





Procedure file

Basic information	
COD - Ordinary legislative procedure (ex-codecision procedure) Decision	Procedure completed
Public health: Community action programme 1996-2000 on the prevention of drug dependence	
Amended by 2000/0192(COD)	
Subject 4.20.03 Drug addiction, alcoholism, smoking	

Key players			
European Parliament			
Former committee responsible			
ENVI	Environment, Public Health and Consumer Protection		30/08/1994
		PPE	BURTONE Giovanni M.S.
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		PPE	BURTONE Giovanni M.S.
Former committee for opinion			
BUDG	Budgets		
RELA	External Economic Relations	The committee decided not to give an opinion.	
DEVE	Development and Cooperation		14/09/1994
		ARE	HORY Jean-François
LIBE	Civil Liberties and Internal Affairs		26/09/1994
		V	COHN-BENDIT Daniel
Council of the European Union			
Council configuration		Meeting	Date
Health		1961	12/11/1996
Health		1924	14/05/1996
Energy		1894	20/12/1995
Health		1890	30/11/1995
Health		1845	02/06/1995
Health		1823	22/12/1994

Key events			
14/09/1994	Committee referral announced in		

	Parliament, 1st reading		
22/12/1994	Debate in Council	1823	
11/04/1995	Vote in committee, 1st reading		Summary
11/04/1995	Committee report tabled for plenary, 1st reading	A4-0084/1995	
26/04/1995	Debate in Parliament		Summary
26/04/1995	Decision by Parliament, 1st reading	COM(1994)0223	Summary
26/04/1995	Report referred back to committee		
27/06/1995	Vote in committee, 1st reading		Summary
27/06/1995	Committee report tabled for plenary, 1st reading	A4-0171/1995	
19/09/1995	Debate in Parliament		Summary
20/09/1995	Decision by Parliament, 1st reading	T4-0391/1995	Summary
23/11/1995	Modified legislative proposal published	COM(1995)0579	Summary
20/12/1995	Council position published	12112/2/1995	Summary
18/01/1996	Committee referral announced in Parliament, 2nd reading		
21/03/1996	Vote in committee, 2nd reading		Summary
21/03/1996	Committee recommendation tabled for plenary, 2nd reading	A4-0093/1996	
16/04/1996	Debate in Parliament		Summary
16/04/1996	Decision by Parliament, 2nd reading	T4-0166/1996	Summary
14/05/1996	Parliament's amendments rejected by Council		Summary
01/10/1996	Formal meeting of Conciliation Committee		Summary
01/10/1996	Final decision by Conciliation Committee		
29/10/1996	Joint text approved by Conciliation Committee co-chairs	03623/1/1996	
12/11/1996	Decision by Council, 3rd reading		
26/11/1996	Report tabled for plenary, 3rd reading	A4-0398/1996	
09/12/1996	Debate in Parliament		Summary
10/12/1996	Decision by Parliament, 3rd reading	T4-0658/1996	Summary
16/12/1996	Final act signed		
16/12/1996	End of procedure in Parliament		
22/01/1997	Final act published in Official Journal		

Procedure reference	1994/0135(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
	Amended by 2000/0192(COD)
Legal basis	EC before Amsterdam E 129
Stage reached in procedure	Procedure completed
Committee dossier	CODE/4/07882

Documentation gateway

Legislative proposal	COM(1994)0223 OJ C 257 14.09.1994, p. 0004	21/06/1994	EC	Summary
Committee of the Regions: opinion	CDR0248/1994 OJ C 210 14.08.1995, p. 0088	16/11/1994	CofR	Summary
Economic and Social Committee: opinion, report	CES0186/1995 OJ C 110 02.05.1995, p. 0008	22/02/1995	ESC	Summary
Committee report tabled for plenary, 1st reading/single reading	A4-0084/1995 OJ C 126 22.05.1995, p. 0004	11/04/1995	EP	
Committee report tabled for plenary, 1st reading/single reading	A4-0171/1995 OJ C 249 25.09.1995, p. 0005	27/06/1995	EP	
Text adopted by Parliament, 1st reading/single reading	T4-0391/1995 OJ C 269 16.10.1995, p. 0056-0065	20/09/1995	EP	Summary
Modified legislative proposal	COM(1995)0579 OJ C 034 07.02.1996, p. 0004	23/11/1995	EC	Summary
Council position	12112/2/1995 OJ C 037 09.02.1996, p. 0001	20/12/1995	CSL	Summary
Commission communication on Council's position	SEC(1996)0047	12/01/1996	EC	Summary
Committee recommendation tabled for plenary, 2nd reading	A4-0093/1996 OJ C 141 13.05.1996, p. 0006	21/03/1996	EP	
Text adopted by Parliament, 2nd reading	T4-0166/1996 OJ C 141 13.05.1996, p. 0019-0042	16/04/1996	EP	Summary
Commission opinion on Parliament's position at 2nd reading	COM(1996)0201	08/05/1996	EC	Summary
Joint text approved by Conciliation Committee co-chairs	03623/1/1996	29/10/1996	CSL/EP	
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading	A4-0398/1996 OJ C 020 20.01.1997, p. 0004	26/11/1996	EP	
Text adopted by Parliament, 3rd reading	T4-0658/1996 OJ C 020 20.01.1997, p. 0019-0027	10/12/1996	EP	Summary
Follow-up document	COM(1999)0463	14/10/1999	EC	

