



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 11.04.1997
COM(97) 146 final

REPORT
ON THE ACTIVITIES OF THE EUROPEAN MONITORING CENTRE
FOR DRUGS AND DRUG ADDICTION (1994-96)

Commission Report to the European Parliament and the Council of the European Union

and for information to the

Economic and Social Committee
and the
Committee of the Regions

in accordance with Article 18 of
Council Regulation (EEC) 302/93 of 8 February 1993

Contents

A. Introduction	3
B. Grounds for action in Council Regulation (EEC) 302/93	5
C. Inventory and analysis of the Centre's activities in the first three years	6
D. Evaluation of the Centre's activities in the first three years	10
E. Closing remarks	15

A. INTRODUCTION

The dynamic approach of the Regulation setting up the Monitoring Centre

1. Article 18 of the basic regulation establishing the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) requires the Commission to report to Parliament and the Council on the activities of the Monitoring Centre after three years of operation, together with proposals, if appropriate, to modify or extend its tasks taking into account, the evolution of Community powers. The Commission considers that this report's review of the Centre's activities should be the starting point for plans to meet the European Union's medium- and long-term needs. The regulation's strategy of responding to changing needs reflects the general pattern followed by the joint strategy against drugs from the outset.

2. The EMCDDA Regulation was adopted when the Community held only a sectoral and peripheral remit in respect of drugs. The nature and scope of subsequent amendments to the Treaties and the scale of the action developed on this basis serve to heighten the importance of the Commission's report to Parliament and the Council at a time when the drug phenomenon in Europe is growing ever more serious. This is why the achievement of the overall objectives of the Union's 1995-99 Action Plan should be related to the content of this report, with its focus on the operational goals to be set for the Monitoring Centre in the period following 1996-97.

EMCDDA: a new instrument in the European drugs war

3. Between the mid '80s and early '90s, the European Economic Community and the Member States focused increasing attention on the prospects of more coordinated anti-drugs action, which became mandatory with the Treaty on European Union. The new institutional and operational framework in effect since 1 November 1993 has fundamentally changed the previous situation. The anti-drugs campaign is one of the public health goals specified in the EC Treaty and is included among the objectives set by the Union Treaty for cooperation in justice and home affairs. That Treaty also makes provision for defining and implementing a common foreign and security policy covering all those areas, including drug dependence. The new framework provides a foundation for the multisectoral and multidisciplinary approach of the European Union 1995-99 plan approved by the Cannes European Council in June 1995. When the programme was approved the Council called for its guidelines to be translated into specific measures with the result that as time goes by the Monitoring Centre is embarking stage by stage on its appointed tasks. In December 1995, the Madrid European Council spelled out the ground rules for implementing detailed measures in many of the areas of the programme involving the Community, the Union and the Monitoring Centre. In December 1996 a detailed programme setting out the action programme for the Centre, reviewing European Union

activities in 1996 and assessing the principal medium-term developments was presented to the Dublin European Council. In the list of priority measures established for 1997, the Heads of State or Government confirmed their wish to see the European Union develop as an **area of freedom, security and justice** by making full, coherent use of Union instruments.

Adaptable programming as a working method

4. The need to establish precise **objectives** and the means to implement them within the time limits are crucial to the operation of the Monitoring Centre. It should adopt a gradual approach, its activities leading from one to another as it attains the priority objectives laid down for its operation.¹ Over the past three years of work, the basic regulation has given priority to the first specific area: demand and demand reduction.

5. According to Regulation (EEC) No 302/93, the tools made available for the programme are determined for both the Member States and the Centre. In this case the key tool is **Reitox**, the European Information Network on Drugs and Drug Addiction. The specialist national centres likely to make a useful contribution to the work of the Monitoring Centre should be identified and designated each time a multiannual programme is decided. The same applies to contractual relationships with specialist centres, and resources are allocated accordingly.

New horizons: 1998-2000 - the Centre's next working period

6. Having focused for the last three years on the question of demand and demand reduction and on policies and strategies, as required by the Regulation, the Centre can propose to extend its fields of activity for the next three-year programme (1998-2000) to other established priority areas. Needless to say, if the Centre is authorized to take up a fresh challenge, it will have to strike a balance between the new effort and the action taken in the first period so that earlier results and those still awaited can be fully exploited without delay.

