COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 08.05.1996
COM(96) 201 final

96/0128 (COD)

OPINION OF THE COMMISSION
pursuant to Article 189 b (2) (d) of the EC Treaty,
on the European Parliament's amendments
to the Council's common position regarding the

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
(1996-2000)

AMENDING THE PROPOSAL OF THE COMMISSION
pursuant to Article 189 a (2) of the EC Treaty

COMMISSION OPINION, delivered in accordance with Article 189b(2)(d) of the EC Treaty, on the European Parliament amendments to the Council common position relating to the 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 (1996-2000), amending the Commission proposal

in accordance with Article 189a(2) of the EC Treaty

In its Communication of 24 November 1993 the Commission outlined a framework for future action at Community level towards attaining the health protection objectives laid down by Articles 3(o) and 129 of the Treaty establishing the European Community, following the entry into force of the Treaty on European Union.

In initiating action under Article 129 the Community has to address the issue of preventing disease and protecting health. Drug dependence is the only scourge specifically mentioned in Article 129, and the Commission considered that its prevention was a priority for Community action and should be made the subject of a specific programme. This programme is also a key element of the Europoean Union action plan to combat drugs.

This first Community action programme for the prevention of drug dependence is designed to support Member States' actions and to step up European cooperation at each stage of the prevention process (boosting awareness of the drugs phenomenon, identifying risk situations, counselling and guidance, medical and social assistance), with a view to preventing drug use, helping users to quit, reducing the mortality rate, reducing the risks arising from drug use and combating marginalisation. The specific activities envisaged are compatible with, and complementary to, other activities proposed within the public health framework.

The Commission adopted its Decision on 21 June 1994 and transmitted the proposed Decision to the European Parliament and the Council on 22 August 1994[1].

The Economic and Social Committee[2] adopted its opinion on 22 February 1995. The ESC supports the programme and the approach proposed by the Commission in its Communication and its proposal for a Decision. It recommends that adequate resources be spread over a long period and emphasises the need to support the evaluation of ongoing research and existing practices, the promotion of innovative programmes, and exchanges of information and experience.

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1 OJ No C 257, 14.9.1994

2 OJ No C 110, 2.5.1995

The Committee of the Regions[3] adopted its opinion on 16 November 1994. The Committee supports the Commission proposal. It feels in particular that more resources should be earmarked for education and drug demand reduction and emphasises the importance of activities aimed at young addicts and groups who are difficult to reach, and activities geared towards modifying risk behaviour, rehabilitation, and the informing of regional and local communities.

The European Parliament[4] adopted its opinion at the first reading on 20 September 1995, proposing 56 amendments to the Commission proposal. These amendments seek to extend and add detail to the proposed decision, in particular by laying stress on:

- the importance of strategies to reduce the damage caused by drug abuse, as a complement to the strategies aimed at primary prevention;
- the need for the programme to fit within a strategy of combating social exclusion, and to take account of the social factors linked to drug use;
- the need for a series of actions in the areas of information, education, training and research, placing the accent on young persons and high-risk groups and listing the specific activities to be developed within the framework of other Community policies.

The Commission accepted 21 of the 56 amendments proposed by Parliament, either in full or in part.

On 23 November 1995 the Commission adopted an amended proposal taking account of the aforementioned Parliament amendments[5].

On 20 December 1995 the Council unanimously adopted a common position with a view to adopting the Decision in question.

The Commission was unable to accept this common position and entered reservations concerning the following points:

- **Article 3 (Budget)**: The Council wanted to reduce the overall budget for the five-year programme from MECU 28.5 to MECU 27. The Commission entered a reservation on this proposed reduction, especially since the common position provided both for more actions and for larger-scale actions than had the Commission's original proposal.

- **Article 5 (Comitology)**: The Council wanted to introduce a dual, "mixed" procedure as regards the role of the Committee set up to assist the Commission in implementing the programme. This procedure, similar to that set up for the three programmes recently adopted on the basis of Article 129 (Health promotion;

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3 OJ NO C 210, 14.8.1994

4 OJ NO C 269, 16.10.1995

5 COM (95) 579 final

AIDS; Cancer), assigns the Committee "administrative" competence in six areas of activity, and "advisory" competence in a number of others. The Commission entered a reservation concerning this approach, affirming its preference for a purely advisory committee, and asked for a statement to this effect to be entered, in anticipation of the second reading by Parliament.