Additional information

Final act

[Decision 1997/102](#)
[OJ L 019 22.01.1997, p. 0025](#) Summary

Public health: Community action programme 1996-2000 on the prevention of drug dependence

This proposal for a European Parliament and Council decision related to the adoption of a multi-annual programme to combat drug dependence within the framework for action in the field of public health (1995-2000). The programme would concentrate mainly on the following points: - improving public awareness, particularly through coordinated actions on a transnational basis; - using opportunities provided by other Community policies, programmes and instruments to prevent and combat drug dependence; - supporting initiatives and actions targeted at young people of school age in the appropriate environments - home, leisure, school - and promoting good practices in this respect. The EFTA countries and countries of Central and Eastern Europe could participate in the programme's activities. Furthermore, the Commission could collaborate with the Pompidou Group of the Council of Europe, the WHO, UNESCO, the ILO and UNIDCP. The programme clearly outlined the scope of the actions to be implemented at Community level in the annex. The Commission proposed a budget of ECU 28.5 million for the programme from 1995 to 1999. ?

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The ESC welcomed the Commission proposal for a Community strategy for action in the field of drug dependency, an increasing and complex phenomenon with huge social and economic costs to society. Competency for this lay within Article 129 of the Treaty. There was a need for coordinating action and rationalisation of existing instruments. As drug dependency was a complex phenomenon, the ESC accepted that its prevention needed efforts at local, national and global level involving multi-disciplinary and multi-dimensional responses: - activities to target high-risk groups and critical age groups; - education and training for all involved; - the setting-up of an advisory body on drug dependency with representation from each Member State and with national committees as the central point of reference for all the many agencies involved, including non-governmental organisations. The ESC recommended that a broader approach be taken to encourage the promotion of healthier lifestyles rather than the narrow, negative approach epitomised by the 'say no to drugs' campaign in the USA. The ESC was broadly in favour of the Commission's recommendation in all three areas of activity: 1) improving public awareness, in particular by means of coordinated transnational activities; 2) capitalising on the opportunities in other Community policies, programmes and instruments to prevent and combat drug dependency; 3) initiatives and actions relating to young people of school-going age in relevant environments and promotion of best practices in this regard. The ESC recommended that extra funding should be given to those border towns where the prevalence of drug addiction was particularly high. In conclusion, it endorsed the Commission's initiative in this area, recognising the urgent need to support: 1) the evaluation of current research and practices; 2) the promotion and evaluation of innovative programmes, particularly in education; 3) the exchange of information and experience.

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The Committee adopted the report of Mr. Giovanni BURTONE (It., PES) . This Commission proposal is directly related to the new public health responsibilities conferred by the Maastricht Treaty. The proposal takes the line that, rather than constituting 2 separate aspects of the action programme, prevention of drug dependence and health protection should instead be viewed as 2 substantially similar and interchangeable projects. The rapporteur stated that the problem of drug dependence does not lie solely within the province of health, therapy, rehabilitation and the law. It is also an educational and anthropological phenomenon related to personal development in which the individual's family, social and school environment all play a part. Said Mr. BURTONE: "It is therefore to be hoped that the Commission will make a clear commitment to Community family policies by promoting a policy which enhances the role of the family within society. The experience of work therapy in programmes to rehabilitate drug addicts has highlighted the important role of family relations in the process of growth and recovery". The European Monitoring Centre for Drugs and Drug Addiction provides a unique opportunity to redress the failure to coordinate information which has been characteristic of action to combat drug dependence. A uniform method of obtaining and passing on the Monitoring Centre's information should therefore be introduced. The rapporteur saw his amendments adopted on tightening up the wording of the Commission's proposal. He also made specific recommendations for the mode of operation of the new European Monitoring Centre for Drugs and Drugs Addiction (ECMDDA) in Lisbon.