7. The criteria governing choices regarding the expansion of the Centre should include the strict budget constraints which will continue to have an impact on all Community finances, including those of the Centre. In the light of these financial constraints, funding for the Centre will continue to be limited. Consequently, its operations will have to be expanded in a balanced manner, keeping the focus on priority areas.

¹ According to the basic Regulation the **priority areas** to be covered by the Monitoring Centre are: 1. demand and demand reduction; 2. national and Community strategies (with special emphasis on international, bilateral and Community policies, action plans, legislation, activities and agreements); 3. international cooperation and geopolitics of supply (with special emphasis on cooperation programmes and information on producer and transit countries); 4. control of trade in narcotic drugs, psychotropic substances and precursors, as provided for in the relevant present or future international conventions and Community acts; 5. implications of the drugs phenomenon for producer, consumer and transit countries, within areas covered by the Treaty, including money laundering, as laid down by the relevant present or future Community acts.

B. GROUNDS FOR ACTION IN COUNCIL REGULATION (EEC) 302/93

1. Like the other nine Community agencies, the Monitoring Centre is a body governed by European public law with its own legal personality. No provision is made for it in the Treaties and it was established by secondary Community legislation to perform a task specified in its constitutive act.²

Basic objective

2. The Centre's objective is to supply the Community and its Member States with objective, reliable and comparable data at European level on drugs and drug addiction and their consequences, and to give them an **overview** of the drugs scene when they come to take measures or define courses of action both in their respective areas of competence and at the level of the European Union.

Key links in the Centre's activities

3. The Centre's first assignment was to collect and analyse available **data** from different sources, while facilitating exchanges of information between those involved in combating drugs. The Centre's next task was to improve the methodology for the **comparison** of data, especially by formulating indicators and non binding common criteria, which it could recommend as means of achieving greater uniformity of the measurement techniques used by the Member States and the Community. The third task is to draw up and present an **annual report** containing its findings on the drug situation for the Community and the Member States. Fourthly, the Centre is required to **cooperate** with European and international bodies and organizations and with non-Community countries, thereby helping to improve coordination between national and Community action in its areas of activities.

4. The Centre's main tool is Reitox, the European Information Network on Drugs and Drug Addiction. It is a **system** for collecting and exchanging information and documentation concerning drugs, drawing in particular on a human network and its own computer system.

² There is a wide range of reasons for creating the various agencies. There are specific reasons which respond to a number of general concerns: the wish to decentralize certain Community activities, to increase the visibility of the tasks assigned to them by clearly identifying the bodies with their mission, and to respond to the need to develop expertise in certain scientific or technical areas.

C. INVENTORY AND ANALYSIS OF THE CENTRE'S ACTIVITIES IN THE FIRST THREE YEARS

Establishment of the Monitoring Centre

1. After 1994, the transitional year when the **first components** of the structure were put in place (Director, Management Board, etc.), 1995 was a **trial year**, devoted to initiating the tasks entrusted to the Centre. Its constituent parts were put in place (physical infrastructure, human resources). The tasks and machinery for the Centre were identified, and launched in November after adoption of the 1995-96 operational programme.³

Administrative arrangements⁴

2. The Management Board and the Scientific Committee⁵ were set up to control the Centre's operation. The Management Board is responsible for decision-making, and the Committee has an advisory role, delivers opinions and makes recommendations to it. One of the Board's main tasks in 1994-96 was to adopt the Centre's **programmes** (the first three-year work programme for 1995-97, and the annual work programmes for 1995 and 1996 as subsets of it, the annual **budgets**, and the annual general activities report). The Scientific Committee was required to deliver its opinion on scientific matters concerning the content of the work programmes.