- **Annex (Actions to be implemented under the programme)**: The common position takes on board most of the amendments made by the Commission to its initial proposal in response to the Parliament amendments.

The amendments not included in the Council's common position chiefly concern:

- the attention to be given to utilisation of the other Community policies and programmes (Action b of the Commission proposal); the inventorising of organisations involved in the care of drug addicts (Action d(3) of the Commission proposal); the recitals highlighting the value of a multidisciplinary approach (9b and 15b) and listing the partner organisations for the implementation of the programme (16a).

In view of the importance attached by Parliament to these aspects, the Commission entered a reservation concerning their non-inclusion in the Council common position.

On 16 April 1996 the European Parliament adopted 23 amendments to the Council common position.
The Commission's opinion concerning each of these amendments is given in the Annex.

The Commission points out that in accordance with Article 189b(3) of the Treaty if, within three months of receiving the Parliament amendments, the Council, acting by a qualified majority, approves all of the amendments, it shall amend its position accordingly and adopt the act in question; however, the Council shall act unanimously on the amendments on which the Commission has delivered a negative opinion. If the Council does not approve the act in question, the President of the Council, in agreement with the President of the European Parliament, shall forthwith convene a meeting of the Conciliation Committee.

ANNEX[6]

Amendment No 3: Commission opinion: partially accepted.
The Commission can accept this amendment in part and link it up with the preceding recital, provided the wording concerning the objectives of a multidisciplinary approach is made more general;

Amendment No 4: Commission opinion: rejected.
The text of the common position already refers to the impact of drug dependence on the health of individuals.

Amendment No 5: Commission opinion: rejected.
Defining the objectives of drug addiction policy falls outside the scope of this programme.

Amendment No 6: Commission opinion: accepted partially.
The reference to drug dependence as a sickness which can be prevented and treated confirms the wisdom of tackling this scourge from a public health prospective, as provided for in Article 129.

Amendment No 7: Commission opinion: accepted partially.
This amendment describes the objective of the programme more precisely, and the Commission accepts it provided that it mentions narcotics and psychotropic substances only (these being illicit drugs) and that, as regards the abuse of alcohol and pharmaceutical products, it takes account of the initiatives implemented in the context of the Community action programme on health promotion.

Amendment No 8: Commission opinion: rejected.
The recommendation in this amendment lies outside the scope of the programme. It is the responsibility of the national authorities to distinguish, if they so wish, between soft and hard drugs.

Amendment No 9: Commission opinion: rejected.
The recommendation in this amendment lies outside the scope of this programme. The spirit of this amendment is reflected more specifically in the statement of the programme's objective (amendment 7).

Amendment No 10: Commission opinion: accepted partially.
The Commission can partially accept this amendment if it is worded in a more general way, identifying the prison environment as one of the priority environments for preventive action.

Amendment No 11: Commission opinion: rejected.

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6 The numbering of the amendments corresponds to the numbering of the Recommendation for second reading - Doc. A4-93 EP 198.341, and to the position of the amendments in relation to the text of the common position.

The measures envisaged in this amendment lie outside the scope of the programme.

Amendment No 12: Commission opinion: accepted.
A horizontal question: the amendment corresponds to the texts of the decisions on the three programmes recently adopted on the basis of Article 129 (Cancer; Health promotion; AIDS).

Amendment No 13: Commission opinion: rejected.
This amendment does not take account of the principle of subsidiarity; it contains a very specific and restrictive reference to certain categories of organisations, which, moreover, are covered by amendment 15.

Amendment No 15: Commission opinion: accepted.
This amendment adds a non-exhaustive reference to the types of organisation which could participate in the implementation of the programme.

Amendment No 17: Commission opinion: accepted partially.
A horizontal question: the Commission can accept the first part of the amendment, which corresponds to the texts of the decisions on the three programmes recently adopted on the basis of Article 129.

Amendment No 18: Commission opinion: rejected.
The EDMC's tasks and operating methods are laid down in the Regulation establishing the EDMC and cannot be modified through this programme.

Amendment No 19: Commission opinion: rejected.
The Commission has entered general reservations concerning the comitology approach proposed in the common position and cannot accept this amendment since it implies acceptance of the Council's position.

