug dependence, and in particular subsequent to the adoption by the European Council, meeting in Rome on 13 and 14 December 1990, of the European Plan to Combat Drugs, have helped to sustain the Member States' efforts;

Whereas these actions need to be continued and consolidated within the framework of the action in the field of public health set out by the Commission Communication of 24 November 1993[5] and must take into account, as the Council requested in its resolution of 17 May 1993[6], other actions undertaken by the Community in the field of public health or which have an impact on public health;

Whereas Council Regulation (EEC) No 302/93[7] established a European Monitoring Centre on Drugs and Drug Addiction to provide the Community and its Member States with reliable and comparable information concerning drugs and drug addiction;

Whereas the declaration on the occasion of the entry into force of the Treaty on European Union adopted by the European Council, meeting in Brussels on 29 October 1993, emphasized that the Treaty provides "a structured institutional framework, so that in particular greater control can be achieved over those of society's problems that run across frontiers, such as drugs (...)";

Whereas the problems associated with the drugs phenomenon are such that they require a fully coordinated and global strategy, as has been stated by the European Council, meeting in Brussels on 10 and 11 December 1993;

Whereas drug dependence, the only scourge expressly mentioned in the provisions of the Treaty establishing the European Community dealing with public health, is therefore a priority for Community action within the framework for action in the field of public health set out by the Commission;

Whereas this programme forms one of the essential component parts of the Communication from the Commission to the Council and the European Parliament of 23 June 1994 on a European Union Action Plan to combat drugs (1995 - 1999)[8];

Whereas, in accordance with the principle of subsidiarity, actions on matters not under the exclusive competence of the Community, such as those on drug dependence, must only be undertaken by the Community when, by reason of their scale or effects, their objectives can be better achieved by the Community;

Whereas cooperation with the competent international organizations and with non-member countries should be strengthened;

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[5] COM(93) 559 final.

[6] OJ No C 174, 25.6.1993, p. 1.

[7] OJ No L 36, 12.2.1993, p. 1.

[8] COM(94) 234 final.

Whereas a multiannual programme should be launched with clear objectives for Community action, and priority actions selected with a view to preventing drug dependence and the associated problems, as well as appropriate evaluation mechanisms;

Whereas the programme should have as its objective to contribute to the enhancement of awareness on the use of narcotics and psychotropic substances, on the abuse of alcohol and pharmaceutical products, on the misuse of chemical substances or products for drug abuse purposes; to contribute to improve recognition of risk situations, early detection, counselling and advice, health and social support with a view to preventing drug use, facilitating the end of drug use, lowering the mortality rate, reducing the risks of infection by agents of infection and reducing marginalization;

Whereas, from an operational point of view, the investment made in the past in terms of both the establishment of Community networks of non-governmental organizations and of the mobilization of all those involved in preventing drug dependence should be safeguarded and developed;

Whereas, however, possible duplication of effort should be avoided by the promotion of exchanges of experience and by the joint development of basic information modules for the public, for health education and for training members of health professions;

Whereas, in order to increase the value and impact of the programme, a continuous assessment of the measures undertaken should be carried out, with particular regard to their effectiveness and the achievement of objectives both at national and Community levels and, where appropriate, to make the necessary amendments;

Whereas this programme should last five years in order to allow sufficient time to carry out the actions required to achieve the objectives set,

HAVE DECIDED AS FOLLOWS:

Article 1

A Community action programme on the prevention of drug dependence is adopted for a five-year period, from .... to ....

Article 2

1. The programme will involve the following areas of activities:

(a) improving public awareness, in particular by means of coordinated transnational actions;

(b) using the opportunities provided in other Community policies, programmes and instruments, when appropriate, to prevent and combat drug dependency;

(c) initiatives and actions relating to young people of school going age in relevant environments - home, leisure and school - and the promotion of best practices in this regard.

2. The Commission shall ensure implementation of the activities set out in paragraph 1 and in the Annex, in accordance with Article 4, and in close cooperation with the Member States and the institutions and organizations active in the prevention of drug dependency.

3. The Commission shall also ensure that the activities undertaken take due account of the information activities of the European Monitoring Centre on Drugs and Drug Addiction.

Article 3

The budgetary authority shall determine the appropriations available for each financial year.

Article 4

For the implementation of the programme the Commission shall be assisted by an advisory committee, hereinafter referred to as "the Committee", comprising two representatives from each Member State and chaired by a Commission representative.