³ The following took place in the period under review:

- a. Installation in Lisbon. The Lisbon offices were inaugurated on 26 September 1995 in the presence among others of Mr Vitorino, Chairman of the European Parliament Committee on Civil Liberties and Internal Affairs, and Ms Gradin, Member of the European Commission.
- b. The team: It took some time to form the team. The Director was elected for a five year term by the Management Board in July 1994 and took office in mid- January 1995.
- c. Staff: At the beginning of 1995 the staff complement numbered 14, and by the end of the year there were 17 staff members. Following the accession of three new Member States, 21 established posts were entered in the budget. At the end of 1996, the Centre had some 30 staff of all categories taken together. Details of entry into service:
 - 15.1.1995: Director + 1A-grade
 - February 1995: Management Board approved 14 posts
 - 1.3.1995: 5 posts filled (interinstitutional, therefore rapid, recruitment; administrative posts)
 - June 1995: 7 additional posts approved by the Management Board (interinstitutional recruitment, early 1996)
 - fourth quarter 1995: scientists arrive (after publication in the OJ + selection = minimum 6 months)
 - end 1996: 30 posts approved by the Management Board and filled.

⁴ Despite the differences in size and tasks the Community decentralized bodies have a basic structure corresponding in general to the following outline:

- Management Board composed of representatives of the Member States and the Commission, and sometimes, of persons appointed by Parliament;
- an executive director who is the body's legal representative;
- a scientific committee composed of highly qualified experts in the field in question;
- internal audit is the responsibility of the Commission Financial Controller or a Controller appointed by the Commission;
- external audit is in the hands of the Court of Auditors of the European Communities.

⁵ An additional body was set up in accordance with the internal rules of the Centre: the Steering Committee. It consists of the Chairman of the Management Board, the Deputy Chairman and a representative of the Commission. It takes routine decisions between meetings of the Management Board and prepares the ground for its discussions. This body started to function on a regular basis in 1996. At the same time the Centre's Advisory Committee on Procurement and Contracts (ACPC) was set up. Its composition is identical to that of the Steering Committee plus the head of the Centre's Administration Department.

Finance

3. The budget for the first full year (1995) amounted to ECU 5 350 000, which covered **basic setting-up and fitting-out operations and launching** the operational activities.⁶ The budget for 1996 stood at ECU 6 008 000,⁷ including a special Community subsidy of ECU 168 000 for the pilot study on petty crime associated with drug abuse. In 1997, revenue and expenditure will not rise quite so much.⁸ In addition, given the budgetary constraints on the Community's finances, and therefore on the Centre's, there can be no question of a substantial increase in the Centre's budget for 1997-98.

First three-year programme 1995-97

1. Priority topics

In view of the priority given to demand and demand reduction, the first three-year programme (1995-97), the annual programmes for 1995 and 1996 and the 1995-96 operational programme were devoted to this topic. Special attention was directed to the **epidemiological study of the incidence, extent and trends of the drug problem and analysis of the instruments for reducing demand.**

2. Priority tasks

The priority tasks stemming from the 1995 work programme concerned (a) identification of the **key indicators** and essential data; (b) identification of procedures which would ensure the **quality of the analyses**; (c) establishment of **cooperation** with relevant international institutions and bodies, and (d) establishment of cooperation with the main groups and **research centres** concerned.

The 1996 work programme followed up and developed the 1995 programme, giving more emphasis to particular areas of work: (a) scope for demand **reduction**; (b) clarification of the main **differences** between information concerning demand reduction and epidemiology; (c) organization and consolidation of **Reitox** around the objective of data-collection; (d) establishment of the **structure of the first annual report** on the drugs phenomenon in Europe (1995).

⁶ In the first budgetary year, the Centre devoted slightly less than two-thirds of its resources to operational expenditure, about 20% to staff expenditure and the rest to operating costs.

⁷ The Centre spent about 43% of its budget on operating expenditure, a little under 40% on staff expenditure and the rest on other operating costs. However, if expenditure on scientific staff is regarded as operational expenditure in practice, distinguishing it from administrative staff expenditure, the percentage allocated to operational expenditure stands at about 60%. A small contingency reserve of about 0.30% was entered in the budget. About two-thirds of the staff are scientific and technical, that is directly operational (coordination and organization of REITOX programme and directly of the Centre).

⁸ The 1997 budget stands at ECU 6.3 million. Of this amount ECU 1.3 million have been entered in the reserve by the budgetary authority. The structure of the expenditure shows the clear separation and relationship between administrative expenditure (ECU 1 387 000, i.e. 22%) and operational expenditure (ECU 4 912 000, i.e. 78%).

