



SPAIN
NATIONAL PLAN ON DRUGS

NATIONAL
DRUGS
STRATEGY
2000 - 2008

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Presentation

The recent approval of the “National Drugs Strategy” by the Council of Ministers on the 17th December 1999 was an unquestionable milestone in the institutional response in this country to the drug phenomenon. In practice, it means the beginning of a new National Plan on Drugs (PNSD, in its Spanish acronym) which, by incorporating everything positive from the previous Plan, offers the public a hopeful project with which to enter the new century. I am convinced that, with this new Plan, we are offering Spanish society a useful, modern instrument which is also prudent and ambitious at the same time, in order to confront one of the problems most directly affecting the model for living in peace and liberty that we all want for this country. This Government and, in particular, this Ministry of the Interior with its specific powers, have always considered the support, encouragement and development of a realistic and efficient policy with regard to the fight against drugs to be a priority question. At the beginning of 1997, this preoccupation lead us to propose a “Plan of measures for fighting drugs” of an urgent nature, the success and results of which I was able to inform the Council of Ministers two years later.

I believe that this country can be reasonably satisfied with the balance reached in these years and in all the previous ones since the National Plan on Drugs was approved in 1985. Although there is still a great deal of effort that we have to continue to make if we are not to waste what we have already achieved and to improve and increase the response offered up to now, nobody can deny that a series of achievements have been made which has placed us among the most advanced countries in the development of policies to combat drugs.

All the Public Administrations (both the Central and Autonomous and Local Administrations) have all participated in these achievements but so has civil society through associated organisations, professionals with actions regarding drug dependence and the social communications media, among others.

With the “National Drugs Strategy” which is at present seeing the light of day, we want to go deeper into some aspects which have already been considered in the previous National Plan and widen the framework for action to other new elements that we consider to be relevant with regard to adapting to the present needs of this phenomenon and which will have a greater effect on the drug policies.

In the first place, I want to emphasise that the National Strategy has been prepared in a participating and integrating manner. Throughout the entire, long process, the document has been open to the participation of the Public Administrations and the institutions and organisations in a society that is interested in this very grave problem of our times. In the same way, all the strategies required to confront this with expectations of success have been included: from prevention, rehabilitation and the insertion of those affected in society to the drug supply control.

Furthermore, the Strategy considers the drug dependence phenomenon in a global manner and indicates the great importance which must be given to substances such as alcohol and tobacco, in the present context of drug consumption and the groups which use these.

But, without any doubt whatsoever, the fundamental aim of the Strategy is prevention. Prevention which, as we have been repeating all these years, must be based on education and training in attitudes and values, aimed particularly at children and young people, and great account must be taken of leisure consumption at weekends. Prevention must also be framed in a wide perspective within what is called “Education for Health”. The family and the school must figure among the priority environments on which prevention must be centred. School programmes have become widely accessible and aroused much interest in the last few years, but we are obliged to accept a process in which intervention is slowly becoming generalised in this field. Likewise, we have to go more deeply into matters in which, although interesting experiences have been initiated, there is a long way to go, which is the case of prevention in the work environment or projects for collaboration with the social communications media.

Looked at from this way, the Strategy highlights the need to prevent a series of social and health problems associated with drug consumption, for which reason different activities for the detection and treatment of organic and

psychological pathologies linked to consumption are included among the objectives; all of this within the context of a policy to reduce the inherent harm and risks and provided with the necessary quality criteria.

However, the emphasis that we put on prevention must not make us relegate to a secondary plane the need to strengthen other areas which, having been priorities at the beginning of the Plan, are still of decisive importance at the present time. Therefore, it is necessary to procure the maximum standardisation in the assistance given to drug addicts. To do this, it is necessary to develop the co-ordination of the aid networks providing treatment with the Public Health Systems and Social Services to the maximum, in such a way that the existing resources are made as profitable as possible and unnecessary duplications are avoided.

On the other hand, we must be attentive to innovations regarding the therapeutic techniques and treatment programmes that are opening up new possibilities for attending to people affected by drug addiction, but which require, at the same time, a rigorous system of comparison and evaluation to validate their results. In this section on rehabilitation, one of the main contributions of the new Strategy is that of guaranteeing full cover for out-patient assistance for all drug addicts within the field of each one's health problems.

With the aforementioned improvements necessary, rehabilitation measures would lose some of their sense, if we cannot find a suitable complement in programmes aimed at the social integration of drug addicts. In this sense, and recognising the different experiences of the past few years, the Strategy proposes a series of concrete measures which will help people with drug-related problems to become incorporated in society as active members of this. In this section, measures aimed at encouraging training and employment programmes acquire a special relevance, developed around the Autonomous and Local Administrations, with the support of the competent bodies in Central Administration.