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The rapporteur, Mr BURTONE (EPP, I) recommended: - financial support for projects for drug addicts who had completed a programme of treatment, - employment for drug addicts in non-dangerous jobs, - contracts guaranteeing that workers who completed a drug treatment programme could keep their jobs, - the possibility for parents or people caring for drug addicts to be granted special working hours or

additional leave. Finally, the rapporteur wanted the European Drug Observatory to be made an operational centre that would assist NGOs above all. On behalf of the RDE Group, Mr CABROL (F) stated that he opposed Amendment No 28, which called for coordination with the three other pillars to prevent drug addiction. He also opposed Amendment No 40, which excluded the representatives of the Member States who had not had any experience of voluntary work from the committee responsible for implementation of the programme, and Amendment No 54 as he did not believe that treating drug addicts was the responsibility of the Union. Commissioner Flynn supported around 20 of the amendments that clarified the Commission's text. However, he rejected Amendments Nos 2, 3, 5, 15, 35, 37, 41, 42, 43 and 53 (improving scientific knowledge) as they went beyond the scope of this programme (for example Amendment No 37, which aimed to provide special aid, within the framework of development cooperation, to the drug-producing countries in their efforts to control domestic demand). He was also opposed to Amendments Nos 1, 6, 8, 11, 12, 22, 52, 54, and 55 to 62, which made a political judgement about the international strategy (for example Amendment No 55, which set out common ideas on the evaluation of the legitimacy and effectiveness of prohibitionist legislation). Finally, he rejected Amendments Nos 4, 7, 10, 14, 16, 17, 18, 23, 25, 27, 32, 44 to 46 and 51, which proposed a less flexible system than that suggested by the Commission: Amendment No 44 = instead of regular information, an annual report on the implementation of the programme, Amendment No 45 = specifying 30 September of each year as the deadline, Amendment No 46 = enabling the Commission to change its priorities among the various prevention activities in view of the changeable nature of drug demand. Supporting its rapporteur, Parliament referred this report back to the Committee on the Environment for examination of the Commission's position.

Public health: Community action programme 1996-2000 on the prevention of drug dependence

The Committee adopted additional amendments on the report of Mr BURTONE on the action programme on the prevention of drug dependence within the framework of public health action.

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The rapporteur recalled that in April the report had been referred back to committee. Unfortunately, the committee had once again put to the vote the amendments deemed to be fundamental, in spite of the disagreement with the Commissioner. The aim of the programme was to reduce the demand for drugs and to provide a solution for young drug addicts through preventive measures. These measures should be accompanied by a programme for the rehabilitation and reintegration of young drug addicts. The programme also related to young people who felt neglected because they did not want to leave the tunnel of drugs and thus risked dying as a result of an overdose or AIDS. As regards the debate between the prohibitionists and the anti-prohibitionists, the rapporteur felt that the latter's argument, which was that soft drugs were not harmful to health, had not been proven; it was important to be cautious, especially as regards the use of designer drugs. There was no proof that lifting the ban on the use of soft drugs would reduce dependency; on the contrary, it risked encouraging the use of drugs, including harder drugs, since people often moved from softer drugs to harder drugs. Commissioner Flynn recalled that this programme was only one of the European Union's strategies to combat drug addiction. That was why many of the amendments tabled by Parliament would be more appropriate in the context of other initiatives. He called for a pragmatic approach that focused on the most pertinent priorities in light of the limited resources. Mr Flynn stated that it would be difficult for the Commission to adjust its proposals unless Parliament revised its amendments (with the exception of Amendment No 2). He felt that a number of amendments provided a political assessment of national or international strategies and thus went beyond the competences laid down in Article 129 of the Treaty. Another group of amendments (including the amendment on the committee procedure) also went beyond the scope of the programme. A final more formal group of amendments contained less flexible or more restrictive wording than initially proposed by the Commission. Lastly, Amendment No 61, which related to the prevention of drugs, could be taken over in part.