Amendment No 21: Commission opinion: rejected.
The Commission has entered general reservations concerning the comitology approach proposed in the common position and cannot accept this amendment since it implies acceptance of the Council's position. Additionally, the reference to the informing of the European Parliament was made by means of a declaration when the decisions were taken on the three other programmes recently adopted in the public health framework.

Amendment No 23: Commission opinion: rejected.
The action envisaged by this amendment falls outside the scope of the programme.

Amendment No 24: Commission opinion: rejected.
The Commission considers that the areas of activity covered by this amendment are already covered by the Council text.

Amendment No 26: Commission opinion: partially accepted.
The Commission can accept a reference to the relatives and guardians of drug addicts provided this is worded in general terms, as follows: "measures to assist persons living

with them". The financing of projects to provide training or employment for drug addicts falls outside the scope of this programme.

Amendment No 27: Commission opinion: accepted partially.
The Commission can accept a non-exhaustive mention of the relevant environments for reaching out to young people. The Commission considers that involving young people in the prevention actions is covered by the Council text. Support for programmes to teach young people social skills falls under the scope of the health promotion action programme.

Amendment No 28: Commission opinion: accepted partially.
The Commission can accept a reference to promoting recourse to the expertise of persons liable to come into contact with groups of potential users.

Amendment No 29: Commission opinion: rejected.
The action envisaged by this amendment partially overlaps with the provisions relating to the objective and implementation of the programme.

Amendment No 31: Commission opinion: accepted partially.
This amendment assimilates into the programme's palette of measures the promotion of multidisciplinary cooperation for prevention purposes, which tallies with the approach defined during the discussions on drug demand reduction in the context of the European Union Action Plan to Combat Drugs.

AMENDED 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 (1996-2000)

(presented by the Commission in accordance with Article 189a(2) of the EC Treaty)

COUNCIL COMMON POSITION	MODIFICATIONS PROPOSED
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],	
Acting in accordance with the procedure laid down in Article 189b of the Treaty[4],	
(1) 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;	

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(1) OJ No C 257, 14.9.1994, p. 4.
(2) OJ No C 110, 2.5.1995, p. 8.
(3) OJ No C 210, 14.8.1995, p. 88.
(4) Opinion of the European Parliament of 20 September 1995, Council common position of 20 December 1995 (OJ No C 269, 16.10.1995, p. 65) and Decision of the European Parliament of (OJ No C 37, 9.2.1996, p. 1) (not yet published in the Official Journal).

(2) Whereas, in creating in 1985 a Committee of Inquiry into the problem of drugs in the Member States of the European Community, 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;

(3) Whereas in its resolutions concerning this problem[1] the European Parliament formulated a series of proposals with a view, in particular, to Community action on the prevention of drug dependence;

(4) Whereas the European Council, at its meeting in Dublin on 25 and 26 June 1990, "stressed 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 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.

(5) Whereas the actions undertaken at Community level on the basis of Council Resolutions, declarations and conclusions relating to the prevention of drug dependence, and in particular subsequent to the emphasis placed by the European Council, meeting in Rome on 14 and 15 December 1990, on the European Plan to Combat Drugs, have helped to sustain the Member States' efforts;

(6) Whereas the Council, in its Resolution of 2 June 1994[1], in response to the Commission communication of 24 November 1993 on a framework for action in the field of public health, included drug dependence among the priority areas for Community action for which the Commission was invited to bring forward proposals for action;

(7) Whereas Regulation (EEC) No 302/93[2] established a European Monitoring Centre on Drugs and Drug Addiction to provide the Community and the Member States with reliable and comparable information concerning drugs and drug addiction;

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(1) OJ No C 165, 17.6.1994, p. 1.
(2) OJ No L 36, 12.2.1993, p. 1.