The considerable achievements made in policies for controlling the illicit drug offer will be increased by constantly adjusting the standard framework to the activities of illicit drug trafficking and the laundering of money produced by this. It will also have an effect on the co-ordination and boosting of the special investigation units in the State Security Bodies and Forces and control on small scale drug trafficking will be increased.

As was to be expected, the Strategy establishes the principles to be applied for international co-operation and the objectives to be reached in the various fields of institutional action in which Spain moves.

Lastly, a group of measures is established aimed at boosting the task of investigation in the different fields of action of the Plan and an improvement in the training of professionals. To this end, a National Investigation and Training Institute will be created and encouragement will be given to the development of the Spanish Monitoring Centre for Drugs and Drug Addiction, created two years ago within the Government Delegation for the National Plan on Drugs.

I would like to end this presentation of the “National Drugs Strategy” by insisting on the fact that its approval is the fruit of a general consensus of opinion and of the joint work of a whole series of institutions and people to whom, in these pages, I would like to express my gratitude for their enthusiasm and the efforts they have made in its preparation.

I have every confidence in the fact that this same enthusiasm and effort will be applied to its execution so that this Strategy which is just being set in motion will be a success and achieve the results anticipated. Because, in precise terms, this success will not be attributable to a Government, Administrations or certain concrete institutions, but will be a success of society as a whole and will contribute to achieving one of our greatest aspirations, that of building a common space for living together and freedom where the ideas and the hopes of all its members can be developed.

Jaime Mayor Oreja

Minister of the Interior

Chairman of the National Plan on Drugs

Introduction

The “National Drugs Strategy” has been subjected to a process of debate and consultation with different institutions and organisations which clearly show the degree of consensus with which the work of preparation has been undertaken. This process can be described, succinctly, in the following manner.

At the beginning of 1999, encouraged by the Government Delegation for the National Plan on Drugs, a start was made, in collaboration with those responsible for the various Autonomous Plans on Drugs and the Government Delegation itself, on a text of which six draft copies were made. After some debate at different meetings of the Inter-autonomous Commission, a first version, which was considered to have been sufficiently prepared, was presented to this Commission at a meeting held on 23rd June of that same year.

At this meeting, those responsible for the Autonomous Plans approved the text presented, in general terms, entrusting a commission to prepare the final version of this. This commission had to include the corrections and suggestions made, both at the meeting held that day and on the dates immediately following this. As well as those responsible for the Autonomous Plans, a wide variety of public and private institutions working in the field of drug addiction also made important contributions. Among these institutions, mention should be made of the Government Ministries which form part of the National Plan on Drugs: the Interior, Justice, Education and Culture, Health and Consumer Affairs (with important suggestions from the Secretary of the National AIDS Plan and INSALUD), and Labour and Social Affairs. It must also be stated that the most representative Non-Governmental Organisations (ONGs) in the sector and the National Commission for the Prevention and Treatment of Drug Addiction in the Work Environment, in which the Government Delegation for the National Plan on Drugs, the Trades Union Confederation of “Comisiones Obreras”, the General Workers Union and the Spanish Confederation of Business Organisations participate, were all approached.

At the meeting of the Inter-autonomous Commission of 29th September, which was held to discuss the new version of the Strategy, this was finally approved and it should be mentioned that the new people responsible for some of the Autonomous Plans, named after the autonomous elections of the month of June, were in attendance.

Later, the Strategy was approved by the Plan Sectorial Conference at its meeting of 26th October, by the Higher Council for the Fight against Drug Trafficking and Money Laundering, on 15th November, and by the Inter-ministerial Group, the maximum management body for the Plan, on 16th November.

On 30th November, I presented the National Strategy, with the support of all the parliamentary groups which form part of same, to the Mixed Congress and Senate Commission for the Study of the Drug Problem.

Finally, the National Drugs Strategy was approved by Royal Decree 1911/99 at the meeting of the Council of Ministers which was held on 17th December, thus bringing to an end the laborious but very productive process of producing this document.

I would like to express my profound gratitude to all those who worked to make it possible for the National Strategy to become reality and, basically, to all those members of the Inter-autonomous Commission for the National Plan on Drugs.

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Royal Decree 1911/99 of 17th December, which approved the National Drugs Strategy for the period 2000-2008

The National Plan on Drugs, the result of the consensus and political will of 1985, after almost 15 years in force and permanent updating, needed to be adapted to the present day reality of the drug phenomenon and to be ahead of the foreseeable changes in the drug addiction phenomenon. As a result of this, the need was suggested for redefining the National Plan on Drugs by adapting it to a new model for intervention coherent with the realities of drug consumption and its consequences. It seems obvious that, at the present time, we are in a situation which requires a review of the actions which have to be taken, adapted both to present needs and to those which will appear in the near future.