The 1995-96 operational programme sought to implement the first two annual programmes, by focusing on the two main material aspects of the annual programme.⁹

3. Operations carried out

Since the Centre did not become operational until the end of 1995, it was not possible to embark on the 1995-96 operating programme approved by the Management Board in November 1995 until the beginning of 1996. The Centre's activities carried out up to the end of 1996 can be summed up as follows:

(i) **Epidemiology**

The aim was to (a) develop the framework set up in 1995; (b) initiate specific activities; (c) obtain an overview of drug consumption in the Union.¹⁰

(ii) **Demand reduction**

Preparatory work was done for a **data base** on demand reduction activities and for a study of their scientific **evaluation**. Consultants' advice was frequently sought. Meetings and workshops were held to work out the proposed information system.

(iii) **Other areas**

A project relating to a pilot study on **petty urban delinquency** associated with drug consumption in Europe was fully financed by resources from the justice and home affairs budget heading (B5-800).

(iv) **Reitox**

Work focused on setting up and consolidating the **first bases** of the Focal Points network¹¹ - the 15 Member States, the Commission and the Centre (15+1+1). Reitox is composed of 15 national information centres (**Focal Points**) and the Commission Focal Point. The Lisbon Centre has begun coordinating the action of the Focal Points in conjunction with the Member States' authorities and with the Coordination of the Fight against Drugs Unit in the Commission's Secretariat-General. Reitox was launched at the first meeting of the heads of Focal Points in Lisbon on 18-19 May 1995.

⁹ Firstly, the REITOX programme (Programme I); secondly, the Centre's direct coordination activities (Programme II): studies, consultants work, organization of scientific meetings and the dissemination, publication, and documentation activities in support of these measures, with a view to improving the relevance, quality and comparability of existing data.

¹⁰ (a) In **developing** the framework in 1995, the Centre took action on all the aspects provided for in the 1996 programme. The assistance of consultants and the national Focal Points of the Reitox network were frequently called on.
(b) The specific activities carried out mainly entailed the analysis of available data, the preparation of proposals and pilot projects to improve **data collection methods** for the different types of drugs consumed. Assistance and advice was frequently obtained from consultants and the Reitox Focal Points. Seminars were organised.
(c) The attempt to obtain a **comprehensive picture** of drug consumption in the Union was based on information collected from the Focal Points and other European bodies. It provided the basis for the epidemiological section of the first annual report - 1995.

¹¹ In the first stage a contract was concluded with a firm to carry out the following activities: (a) organization, management and coordination relating to implementation of Programme I of the 1995-96 operational programme; (b) logistics and technological support for Programme I of the 1995-96 operational programme; (c) preparation of a communication link between the Centre, the Commission, the Focal Points and other partners; (d) maintaining technical liaison with the IDA unit in DG III and the Focal Point Commission in the Secretariat-General; (e) support for preparation of the IDA-Reitox dossier in the framework of Commission financial assistance to the Centre for the IDA programme. In the second stage, now under way, another contract has been signed with an information technology consultant to evaluate the suitability of the tool for fully completing the tasks assigned to Reitox, and to set up the network based on the TESTA/ IDA infrastructure.

In 1995-96 Reitox was installed with the following data: (a) detailed description of the drugs **information structure** supplied by the national Focal Point in each Member State; (b) detailed, standardized and systematic inventory of the **Information Maps** drawn up by the 15 Focal Points; (c) call for proposals from the Focal Points to implement the data **collection methods** of Reitox; (d) analytical inventory of **European Union action** in drugs prevention in 1995 supplied by the Commission Focal Point as the Commission contribution to the first annual report on the drugs phenomenon in Europe.

The technical work on the network's technology revealed that it was both possible and indeed necessary to consolidate a human network as a basis for advancing the Centre's work. This made it possible to define the role of the national Focal Points. The Focal Points were then coordinated by Reitox in Lisbon at the end of 1996.

(v) **Documentation**

The Centre carried out many measures to develop its own documentation system. The action mainly involved the design and organization of the **Centre's archives**, setting up a computerized documentation unit and preparing a list of the current drugs and drug abuse legislation in the Member States. Many consultants were involved in implementing specific actions to complete this task.