Public health: Community action programme 1996-2000 on the prevention of drug dependence

In adopting the second report by Mr BURTONE (PPE, I), the European Parliament approved the Commission's proposal for a decision with many amendments. The EP firstly wanted to make a clear distinction between drug trafficking and drug use and highlighted that drug dependence was a sickness that could be prevented and treated rather than repressed (drug addicts were above all people with a health problem and as victims they should be helped). It called on the 1996 IGC to raise the fight against drugs to a European level. The other amendments related to: . the objectives of the measures to be implemented: - coordination with all similar initiatives under the Union's three pillars (Article 129, Article K.1(4) and Title V of the Treaty on European Union); - promoting measures at grassroots level to tackle the social causes of drug use: promoting programmes teaching children and young people (not only of school age) how to deal with the availability of drugs (including in universities), paying particular attention to risk groups (especially in prisons or pregnant women) or groups that were difficult to reach; - promoting medical and psycho-social assistance to drug addicts (therapies supplying substitutes such as methadone provided that sufficient support was given; initiatives to reduce health risks by distributing disinfection sets and syringes); - cooperation with organisations for former drug addicts and the relatives of drug addicts; - promoting scientific research in the area of drug addiction (with a view to discovering new medicines to put an end to dependence); - drawing up preventive strategies for all types of drug users; - promoting awareness of local experiences in combating drug addiction; - extending the general fight against drugs to cover all substances leading to dependency (in other words combating all form of drugs, hard and soft); . the objectives of the programme in general: - the need for the Union to provide specific assistance to countries producing drugs (new sources of income for local populations whose survival depended largely on the cultivation of psychotropic substances); - cooperation with all NGOs in the sector and with the European Drugs Monitoring Centre; - greater transparency in the allocation of appropriations; . comitology: the EP recommended a mixed committee, which would include a number of partners from the voluntary sector. The EP also called for an annual report to be drawn up on the measures implemented under this programme and forwarded to Parliament, the Council and the Committee of the Regions by 30 September each year. In light of the results of these reports, the Commission could amend its programme in accordance with the experience gained. In the annexes, the EP added many measures including: - the organisation of a European conference (end of 1996) and further European Drug Prevention Weeks; - the development of telephone helpline services with a single telephone number throughout Europe; - the proposal to grant funding to therapy communities, health professionals, teachers and youth leaders as well as the forces of law and order (particularly in prisons); - the creation of a Community network concentrating on prevention in risk areas; - the publication of a Community guide for the relatives of drug addicts and

organisations in the sector to facilitate the reintegration of drug addicts; - the promotion of work experience designed to help reformed drug addicts move from treatment centres to working life; - the development of measures targeting all users (users should only be pursued if they are involved in drug trafficking or the sale of drugs). ?

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In its amended proposal, the Commission took over 20 of the 56 amendments put forward by Parliament at first reading. They related to the following points: - the date of the programme: 1996-2001 rather than 1995-2000; - the fact that drug addiction causes health problems and is a multidimensional issue; - the inclusion in the programme of elements aimed at reducing the risks associated with drug addiction and promoting greater awareness of these risks and of the drugs phenomenon as such; - giving greater consideration to high-risk groups (young people and marginal groups); - the implementation of the programme in conjunction with public and private bodies, NGOs as well as therapy communities and social welfare cooperatives working in this field; - making the programme more consistent with the Union's action plan to combat drugs (particularly as regards reducing demand) as well as with other relevant Community programmes or socio-preventive measures at national level designed to combat drugs (for example, the reintegration of drug addicts into society); - establishing the programme's budget: ECU 28.5 million; - the participation of the associated CEECs, Cyprus and Malta in the programme; - extending the list of actions to be implemented (annex to the programme): support is to be provided, in particular, for the following: . as regards information: making Europeans more aware of the drugs problem, organising European Drug Prevention Weeks, targeting information at high-risk or particularly vulnerable groups, providing telephone help-lines and eventually setting up a single standard telephone number in all the Member States, . as regards high-risk groups: initiatives in relevant environments (home, leisure and school) and high-risk areas, particularly by creating a network at Community level of these environments (for example, schools in those areas) or specific groups (drug addicts who use intravenous injections, pregnant mothers, prisoners), drawing up a Community guide listing the bodies involved in the rehabilitation of drug addicts, . as regards increasing awareness of the drugs phenomenon: carrying out studies and research on the risks associated with drug addiction, . as regards training: providing teachers, youth leaders and those who come into contact with drug users (the medical profession, the judiciary and the police) with the necessary information, . as regards the coordination of national measures: promoting analysis of the policies to be implemented in this field at Member State level and planning joint transnational measures to prevent drug addiction. None of the other amendments could be accepted since they: - went beyond the framework of the programme or came under other health programmes or the Union's action plan to combat drugs; - involved a political assessment of national strategies and legislation in this field and thus went beyond the limits of Article 129 of the Treaty on European Union; - represented a more restrictive or less flexible approach to the programme. ?