The representative of the Commission shall submit to the Committee a draft set of the measures to be taken. The Committee shall deliver its opinion on the draft within a time limit which the chairman may lay down according to the urgency of the matter, if necessary by taking a vote.

The opinion shall be recorded in the minutes; in addition, each Member State shall have the right to ask to have its position recorded in the minutes.

The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee of the manner in which its opinion has been taken into account.

Article 5

1. In the course of the implementation of the programme, cooperation with non-member countries, and with international organizations active in the field of public health, will be encouraged.

2. The EFTA countries and the countries from Central and Eastern Europe may be associated with the activities under the programme under the conditions set out in the agreements concluded with the Community.

3. The Commission shall cooperate with the Council of Europe's Pompidou Group. It shall inter alia strengthen its regular contacts with international intergovernmental organizations such as the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Office (ILO) and the United Nations Drug Control Programme (UNDCP).

Article 6

1. The Commission shall regularly publish information on the actions undertaken in the context of this programme.

2. The Commission shall submit to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions a mid-term report on the actions undertaken, as well as an overall report at the end of the programme.

Article 7

This Decision shall enter into force on the twentieth day following that of its publication in the Official Journal of the European Communities.

Done at Brussels,

For the European Parliament
The President

For the Council
The President

ANNEX

Programme activities:

(a) **improving public awareness in particular by means of coordinated transnational actions.** Activities under this heading might model on the European Drug Prevention Week, particularly relevant to highlight and stimulate Community and transnational efforts and on previous coordinated transnational actions.

(b) **using opportunities provided in other Community policies, programmes and instruments, when appropriate, to prevent and combat drug dependency.** This could be relevant in areas such as the social affairs, particularly concerning migrants, poverty, employment, protection of workers' health and safety and the structural Funds including Community initiatives; the single market and consumer policy, particularly as regard drug precursors, pharmaceutical and medicinal products and dangerous substances and preparations; education and training; activities in the field of culture, communication and information; research and health systems, on addiction behaviour as described in the Commission proposal for a specific RTD programme and in the area of biomedicine and health (1994 -1998) and, of course, other programmes based on Article 129, e.g. AIDS and other communicable diseases, health promotion, information, education and training.

(c) **initiatives and actions relating to young people in school-going age in relevant environments - home, leisure and school - and the promotion of best practices in this regard**. Young people are considered as the primary target group for the purpose of drug prevention. The diversity of the preventive approaches adopted can provide examples of good practices which help those responsible in the field of drug prevention in Member States to learn from experiences of each other. A specific support in particular to the dissemination of information and advice directed towards young people in relevant environments - home, leisure, school - is therefore likely to be of most value.

FINANCIAL STATEMENT

1. Title of operation

Health aspects of drug abuse: first Community action programme in the field of drug dependence

2. Budget heading involved

B3-4303 (formerly B3-440), in part; chapter B3-40 in part.

3. Legal bases

Resolution of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 concerning a European network of health data on drug abuse (OJ No C 185, 22.7.1989, p. 1).

Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 concerning the reliability of tests on body fluids to detect the use of illicit drugs (OJ No C 185, 22.7.1989, p. 2).

Conclusions of the Council and the Ministers for Health meeting within the Council of 13 November 1989 on the implementation of coordinated measures for preventing drug addiction and coping with drug addicts (OJ No C 31, 9.2.1990, p. 1).

Conclusions of the Council and the Ministers for Health meeting within the Council of 3 December 1990 on reducing the demand for narcotic and psychotropic substances (OJ No C 329, 31.12.1990, p. 20).

Conclusions of the European Council of 14 and 15 December 1990 on the European plan to combat drugs.

Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 4 June 1991 on the monitoring of action to reduce drug demand (OJ No C 170, 29.6.1991, p. 2).

Resolution of the Council and the Ministers for Health meeting within the Council of 11 November 1991 on the treatment and rehabilitation of drug addicts serving sentences for criminal offences (OJ No C 304, 23.11.1991, p. 7).

Declaration of the Council and the Ministers for Health of the Member States meeting within the Council of 15 May 1992 on European Drug Prevention Week (OJ No C 148, 12.6.1992, p. 3).

Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 13 November 1992 on the second report on drug demand reduction in the European Community (OJ No C 326, 11.12.1992, p. 3).

Council communication concerning the framework for action in the field of public health (COM(93) 559 final).

Declaration of the Council of 13.12.1993 on European Drug Prevention Week (OJ No C 15, 18.1.1994, p. 7).