(vi) **Dissemination of data and publications**¹²

The Centre has **published**: (a) a general report on the Centre's activities in 1995; (b) a bi-monthly newsletter, *Drugnet Europe*, available in English, French, German and Portuguese (first issue: September /October 1996); (c) the first annual report on the drugs phenomenon in Europe - 1995.

First report on the drugs phenomenon in Europe - 1995

4. The first annual report was published in October 1996. Given that these annual reports are central to the Centre's work, this record of its achievements in 1994-96 should be regarded as a **barometer** of the success of the Centre and as a **key** to its future activities. The possibilities are assessed in the following chapter.

¹² Between 1995 and 1996 the Centre completed 29 studies (to which another 29 will be added in 1997) on a wide range of subjects: structures, organization, flows, information systems, documentation, archives, methods of analysis, scientific evaluations, approaches contributing to the annual reports, demand reduction instruments and activities, dynamics and prevalence of consumption, communication and prevention techniques, international cooperative modules.

D. EVALUATION OF THE CENTRE'S ACTIVITIES IN THE FIRST THREE YEARS

Management of the Centre

1. The Centre has certainly had to overcome some difficult obstacles. Apart from the intrinsic **complexity** of its mission, there was considerable **delay** in making the requisite resources available. The **differences** in the Reitox contributions and in the Member States' perception of the Centre's role did not make the task any easier. Nevertheless, the Centre made some **headway** towards its goals and achieved some results, many only partial; it has undertaken to complete them before the end of 1997.

(a) effectiveness of decision-making procedures (Management Board and Bureau)

As the Centre's work progressed and expanded, decision-making procedures relating to the substance of the Centre's activities were gradually refined. With more effective interaction between the preparatory body (the Bureau) and the decision-making body (Management Board), the hoped-for **incisiveness** of the system became more convincing early in January 1997, when decisions regarding the 1997 budget and work programme and the preparatory work for the new 1998-2000 work programme were all adopted with **transparency and rigour** as regards the issues at stake, the clarification of priorities and the suitability of instruments.

(b) value added by the Scientific Committee

The Committee was consulted on the key aspects of the draft three-year and annual programmes, but its contributions were barely perceptible. In general, this body's great potential for targeting and developing action should have been **mobilized to a greater extent**. By drawing on the capabilities available in Commission departments, especially in the areas of R&D and public health, the Committee could bring scientific rigour to the discussions and exercise some control over the activities, thus reducing duplication, increasing reliability, and consequently improving results, not to mention the credibility of the Centre as a whole.

(c) efficient organization

By the end of 1996 the Centre's staff complement was fully up and running. The recent installation of two key elements has to be appreciated. First, the coordination function of Reitox provides a focal point for the work: mobilization of the system and the effect it is expected to have on the structure of the national Focal Points should help to generate **greater fluidity** in the organization as a whole. Next, since the financial department has been organized and consolidated, it can be associated with the preparation and follow-up of planned activities and constitute the backbone of the internal organization. Now that it is operational, it can help to **promote transparency and coordination** in the interface with the Commission as regards the budgetary procedure and its contribution to the Management Board, liaison with the Commission's Coordination of the Fight against Drugs Unit, and management of the Commission-Reitox Focal Point.

Interface with the Centre's partners

2. The success of the Centre depends on effective relations with its partners: the European institutions (in particular the Commission) the Member States and other subnational and international bodies and organizations.

(a) Reitox network

The stimulus and coordination provided by the Reitox network which the Centre was required to organize have become increasingly beneficial as the initial weaknesses have been gradually overcome.

The Centre outlined the **priorities** and **working methods** for the future. With the support of the Centre, Reitox promoted the formulation and use of common instruments for data collection, storage and exchange. The operation of Reitox has prompted Member States to think about national data collection methods, setting up centres and improving data networks.

The Focal Points revealed a growing need for information flows within the network, especially from the Centre to the Focal Points, including the Commission Focal Point. The main reason for this need was that until the end of 1996 there was no fixed **contact point** in the structure of the Centre responsible for coordinating Reitox. In addition, the **structure of the network** (human and computerized) and **nature** of the national Focal Points' **tasks** in relation to the central point were not clarified until the beginning of 1997.