(8) 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 (...)";

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

9a. (New)
Whereas a multidisciplinary approach should in particular ensure that the social and personal implications of the phenomenon are taken into account;

(10) Whereas drug dependence is the only scourge expressly referred to in the provisions of the Treaty dealing with public health and is therefore a priority for Community action within the framework for action in the field of public health set out by the Commission;

10a. (New)
Whereas drug dependence is a sickness which can be prevented and treated;

(11) Whereas this programme is one of the essential components of the Commission communication to the European Parliament and the Council of 23 June 1994 on a European Union Action Plan to combat drugs (1995-1999), on which the Council commented in its conclusions of 2 June 1995;

(12) Whereas, by reason of its scale and effects, Community action to encourage support for the prevention of drug dependence will make a better contribution to achieving the desired objectives, which come within the framework of Article 129 of the Treaty, in particular the second subparagraph of paragraph 1 thereof;

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

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

(15) Whereas the programme should have the objective of helping to combat drug dependence by preventing dependence linked to the use of narcotics and psychotropic substances and associated use of other products for the purposes of drug addiction;

15. Whereas the programme should have as its objective to contribute to the enhancement of awareness of the use of narcotics and psychotropic substances and the associated use of other products for the purposes of drug addiction, and to improve recognition of risk situations, early detection, counselling and advice, health and social support, with a view to preventing drug use, facilitating the cessation of drug use, lowering the mortality rate, reducing the risks of infection by agents of infection and reducing marginalisation;

(16) Whereas there is a need to improve knowledge of the phenomenon of drugs and drug dependence and their

consequences, and of the ways and means of preventing drug addiction and the associated risks;

(17) Whereas there is a need both for general preventive action and for preventive measures focusing on specific target groups, particularly the young and marginal groups, while avoiding stereotypes of drug users;

17a. (New)
Whereas the prison environment is one of the priority environments for preventive action;

(18) Whereas it is important that the Commission ensure implementation of this programme in close cooperation with the Member States; whereas, to that end, provision should be made for a procedure to ensure that Member States are fully involved in implementing the programme;

(19) Whereas a "modus vivendi" between the European Parliament, the Council and the Commission concerning the implementing measures for acts adopted in accordance with the procedure laid down in Article 189b of the Treaty was concluded on 20 December 1994;

(20) Whereas, from an operational point of view, the investment made in previous years should be safeguarded and developed;

(21) Whereas, however, possible duplication of effort should be avoided by the promotion of the exchange of experience and by the joint development of basic information modules for the general public, for health education and for training

members of the health-care professions, which may be targeted on specific groups;

(22) Whereas the objectives of this programme and of the actions undertaken to implement it form part of the health protection requirements referred to in the third paragraph of Article 129(1) of the Treaty and as such form a constituent part of the Community's other policies;

(23) 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 level and Community level, and, where appropriate, the necessary adjustments should be made;

(24) Whereas this Decision lays down, for the entire duration of the programme, a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration of the European Parliament, the Council and Commission of 6 March 1995, for the budgetary authority during the annual budgetary procedure;

(25) Whereas this programme should run for five years in order to allow sufficient time for actions to be implemented to achieve the objectives set,

HAVE DECIDED AS FOLLOWS:

Article 1

Establishment of the programme

1. A programme of Community action on the prevention of drug dependence, hereinafter referred to as "the programme", shall be adopted for the period 1 January 1996 to 31 December 2000 within the framework for action in the field of public health.

2. The objective of the programme shall be 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 narcotics and psychotropic substances and associated use of other products for the purposes of drug addiction.

3. The actions to be implemented under the programme and their specific objectives are set out in the Annex under the following headings:

A. Data, research, evaluation

B. Information, health education and training.

Article 2

Implementation

1. The Commission shall ensure the implementation, in close cooperation with the Member States, of the actions set out in the Annex, in accordance with Article 5.

2. The Commission shall cooperate with the institutions and organizations which are active in the field of drug demand reduction.

2. The Commission shall cooperate with the institutions and organizations which are active in the field of drug demand reduction; in particular, it shall encourage participation in the implementation of the programme by public and private bodies, non-governmental organisations (NGOs), volunteers and therapy or social welfare communities.

3. The Member States are called upon to take the measures they judge necessary to coordinate and organize the implementation of this programme at national level.

Article 3

Budget

1. The financial framework for the implementation of the programme for the period referred to in Article 1 shall be ECU 27 million.

2. The annual appropriations shall be authorized by the budgetary authority within the limits of the financial perspective.

(1)

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(1) The Commission maintains a reservation concerning this Article.

Article 4

Consistency and complementarity

1. The Commission and the Member States shall ensure that there is consistency and complementarity between actions to be implemented under this programme and other relevant Community programmes and initiatives, including the "SOCRATES", "LEONARDO DA VINCI" and "Youth for Europe (III)" programmes and the biomedical and health research programme under the Community's framework programme for research.