Articles 3(O) and 129 of the Treaty establishing the European Community.

4. Description of operation

4.1 General objective

Community action programme to prevent drug dependence, inter alia, with a view to implementing earlier conclusions and resolutions of the Health Council in accordance with the broad lines of the European Plan to combat drugs.

The present programme seeks to encourage cooperation between the Member States, to provide backup for them and to promote coordination of their policies and programmes with a view to preventing the use of narcotics and psychotropic substances, the misuse of alcohol and pharmaceutical products, and the diversion of chemical products for drugs purposes.

Intermediary objectives: reduced mortality, reduced risk, particularly of infection by the AIDS virus or other infectious agents, reduced social marginalization.

Ways and means of achieving this objective: Stimulating Member States to develop their own resources for preventing drug addiction, to develop prevention strategies and intra-Community cooperation, more particularly by providing support for coordinated transnational actions to improve public awareness; by using opportunities provided by other Community policies and by actions focused on a specific target group in relevant environments: young people of school-going age.

4.2 Period covered and arrangements for renewal or extension

Five years. Arrangements for renewal or extension not yet made; these will be the subject of a Commission proposal.

5. **Classification of expenditure or revenue**

Non-compulsory expenditure; differentiated appropriations.

6. **Type of expenditure or revenue**

- 100% subsidy: Yes, in exceptional cases, for studies, provision-of-services contracts, and for work ordered and of direct use to the Commission.
- Subsidy for joint financing with other sources in the public and/or private sector: the most frequent option (rarely amounting to more than 70% of the total value of the proposed projects).

7. **Financial impact**

7.1 Method of calculating total cost of operation: see point 7.2

7.2 Itemized breakdown of cost

Reminder:

Appropriations authorized 1994 - B3 - 440	
Commitment	Payment
4.8[(1)]	2.6

Indicative breakdown in million ECU: This purely indicative breakdown is without prejudice to the amounts which will actually be assigned by the budgetary authority for each of the years under consideration. The breakdown by field of activity is given purely for guidance. The indicative amounts for the successive years of implementation will be decided on in the framework of subsequent preliminary draft budgets[(2)].

(1) Includes ECU 3.3 million for the health aspect of drug abuse.

(2) The increase envisaged in the budget will be accommodated from within chapter heading B3-40.

			YEAR				
FIELD OF ACTIVITY	**1994 Budget**	**1995 PDB**	**1996**	**1997**	**1998**	**1999**	**TOTAL 1995-1999**
		Indicative breakdown	**Indicative planning**				
1. Coordinated transnational actions to improve public awareness		1.5					
2. Initiatives and actions relating to young people of school-going age in relevant environments		2					
TOTAL	**3.3**	**3.5**	**5.5**	**6**	**6.5**	**7**	**28.5**

7.3 Indicative schedule of appropriations

	1995	1996	1997	1998	1999	TOTAL
Commitment appropriations	3.5	5.5	6	6.5	7	28.5
Payment appropriations						
1995	1.75					1.75
1996	1.23	2.75				3.98
1997	0.52	1.93	3.00			5.45
1998		0.82	2.10	3.25		6.17
1999			0.90	2.27	3.50	6.67
Subsequent years				0.98	3.50	4.48
TOTAL	3.5	5.5	6	6.5	7	28.5

8. Fraud prevention measures; Results of measures taken

One-off checks on contractors to monitor the use of appropriations, and the precise arrangements for such use. Checks have already been carried out in respect of budget years 1991, 1992 and 1993, and have proved to be effective.

9. Elements of cost-effectiveness analysis

9.1 Specific and quantified objectives; target population

The measures are designed to implement the "prevention of drug addiction" aspect of Commission policy as announced in the Commission's communication on the framework for action in the field of public health (COM(93) 559). On the basis of past experience and the available statistics, a number of operational objectives have been pinpointed: prevention, rehabilitation, information, education and training, with the emphasis in this programme being placed on measures concerned with:

- better information on the drug addiction phenomenon: general public and the target groups;
- identification of risk situations and early detection: the family and the social environment; risk groups;
- guidance and counselling: socio-health professionals;
- health and social care: socio-health professionals, working environment, target groups, e.g. drug addicts in prison.

Owing to the limited resources available, it has been necessary to identify among the abovementioned fields those where a Community initiative would produce the most added value and the highest visibility. Three areas have been identified on these criteria. These are:

- improving public awareness in particular by means of coordinated transnational actions;
- using opportunities provided by other Community policies, programmes and instruments, when appropriate, to combat drug dependency;
- supporting initiatives and actions relating to young people of school-going age in relevant environments - home, leisure, school - and the promotion of best practices in this regard.