Public health: Community action programme 1996-2000 on the prevention of drug dependence

In its common position, the Council amended the Commission's proposal significantly, particularly as regards the following points: - the establishment of the programme: the Council introduced changes aimed at strengthening cooperation and support for the measures taken by the Member States in implementing the programme; in terms of objectives, it limited the scope of the programme to two key points: . data, research and evaluation, . information, health education and training; - the implementation of the programme: the Council strengthened the intergovernmental aspect of the implementation of the measures together with the participation of the Member States in the coordination and organisation of actions; - comitology: it introduced a mixed committee (both management and advisory depending on the issue) to allow the Member States to be fully involved in the important decisions concerning the programme. As regards the information to be forwarded to the committee, it insisted that the Commission should inform the committee of the financial support granted and activities directly related to the implementation of the measures; - budget: the total allocation set by the Council was limited to ECU 27 million rather than ECU 28.5 million; - consistency and complementarity: as requested by the European Parliament, there was greater complementarity with the other related Community programmes and initiatives and with measures taken by the European Drugs Monitoring Centre and the Union's action plan to combat drugs; - annex (actions to be implemented under the programme): the Council totally restructured the annex in order to establish two major types of actions corresponding to the programme's objectives. It thus did away with many of the innovative actions proposed by the EP (particularly as regards high-risk groups and areas) and proposed a different structure for actions initially put forward by the Commission. The common position did not incorporate a series of amendments adopted by the EP and included in the amended proposal, including the following: - the promotion of socio-preventive initiatives likely to influence the social causes of drug use and encourage the reintegration of drug addicts within the framework of other Community policies and programmes, including the Structural Funds; - support for the completion of a Community guide to bodies involved in the rehabilitation of drug addicts; - the promotion of a joint analysis of the preventative policies and programmes implemented in the Member States in order to strengthen coordination in this area; - the recitals highlighting the multidimensional nature of the fight against drugs and the list of partner organisations to help implement the programme. ?

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In its opinion on the Council's common position, the Commission stated that it could not support the text adopted by the Council for three main reasons: - budget: limited to ECU 27 million instead of ECU 28.5 million; - comitology: introduction of a mixed committee with responsibility for all important decisions relating to the programme (particularly the financing of measures); - annex comprising the measures to be implemented: the EP's amendments rejected by the Council concerning the social reintegration of drug addicts, the completion of a Community guide to bodies involved in the rehabilitation of drug addicts, a joint analysis of the Member States' policies to be implemented and a multidimensional approach to the fight against drugs had been incorporated into the Commission's amended proposal, since it felt, like the European Parliament, that these were essential issues. ?