2. The Commission shall also ensure that the activities implemented take into account the work of the European Monitoring Centre for Drugs and Drug Addiction (EDMC). It shall also ensure, together with the Member States, that the Community's priorities and needs are taken into due account in the EDMC's programmes.

3. The Commission and the Member States shall ensure consistency with the European Union's Action Plan to combat drugs.

Article 5

Committee

1. Commission shall be assisted by a Committee consisting of two members designated by each Member State and chaired by the representative of the Commission.

1. The Commission shall ensure that there is consistency and complementarity between actions to be implemented under this programme and other relevant Community programmes and initiatives, including the "SOCRATES", "LEONARDO DA VINCI" and "Youth for Europe (III)" programmes and the biomedical and health research programme under the Community's framework programme for research.

(1)

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(1) The Commission maintains a reservation concerning this Article.

2. The representative of the Commission shall submit to the Committee a draft of the measures to be taken concerning:

(a) the Committee's rules of procedure;

(b) an annual work programme indicating the priorities for action;

(c) the arrangements, criteria and procedures for selecting and financing projects under the programme, including those involving cooperation with international organizations having responsibility in the field of public health and participation of the countries referred to in Article 6(2);

(d) the evaluation procedure;

(e) the arrangements for dissemination and transfer of results;

(f) the arrangements for cooperating with the institutions and organizations referred to in Article 2(2).

The Committee shall deliver its opinion on the draft measures referred to above within a time limit which the Chairman may lay down according to the urgency of the matter. The opinion shall be delivered by the majority laid down in Article 148(2) of the Treaty in the case of decisions which the Council is required to adopt on a proposal from the Commission. The votes of the representatives of the Member States within the Committee shall be weighted in the manner set out in that Article. The Chairman shall not vote.

The Commission shall adopt measures which shall apply immediately.

However, if these measures are not in accordance with the opinion of the Committee, they shall be communicated by the Commission to the Council forthwith. In that event:

- the Commission shall defer application of the measures which it has decided upon for a period of two months from the date of such communication,

- the Council, acting by a qualified majority, may take a different decision within the time limit referred to in the first indent.

3. In addition, the Commission may consult the Committee on any other matter concerning the implementation of the programme.

The representative of the Commission shall submit to the Committee a draft 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 opinion 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.

4. The Commission representative shall keep the Committee regularly informed about:

- financial assistance granted under this programme (amounts, duration, breakdown and beneficiaries),

– Commission proposals or Community initiatives and the implementation of programmes in other areas which are directly relevant to the achievement of the objectives of the programme, with a view to ensuring the consistency and complementarity referred to in Article 4.

Article 6

International cooperation

1. In the course of implementing the programme, cooperation with non-member countries and with international organizations having responsibility in the field of public health shall be encouraged and implemented in accordance with the procedure laid down in Article 5.

In particular, the Commission shall cooperate with the Council of Europe's Pompidou Group, with international intergovernmental organizations such as the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Organization (ILO) and with the United Nations International Drug Control Programme (UNIDCP).

2. The programme shall be open to participation by the associated countries of Central and Eastern Europe (ACCEE) in accordance with the conditions laid down in the Additional Protocols to the Association Agreements, to be concluded with those countries, concerning participation in Community programmes. The programme shall be open to participation by Cyprus and Malta on the basis of additional appropriations in accordance with the same rules as those applied to the EFTA countries, in accordance with procedures to be agreed with those countries.

Article 7

Monitoring and evaluation

1. The Commission, taking into account the reports drawn up by the Member States and with the participation, where necessary, of independent experts, shall ensure that an evaluation is made of the actions undertaken.

2. The Commission shall submit to the European Parliament and the Council an interim report halfway through the programme and a final report on completion thereof. The Commission shall incorporate into those reports the results of the evaluations. It shall also send the reports to the Economic and Social Committee and the Committee of the Regions.

ANNEX

PROGRAMME OF COMMUNITY ACTION
ON THE PREVENTION OF DRUG DEPENDENCE

A. DATA, RESEARCH, EVALUATION

Objective

To improve knowledge of the phenomenon of drugs and drug dependence and its consequences and of means and methods of preventing drug dependence and the risks relating thereto, in particular by using the information supplied by the EDMC and the possibilities offered by existing Community programmes and instruments.