9.2 Grounds for the operation

Drug dependence is the only health danger which is specifically mentioned in Article 129 of the Treaty on European Union, and is thus automatically a priority Community public health concern. The scale and importance of this multi-faceted phenomenon and the problems encountered by the Member States in tackling the serious social and individual repercussions of drug

addiction have generated a series of initiatives at Community level over recent years. The wide range of initiatives taken by the Council and the European Parliament shows that they too attach particular importance to this problem, and that they feel that action at Community level is essential. This is backed up by Article 129, which says that drug dependence should be a priority area for Community action.

Rational utilization of the available budgetary resources based on:

(a) concrete application of the principle of subsidiarity in terms of identifying areas of activity for Community initiatives, the nature of those initiatives and the measures which should be taken and given joint funding;

(b) the concept of Community added value, which will continue to take the form of coordination of national measures, dissemination of information and experience, designation of priorities, extension of European networks, selection of European projects, and motivation and mobilisation of all interested parties.

The programme will be implemented primarily by the provision of support for projects in the Member States. The selection of priority projects will be based very largely on the general and intermediate objectives, and the implementation of the measures themselves will depend on the quality and reliability of projects submitted during the year to the department responsible.

The project selection criteria are:

- compatibility with the objectives and conformity with at least one of the specified objectives;

- examination of the Community added value of the project (e.g. transnational participation, development of a model which is applicable in other Member States, information usable in other Member States, etc.);

- anticipated effectiveness and return on investment;

- clarity and justification of needs;

- target population or population reached by the project;

- appropriateness of working methods;

- skill and experience of the organizer;

- match of budgetary resources to objectives;

- support from national partners;

- objective evaluation arrangements.

9.3 Monitoring and evaluation of the operation

There will be monitoring arrangements (a) at Community level, by the relevant Commission departments, (b) at national level, by the national coordination committees (where the Member States opt for the creation of such committees), by the ministries responsible for drug addiction prevention, by the NGOs and by persons responsible for the implementation and running of specific projects.

Evaluation will take the form of:

- an independent evaluation of the main measures and studies receiving funds;

- a general report by the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on measures taken under the programme, to be made at the halfway stage and on completion of the programme.

The performance indicators selected for the evaluation exercise are:

- results and conclusions of the meetings of experts;

- analysis of the proceedings of symposia, and of the list of participants;

- estimate of the target population actually reached, and any media spin-offs;

- evaluation of the projects by Commission officials and/or co-workers;

- analysis of interim reports on planned and funded measures, with a view, where appropriate, to redirecting the thrust of such measures;

- impact studies carried out by external organizations;

- appropriateness of the working methods used by the organizers;

- appropriate match of budget resources to objectives;

- clarity of initial objectives;

- skills and experience of organizers;

- dissemination of results.

As we are concerned here with public health measures whose effects can only be measured over the long term, it will more important to evaluate the process than the actual impact.

Details and frequency of planned evaluations:

- interim and final reports on the various measures taken;
- development of a "standard" evaluation form to be submitted by the beneficiaries with their final reports, the forms to be checked by officials (either at the Commission or on the spot).

9.4 Coherence with financial programming

Is the operation included in the DG's financial programming for the relevant years? Yes.

10. Administrative expenditure (Part A of the budget)

Staff assigned exclusively to the operation. In addition to existing staff, there will be a need for two A-grade officials, one B-grade official and the equivalent of one and a half C-grade officials, bearing in mind the results of the 1995 budgetary procedure and the Commission's decision on the allocation of appropriations.

Staff appropriation needs:

Estimated at approximately ECU 333 000 in 1995 (titles A1, A2 and A5).

For the launch and implementation of this new action programme, the following meetings and missions are planned for 1995:

Meetings

- 2 meetings of the national coordinators (2 x 24 x 658 = 31 584)	32 000
- 6 meetings of experts (6 x 12 x 658 = 47 376)	47 000
- conferences and seminars for presenting the new programme (2 x 48 x 658 = 63 168)	63 000
Total meetings:	ECU 142 000

Missions

-	Luxembourg - Brussels (5 missions per month) (60 x 200 = 12 000)		12 000
-	Other missions (Member States) (25 x 1 000 = 25 000)		25 000
	Total missions:	ECU	37 000

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