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The committee adopted, with amendments, a draft recommendation (PE 216.068) by Mr Giovanni BURTONE (EPP, I) for a second reading (under the codecision procedure) on the common position established by the Council with a view to the adoption of 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. In his explanatory statement, the rapporteur, Mr BURTONE, who is a surgeon and cardiologist by profession, recognized that, in its common position, the Council had taken up some of the concerns Parliament had expressed at its first reading of the Commission proposal (COM (94) 223) on 20 September 1995. The Commission had subsequently submitted an amended proposal (COM (95) 579). However, according to Mr Burtone, "the Council has clearly departed from both the original proposal and the amended proposal in form and substance". He said he could not emphasize enough that the serious nature of the drugs problem required concerted action on a Union-wide basis to tackle every aspect of the "scourge" of drug dependence mentioned in Article 129 of the EC Treaty. However, addressing the committee before the vote, he said that combating drugs did not mean criminalizing drug addicts. "We must regard the drug addict as someone in distress who is seeking and needs treatment and who will not be helped by being criminalized, particularly as the criminal environment creates more problems than it solves." Mr Ken COLLINS (PES, UK), the committee chairman, emphasized that the report was a health report and not a drugs report. "This is a health committee and not a special committee on drugs," he said. The committee has responsibility for public health under Article 129 of the EC Treaty but matters such as drug-trafficking and policing are Third Pillar matters and fall outside its remit. The committee adopted a series of amendments to improve the common position. In particular, in relation to the question of competence in the field of drugs, it added a recital to the common position calling for the struggle against drugs to be brought within the remit of Community policy "since it is a transnational affair". This amendment was targeted at the IGC conference to revise the Maastricht Treaty, which is to open on 29 March in Turin. The committee also called for the organization of a European Conference under the aegis of the European Parliament and the European Commission, in partnership with the United Nations, on the prevention of drug dependence. The committee acknowledged, in an amendment, that "a completely drug-free society may be a utopian vision". However, it took the view that "a humane, tolerant and pragmatic approach, such as the harm prevention strategy, has proved a better way of tackling the problem than the entire mechanism of repression". repression, the committee, thought should focus rather on large-scale trafficking and organized crime. The prison environment, in particular, "may foster drug addiction and turns many prisoners into users of addictive substances". Drug smuggling in prisons must be combated and prisoners who wanted to end their drug dependence must be given incentives. According to another amendment, there were two overriding objectives: firstly, to ease the burden that drug addiction imposed on society and, secondly, to pursue a policy of reducing harm to the individual user. The ultimate aim was to wean drug addicts off drugs and reintegrate them into society. The programme should contribute to an increased awareness concerning the use and abuse of narcotics, psychotropic substances, alcohol and pharmaceutical products. In particular, the committee thought that "from the point of view of prevention, it is not advisable to make a sharp distinction between soft and hard drugs". Preventive strategies should be developed to benefit drug users, people experimenting with drugs and potential users who did not benefit from conventional strategies, particularly as regards recreational drug use. According to another amendment, action should be encouraged to influence the social causes of drug use, such as deprivation and social exclusion. Work should be promoted at street level to benefit risk groups who were not reached by conventional strategies of assistance and prevention. In particular, the risks associated with the injection of drugs should be reduced, "in particular, through controlled distribution, outside medical circles, of disinfection sets and safe syringes and needles, these to be collected after use and disposed of under safe conditions". Addressing this point before the vote, Mr Burtone told the committee that drug addiction could not be attributed to the fact that sterile syringes were distributed. The committee also thought that therapies involving the supply of substitutes such as methadone should be promoted, provided that sufficient support was given and that substitution took place as part of a course of treatment aimed at reducing dependence. Another amendment called for consideration to be given to possible initiatives to assist the relatives or guardians of drug addicts. On the information front, the committee wanted emphasis placed on involving young people in a dialogue "in order to make prevention strategies aimed at youth credible". In particular, highly specialized social skill programmes should be promoted to teach young children to cope with the existence of a range of stimulants, including drugs. The Commission should encourage public and private bodies, non-governmental organizations, volunteers and therapy or social welfare communities to participate in the programme. The Commission should also take steps to ensure that the Community's Lisbon-based European Monitoring Centre for Drugs and Drug Addiction liaises with non-governmental and voluntary organizations working in this field. ?

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The rapporteur, Mr Burtone (EPP, I), was against adopting a simplistic response to the drugs problem. He believed that strict measures were needed and that it was also important to promote dialogue and to cooperate with those working in the field. He expressed his disagreement with some of the amendments tabled by his Group and announced that he would vote against the proposal. Mr Burtone was opposed to legalising all drugs and was also against criminalising drug addicts, as prison was a fertile ground for the distribution of drugs. In conclusion, he called for the adoption of a rehabilitation and reintegration programme for addicts. The Commissioner, Mr Flynn, said that the Commission had introduced 21 amendments adopted by Parliament in its modified proposal. The Commissioner added that the common position of the Council was not acceptable to the Commission for two essential reasons. Firstly, the Council wanted to reduce the budget allocation (from ECU 28.5 million to ECU 27.5 million), while at the same time extending the scope of the programme. Secondly, the Commission was of the opinion that a consultative committee would be preferable to the management committee being proposed in the common position. Finally, the Commissioner stated that 12 of the amendments tabled by Parliament could be taken over by the Commission: Amendments Nos 3, 6, 7, 10, 12, 15 to 17, 26 to 28 and 31.

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In adopting the recommendation for second reading by Mr BURTONE (PPE, I), Parliament approved the proposal with the following amendments: -it reiterated its attachment to the multidimensional character of the drug problem and pointed out that it was essential to adopt a multidisciplinary approach, -it also pointed out that the prime objective of the programme was to enhance awareness of the drugs problem, that it should contribute to improving recognition of risk situations, and early detection, and that drug addicts were above all people with a health problem, -it called on the Commission to: . encourage participation in the implementation of the programme by NGOs, public and private bodies, volunteers and therapy or social welfare communities; . undertake measures to ensure liaison between the Drugs Monitoring Centre and the NGOs; . alone ensure consistency and complementarity between this programme and other relevant Community programmes, in order to help maximize the effectiveness of the programme; . in the Annexes, it called for actions promoting: . medical and psycho-social assistance to drug addicts aimed at reducing dependence and ending the drug habit, . preventive strategies aimed at users and potential users, . socio-preventive measures that influence the social causes of drug use (social exclusion, etc. . measures at grassroots level designed to benefit risk groups, . assistance to the relatives or guardians of drug addicts and aid for the reintegration and training of drug addicts (in particular, through employment), . support in the relevant environments such as schools, universities, etc. and encouragement of dialogue with young people (including programmes for young children confronted with the drugs scene). Particular attention must be paid to the prison