Actions

1. Help identify the data to be collected, analysed and disseminated for the purposes of the programme, including data on polysubstance dependence.

2. Exploit the data most useful for the implementation of the programme, on the basis in particular of a regular communication of the work of the EDMC.

3. Help develop a strategy for research on the prevention of drug dependence, in particular to improve knowledge as regards the impact in the public health sphere of policies targeting drug users and on the effects of drugs and the use of appropriate techniques for preventive purposes.

4. Support studies and pilot projects on the socio-economic,

socio-cultural and psycho-sociological factors associated with drug dependence, including in target groups.

5. Support studies and actions and promote the exchange of experience on ways and means of preventing the risks associated with drug dependence, in particular for:

   - preventing, in drug-dependent pregnant women, the effects of drugs on the foetus and the risks of transmitting infections to the child,

   - reducing the risks associated with the injection of drugs,

   - making an assessment of accompanying health measures, in particular substitution programmes,

   - evaluating methods and programmes for prevention and risk reduction in the management of drug-dependent prisoners.

6. Encourage the exchange of information and experience on preventing drug addiction relapses, including the rehabilitation of drug users.

6. Encourage the exchange of information and experience on preventing drug addiction relapses, including the rehabilitation of drug users, and on ways of assisting persons living with them;

B. INFORMATION, HEALTH EDUCATION AND TRAINING

Objective

Contribute to improving information, education and training aimed at preventing drug dependence and the

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Contribute to improving information, education and training aimed at preventing drug dependence and the

associated risks, in particular for young people and particularly vulnerable groups.

associated risks, in particular for young people in the relevant environments (for example home, school, university and leisure time) and particularly vulnerable groups.

(a) Information and health education

Actions

7. Support schemes to evaluate the effectiveness of information and health education campaigns and carry out regular public opinion surveys via Eurobarometer to monitor changes in Europeans' attitudes towards drugs.

8. Organize further European Drug Prevention Weeks on the basis of previous experience.

9. Help identify, test and develop the best information and educational tools and methods for target groups, and in particular:

   - encourage the use of information tailored to particular environments or circles, taking account of changes in patterns of use and products used, and of the phenomenon of polysubstance dependence,

   - support schemes to adapt messages to the needs and specific features of particularly vulnerable groups,

   - support the development of telephone help line services and consider the feasibility of introducing a single telephone number for such services in all Member States.

10. Help to define guidelines on the prevention of drug abuse and foster the selection and use of teaching methods and materials, in particular within the context of the European network of health-promoting schools, in order to develop attitudes in young people which will enable them to avoid drugs and drug addiction; support integrated projects, programmes and other drug prevention initiatives in places frequented by children and young people, with the participation wherever possible of parents and those concerned.

11. Encourage exchanges of experience on initiatives aimed at improving coordination between all those involved in the provision of education.

12. Support schemes for advising teachers, families and those responsible for young people on the early detection of the use of drugs and the action to take.

13. In cooperation with the EDMC and the Council of Europe, encourage if need be, the extension of the European network of "test towns", so as to promote technical cooperation on the ways and means used by these towns to reduce drug demand.

14. Support exchanges of experience, particularly on a regional cross-border basis, concerning local prevention initiatives. Support exchanges

10. Help to define guidelines on the prevention of drug abuse and foster the selection and use of teaching methods and materials, in particular within the context of the European network of health-promoting schools, in order to develop attitudes in young people which will enable them to avoid drugs and drug addiction; support integrated projects, programmes and other drug prevention initiatives in places frequented by children and young people, with the participation wherever possible of parents and those concerned; promote recourse to the expertise of persons liable to come into contact with groups of potential users.

of experience on prevention models and practices involving towns in different Member States which are particularly affected by the problem of drugs.	
(b) Training	
15. Promote initiatives to improve the drug prevention aspect of vocational training programmes for teachers and those responsible for young people and encourage exchanges of students training for the social and health-care professions, including exchanges under other Community programmes.	
16. Support the development of further-training programmes, teaching materials and modules for those likely to come into contact with drug users and groups at risk, including in particular social work, health-care, police and other law-enforcement professionals.	16. Support the development of further-training programmes, teaching materials and modules for those likely to come into contact with drug users and groups at risk, including in particular social work, health-care, police and other law-enforcement professionals; promote multidisciplinary cooperation with a view to preventing drug dependence.

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