Only today has the Centre finally defined with **sufficient rigour** the criteria for designating the national Focal Points forming the network. There was some uncertainty due to the delay in implementing the basic regulation, and this was corroborated by subsequent discussions in the Management Board early in 1997. A solution to their start-up difficulties was brought within reach at the Focal Points meeting in September 1996. The meeting laid the bases for common **key criteria** for the definition of a national Focal Point. Its function is twofold: to collect and disseminate information (quality, synthesis, development) to the Centre and the other Focal Points and to be responsible for projects aimed at improving and developing information (multidisciplinary, promotion of high standards, subsidiarity).

The main outstanding item is to consolidate the Member States' **commitment** (including financial commitment) to the Focal Point, and to make the Commission Focal Point fully operational. In December 1996 the latter inaugurated its functional and computerized structure, which is designed to make the information collected available to the Centre.

b. European Institutions

Like the Europol Drugs Unit, the Monitoring Centre was actively associated with the Group of Experts on Drugs which produced reports presented in turn by the Council and the Commission to the Madrid European Council and the Dublin II European Council. The contributions to the detailed programme presented at the Dublin II summit confirmed the value of the dual approach involving the reduction of both demand and supply in joint action by the Commission and the Member States.

For their part, the European institutions sent the Monitoring Centre proposals for action on specific topics (petty urban delinquency associated with drug abuse, quantities of drugs fixed by Member States to distinguish personal use from trafficking, alternatives to prison in the event of conviction, trends in national anti-drugs policies, R&D on the drugs phenomenon, etc.). Since most of these proposals were in addition to its work programme, the Centre had to make a choice. It adopted a balanced approach in general and although it showed it was responsive to these issues, in the **interests of consistency** it concentrated its financial and human resources on the gradual completion of its work programme.

c. International organizations

The Centre concentrated its efforts on establishing contact with the Council of Europe's **Pompidou Group**, mainly in the field of epidemiology. Relations with the United Nations International Drug Control Programme (UNDCP) were established with the appointment of a liaison officer in 1996. Initial contacts have been made with the Europol Drugs Unit, whilst the relations established with the World Health Organization, the World Customs Organization and Interpol led these bodies to participate in the first report on the drugs phenomenon in 1995. Since the reference period was essentially devoted to the launching of operations, it seemed wise to adopt a gradual approach in this area, even though epidemiology and demand reduction in particular are undoubtedly promising areas to investigate in the fight against drugs.

Strengths and weaknesses of the first annual report on the drugs phenomenon in Europe -1995

3. The 1995 report¹³ is the first stage in an unprecedented effort to lay the foundations for a comprehensive view of the extremely complex and stratified picture of the drugs phenomenon in Europe. Only the progress made throughout the 1996 programme, and especially the progress expected in 1997, makes it possible to produce the overall view required by the European Union. The Centre naturally had first to collect existing data before it could be improved and valid comparisons made. The data was collected in the first three years and work started on improving it with a view to comparison and harmonization. In the next period, it should become possible to draw comparisons from whatever date is actually comparable. Although much of the data is only partial, the 1995 report reveals the **key aspects** of the demand phenomenon and offers an insight into the main demand reduction activities. A study of the report reveals certain lacunae: the

¹³ Two earlier reports were drawn up by Commission departments in 1990 and 1994 on the situation with respect to drugs demand in the then twelve Member States of the European (Economic) Community.

central message is that there is a crying need to organize existing sources of information on a **systematic basis** and for specialist centres to process the information.

(i) **Functions**

a. Data collection and analysis

Based on the essential tools (surveys, studies, pilot projects, etc.) the report is the direct product of the Centre's work in this key task. This is particularly true in the case of the first data collated on demand and demand reduction. The data collected on information sources and their structures were also the direct product of this basic task.

b. Improved comparison methods

The report is less successful in this area. The main causes are the great variations, the multiple factors of diversity affecting most of the categories of data processed, and the great difference in the quality of the instruments in operation in the Member States. There remains a vast unexplored territory in this area, but the task has been precisely delineated and the report considers ways of achieving the objective.

c. Dissemination

Dissemination of information is the other vital function of the report. Not only did the report appear late in the year following the reference year, but the delay in its appearance in the **eleven official Community languages** has been regrettable: only the English version was available at the end of 1996. Immediate steps should be taken to ensure cooperation at all levels between the Monitoring Centre and the European Union Translation Centre.