environment, which may foster drug dependence; . drug dependence prevention through the intermediary of voluntary organizations and other therapy communities. ?

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The Commission stated in its opinion following Parliament's second reading that it was able to accept, in full or in part, 11 of the 23 amendments adopted by plenary. These amendments concern: - the multidisciplinary approach to the drug phenomenon; - the fact that drug addicts are, above all, people with a health problem who need treatment and preventive action; - the prime objective of the programme, which is to enhance awareness of the drugs problem and to improve recognition of risk situations and early detection of drug dependency; - the particular attention which needs to be paid to the prison environment; - the participation of NGOs and therapy communities in the implementation of the programme; - ensuring that this programme was consistent with other EC (rather than national) initiatives; - the reference to the relatives and guardians of drug addicts under the generic term "support for persons in contact" with drug users; - the reference to the relevant environments (family, school, leisure etc.) with regard to information for young people; - increased recourse to the skills of people who may come into contact with potential user groups; - the promotion of multidisciplinary cooperation for the purposes of prevention. The other amendments were rejected; they related mainly to: - the definition of a policy on drug users; - the distinction between hard and soft drugs; - the allocation of new tasks and modi operandi to the EMCDDA; - comitology (on which the Commission maintains its reservation); - the reference to information for the European Parliament; - certain actions proposed by the European Parliament which, in the Commission's opinion, go beyond the framework of the programme (e.g. psychological/social support for drug users, action on the ground etc.).?

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The Council noted that it was not in a position to take over all of Parliament's amendments to its common position of 20 December 1995 on the abovementioned programme. As a result, the Conciliation Committee would be convened in accordance with Article 189b(3) of the Treaty.

Public health: Community action programme 1996-2000 on the prevention of drug dependence

The agreement reached yesterday evening in the EP-Council Conciliation Committee largely reflects Parliament's determination 'to take account of socio-economic conditions when tackling the fight against drug dependence, since this is a social problem', to quote the rapporteur, Giovanni BURTONE (EPP, I), himself a doctor. The Conciliation Committee maintains that drug dependence is a 'health' problem and measures under the first programme, which will run from 1996 to the year 2000 and have a total budget of ECU 27 m, must seek above all to prevent dependence and 'rehabilitate' drug addicts. It was agreed at the end of the talks that prevention should cover both hard and soft drugs, since all kinds of drugs should be covered. It was decided to take measures aimed at prisoners and other vulnerable groups. As Mr IMBENI said, 'we must finally agree to support initiatives that will reach young people in the places where they are most often to be found and make it possible to open a dialogue with them'. The text stipulates that, 'wherever possible', measures must be carried out 'with the involvement of relatives and other persons concerned'. Parliament was in favour of more direct aid, but former addicts seeking a job, will nevertheless be entitled to take part in the training activities provided for in the programme. To demonstrate that the fight against drug dependence should form part of all EU policies, measures will link up with activities under other Community programmes such as 'SOCRATES', 'LEONARDO DA VINCI', or 'YOUTH FOR EUROPE'. ?

Public health: Community action programme 1996-2000 on the prevention of drug dependence

While recalling that at first reading Parliament had been somewhat over-ambitious, the rapporteur, Mr Burtone (EPP, I), underlined the importance of the agreement that had been reached within the Conciliation Committee, both from a moral and a social point of view. He went on to say that Europe had rejected moves to legalise drugs, which would have led to the creation of a 'state drug'. He therefore recommended a policy of prevention, while calling for better education and information and greater participation by families, schools and NGOs so that young drug addicts were helped to re-integrate themselves back into society. The rapporteur welcomed the fact that the programme would provide support for combating drugs at street level in order to help high-risk groups; emphasis had also been put on the role of the addict's family and immediate social circle, parties who could benefit from the programme and from the exchange of information it provided. Commissioner Monti declared that rather than imposing one single policy the Commission was keen to listen to a range of debates on this issue in order to compare the different methods and solutions being proposed. As far as the programme was concerned, the Commissioner promised that both public and private bodies as well as NGOs offering care and treatment and providing social welfare services would be involved in implementing the scheme.

Public health: Community action programme 1996-2000 on the prevention of drug dependence

Parliament approved the joint text 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 (1996-2000). ?

Public health: Community action programme 1996-2000 on the prevention of drug dependence

OBJECTIVE: adoption of a programme of Community action on the prevention of drug dependence for the period from 1 January 1996 to 31 December 2000. COMMUNITY MEASURE: European Parliament and Council Decision 102/97/EC adopting a programme of Community action on the prevention of drug dependence within the framework for action in the field of public health (1996-2000). SUBSTANCE: The

objective of the programme is to help in combating drug dependence, in particular by encouraging cooperation between the Member States, supporting their action and promoting coordination between their policies and programmes with a view to preventing dependence linked to the use of drugs. The actions to be implemented have two main aims: A. Data, research, evaluation B. Information, health education and training. The Annex to the Decision sets out the types of action eligible for Community financial support: - data, research, evaluation: the objective is to improve knowledge of the phenomenon of drugs and drug dependence and their consequences and of means and methods of preventing drug dependence and the risks relating thereto. The principal actions eligible for financial support are as follows: . collection, analysis and dissemination of data, . exploitation of the data and its communication to the European Drugs Monitoring Centre (EDMC), . development of a strategy for research on the prevention of drug dependence (improvement of knowledge as regards the impact of policies targeting drug users and the use of appropriate techniques for preventive purposes), . support for studies on the socio-economic, socio-cultural and psycho-sociological factors associated with drug dependence, . support for studies and actions to prevent risks in drug-dependent pregnant women, reducing the risks associated with the injection of drugs, evaluation of prevention programmes and of the management of drug-dependent prisoners, . support to persons having a positive influence on drug users (families, guardians) and rehabilitation. - Information, health education and training: the objective is to improve information and education, in particular for young people in the relevant environments (family, school, university and leisure time) and vulnerable groups: . support schemes to evaluate the effectiveness of information and health education campaigns (including public opinion surveys), . organization of European Drug Prevention Weeks, . identification and development of the best information tools and methods for target groups (e.g. by taking account of changes in patterns of use and products used, adapting messages to the needs of vulnerable groups, development of activities such as telephone help line services, and consideration of the feasibility of introducing a single telephone number for such services throughout Europe), . definition of guidelines on the prevention of drug abuse within the context of a European network of health-promoting schools, and support for initiatives involving the participation wherever possible of children, young people and their parents, . support for exchanges of experience among those involved in the provision of education, . support for schemes for advising teachers and those responsible for young people, . extension of the European network of 'test towns', so as to promote cooperation on the ways and means used by these towns to reduce drug demand, . support for local prevention initiatives, particularly on a cross-border basis, aimed at vulnerable persons who are difficult to reach (work on the ground and on the streets), . as regards training: promotion of initiatives to improve the drug prevention aspect of vocational training programmes for teachers and those responsible for young people, and development of further-training programmes, teaching materials and modules for those likely to come into contact with drug users (social workers, health-care, police and other law-enforcement professionals), multidisciplinary cooperation between the public and private sector and NGOs. - Implementation: the Commission will ensure the implementation of such actions in close cooperation with the Member States. It will cooperate with the institutions and organizations which are active in this field and encourage multidisciplinary cooperation. The Member States will take the necessary measures to coordinate the programme at national level. - Budget: ECU 27 million for the period 1996-2000. - Consistency and complementarity: the programme will be implemented in line with the Socrates, Leonardo and Youth For Europe (III) programmes and with the work of the EDMC and the European Union's action plan to combat drugs. - Commitment: the Commission will be assisted by a Committee consisting of representatives of the Member States and acting as a Management Committee in respect of all the important programme decisions - notably, the financing of actions - and as an Advisory Committee on other aspects. - International cooperation: the programme will be implemented in cooperation with non-member countries and organizations having responsibility in the field of public health (Council of Europe, WHO, UNESCO, ILO and UNIDCP). It will be open to participation by the associated countries of Central and Eastern Europe (ACCEE), Cyprus and Malta as well as to the EFTA countries. - Monitoring and evaluation: the Commission will be responsible for evaluating the programme. It will submit to the EP and the Council an interim and final report on the programme incorporating the results of the evaluations. ENTRY INTO FORCE: 16 December 1996. ?