(ii) **Chapters**

d. Demand and demand reduction

The report devotes a relatively short chapter to this question although it is a priority area. The general inexperience of the Reitox Focal Points and initial shortage of clear concepts are probably the main impediments to be overcome before the requisite information is available. However, the basis for systematic understanding of drug demand has been laid. The requisite epidemiological data and specifications have been collected so that the basic information can be made available at Union level. The inclusion of less traditional indicators such as purity/price ratios and seizures is a positive step. Although the data collected is not always complete, the tool promises to tackle the question on a comprehensive basis. A key message stands out from the chapter. **Prevention** is a top priority in the comprehensive approach to drug prevention, both for national policies and for international strategies to combat drug abuse. Pursuit of the objectives at each stage of the prevention process promises to help develop the relevant skills, facilitate cooperation between the actors involved and promote coordination of

initiatives. The key to success is the availability of **harmonized data at European level.**

e. Anti-drug strategies

The chapter is proportionally weightier than the chapter on demand and demand reduction. By plunging into this second area of activity, the Centre has produced a detailed survey of the strategies of the Member States and of the European Union.

It combines many aspects of an overview and offers decision-makers a frame of reference. It anticipates the Centre's second work priority and adds to its value. It emerges that the concept of demand reduction is used in Europe (and the world) to cover a range of prevention, treatment and rehabilitation measures combined in various ways at different times and in different places. In the European Union, the Member States are agreed that the strategies for demand reduction are the joint responsibility of local communities, official and unofficial services and a variety of professions and occupations. The action is predominantly decentralized. Drug prevention is a universally recognized priority, but its impact is difficult to measure.

f. Information sources

The crucial challenge was to ensure the accountability, reliability and comparability of information to provide the basis on which the Member States and Union institutions could make informed strategic and political choices. Outside the epidemiology contest, where the quality of the data is generally adequate, the diversity and irregularity of the information is one of the main obstacles. The choice of **common definitions** and **classifications**, together with better **transmission systems**, are as vital as ever! The long-term aim will be international consistency.

g. Information structures

The Reitox network is not yet performing its function to the full. In 1997 the system is expected to produce **transparent** common bases and **unified** views so that the Focal Points can act as links in an efficient interlocking network providing the impetus for structures, collection and flows. The network of documentation centres supporting Reitox should be developed: progress should be mapped out for their field of action and interconnections.

The Monitoring Centre's publishing activities

4. There were certain weaknesses in the implementation of the 1995-96 operational programme.¹⁴ Whatever the reasons for the absence of publications, scientific works for the general public and their promotion played and will play a big part in enhancing the European citizens' **perception** of the Centre. Great care should be taken to ensure publishing is covered in budgetary terms.

¹⁴ Provision was made to produce the bi-monthly newsletter in the eleven official Community languages, but it appears in only four. The publications specially intended for professionals and the scientific studies provided for in the 1995-96 operational programme will be produced in 1997. As for the publications for the Focal Points and the specialist bodies also provided for in the 1995-96 operational programme, only the annual epidemiological report will be produced later. The delays were due to the late adoption of programmes, the bottleneck in translation and quality requirements:

E. CLOSING REMARKS

1. Key aspects of the service expected of the Centre

a. Functional priorities

The first annual report (1995) is the **first step** in the right direction. To obtain adequate data on the drug phenomenon in the Union, top priority should be given to the following three areas of work: (a) completing and managing a **database** on demand reduction activities in cooperation with the Reitox Focal Points; (b) establishing the linguistic **equivalents** for demand and demand reduction; (c) progress in **assessing the evaluation methods** of drug prevention projects. The Centre must rapidly develop its planning capacity and its ability to stick closely to the programme adopted.

b. Systemic priorities

The basic regulation does not precisely define the Focal Points of the **Reitox network**. The Centre, together with the Commission among others, should work towards determining the precise **rights and duties** of the national Focal Points, in terms of both organization and budget. **Reitox is the key tool** which the Centre must develop to carry out its tasks. The main requirement is for the Member States to improve the quantity and quality of the operation of each of the Focal Points, which will have to play a permanent and structural role in the network. The Commission will consolidate and develop the Commission Focal Point to ensure that it slots neatly into the 15 + 1 + 1 network and contributes to the results expected of it.

c. Visibility: a vital condition

Publication of **annual reports on the drug phenomenon** is the keystone of dissemination activity. Priority should be given to three main points: **readability** of the document, simultaneous availability in the **11 official Community languages**, and **publication early in the year** following the reference year. The Centre should take action without delay. This is crucial to the **citizen's** perception of the Centre. Publications should take a neutral tone to ensure that the European public finds acceptable any measures the Union might propose on the basis of the objective, reliable and comparable data these publications are supposed to contain. **Transparency** should be the aim of all the Centre's activities, especially with respect to the numerous studies under way, with a view to promoting the development of appropriate synergies with on-going action in the Commission.

Action to promote visibility should include data produced by the Centre's partners in the light of the Union's priorities: **selective dissemination** of this data and of

data concerning tasks 3, 4 and 5 of the Centre's work might be valuable, depending on the specific projects to which the Union decides to devote the Centre's potential.

d. Targeting European Union priorities

The Community must work to attain rapid synergy in a number of areas reflecting Union priorities. In general a dual approach should be adopted to the issues of reduction of drug demand and of supply, for example by pursuing the work on cross-referencing medical-social and criminal data started by the Centre. More specifically, priority should be given to achieving the best possible coordination between the Centre's work and the following main Community measures: (a) implementing the new **Community action programme** on the prevention of drug dependence (1996-2000),¹⁵ (b) continuing the **PHARE**/drugs programme promoting economic integration with central and eastern European countries and the **TACIS** programme for the new independent states, both programmes being coordinated by the Commission; (c) implementing the Community's **fourth RTD framework programme** (1994-98) and preparation of the **fifth programme**; (d) implementing the **TESTA/IDA** systems for electronic data interchange between administrations. In particular, the inclusion in the **Reitox** network of central European countries and Cyprus should be considered as soon as possible. The question of **new synthetic drugs**, which will be targeted once the European Union strategy in this area is finalized, will require full cooperation from the Centre.

At international level,¹⁶ marked progress in these areas will accompany developments in the Centre's relations with the **UNDCP** and with the Council of Europe's **Pompidou Group**. Where necessary, it might be useful to initiate contacts with regional bodies outside the European Union, such as the **Inter-American Drug Abuse Control Commission (IDAC)**. Attention should be given to cooperation with **Europol**.

2. Conclusions

a. Relevance of the tasks assigned to the Monitoring Centre

In the light of the evaluation of the Centre's work from 1994 to 1996 on the basis of Council Regulation (EEC) 302/93, having regard to the changes in the Treaties and the development of European Union action, the Commission considers there is no need to adapt or extend the tasks of this decentralized Community body. The Centre should develop its activities in priority areas in the light of current and foreseeable Union budgetary constraints.

¹⁵ The work programme was adopted on 16 December 1996 and launched on 30 January 1997.

¹⁶ The following dates should be noted in particular: the special session of the United Nations General Assembly on drugs in June 1998, and the pan-European ministerial meeting planned by the Council of Europe's Pompidou Group in May 1997.

b. Continuing importance of priority 1 - Demand and demand reduction, and the rising importance of priority 2 - National and Community strategies and policies

Given its positive assessment of the Centre's work overall in the first three years of activity, the Commission stresses that it is important for Parliament and the Council to ensure that the Centre's tasks are kept out of the political arena, which should continue to be reserved for the Union's institutions.

c. Increased coordination with the Union's institutions and bodies

The Commission plans to pursue this goal by working towards closer cooperation between the Centre's activities and the activities of its own departments, not forgetting to develop cooperation between the Centre and the Statistical Office of the European Communities within the framework of the current statistics programme. The European Union's 1995-99 action programme on drugs will require such direct cooperation, given the priorities emerging for the remaining period of its implementation.

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ISSN 0254-1475

COM(97) 146 final

DOCUMENTS

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05 16 06 01

Catalogue number : CB-CO-97-138-EN-C

ISBN 92-78-18055-6

Office for Official Publications of the European Communities

L-2985 Luxembourg