Furthermore, we are at an ideal time for defining the present drug phenomenon as the needs experienced by the population are not the same as those of 15 years ago. We have a greater knowledge today and experience which allows us to make better decisions more suited to our environment. Even more, a political consensus has existed in this country on examples of drug addiction intervention which have undoubtedly represented and still represents one of the basic pillars for the effectiveness of the actions carried out. This consensus among the political powers, which has prevented partisan and opportunist temptations, contributed efficiently to avoiding fruitless confrontations and prevented the passing on to the public of an artificial worsening of the situation which would have contributed to encouraging the feeling of social alarm and uneasiness which would have made the provision of calm, efficient solutions very difficult.

During all this time, the Governments in the different Autonomous Communities and the Cities of Ceuta and Melilla, as the real institutions

directly responsible for the majority of the interventions in drug addiction matters, were defining the Autonomous Plans on Drugs and putting them into practice, which has allowed the State to have certain structures for intervention and for developing networks for assistance and preventive programmes.

It has undoubtedly been the commitment of the Autonomous Communities and the Cities of Ceuta and Melilla, together with the efforts of the State General Administration, that has allowed this country to develop a model for intervention which has become an internationally recognised reference. It can be said that, thanks to this involvement of all the Administrations, we are not starting from zero, but it is obvious that we are starting with a consolidated situation for intervention in drug addiction, which does not mean in any way obviating the need to continue advancing without falling into the unprogressive temptation of limiting ourselves to managing the past.

The Local Administrations contributed in an important manner to these achievements as, from their privileged position of closeness to the reality, they put into practice certain concrete and efficient responses to the drug addiction problem.

On the other hand, we also have to highlight the role that the Non-Governmental Organisations have played as elements for direct and immediate intervention with assistance and prevention programmes and also in giving dynamism to the actions of the Administration.

In turn, the Mixed Congress and Senate Commission for the Study of Drugs, in its report of December 1995, established the need to put into practice and develop actions in different areas which would allow solutions to be provided to problems related to drug consumption. This report, the result of much debate, but above all as the result of a deep analysis of the drug reality, unanimously approved by all the political groups, included a series of measures which have been carried out almost in their entirety.

For its part, the Government approved a measures Plan in 1992 aimed at providing solutions to the different problems introduced in this country with regard to drugs. This Plan has also been fully developed.

On the other hand, the twentieth Extraordinary Session of the General Assembly of the United Nations, which was held in June last year in New

York, with a massive presence of Heads of State and Governments (a reflection of the importance that the drug problem means at world level), approved a declaration of guiding principles, pluri-annual goals and objectives, particularly for 2003 and 2008. In this declaration, all the States were ordered to prepare their respective drug strategies which formed the operating elements for achieving the objectives proposed. In precise terms, the first objective of this declaration includes the need to develop and apply national strategies for 2003 which fully include the reigning principles in the declaration referring to the demand reduction and, the second objective is to reach the highest political level in every country, a long term commitment for applying a national strategy for reducing demand and establish a means to ensure the most absolute co-ordination and participation of the authorities and pertinent sectors in society.

Likewise, the work that the European Union has been developing in the past months is taken into account with the object of approving the European Union Strategy on Drugs (2000-2004) in the European Council in Helsinki on 10th and 11th December. This is a continuation of the Plan of Action on Drug (1995-1999) approved in Cannes in June 1995.

The Government, aware of this need, understands that the preparation of a National Plan on Drugs, which will determine the elements for intervention in this field in Spain during the next few years, is advisable.

With this object in mind, the Government Delegation for the National Plan on Drugs proposed the preparation of a document which would have all the requirements for participating, clear, global, evaluative, up-to date and respectful of the functions and powers of the Public Administrations, defined in the Constitution, the Statutes on Autonomy and the laws that develop these. This document must, then, constitute the co-ordinated instrument for intervention in the different aspects which make up the drug phenomenon laid out in the sections which follow.

The Strategy is structured into the following sections: 1. Analysis of the situation; 2. Evolution and main achievements of the National Plan on Drugs; 3. Goals and objectives of the National Strategy; 4. Specific fields of intervention; 5. Regulatory environment; 6. Investigation and training; 7. Functions of and bodies in the National Drugs Strategy; 8. Evaluation and information systems; and, 9. Financing.

In the first section the transformation is analysed, with respect to the previous decade experienced in this country with regard to the drug phenomenon during the nineties. In this, the checking of the flow or even a drop in heroin consumption are highlighted, together with the appearance of new drugs and the use of new patterns of consumption.

Particular interest is also given to an analysis of the trends in alcohol and tobacco consumption.

An examination of the evolution and main achievements of the National Plan on Drugs (PNSD) is made in section 2, from its origins, in 1985, to the present day. Among these achievements, mention should be made of the following: the existence of a Global Plan for Intervention with regard to the drug dependence phenomenon, articulated from an institutional, social and political consensus, where all the Public Administrations converge; the making possible of a social framework where the activities carried out by civil society are articulated; the consolidation of an ample network of attention which is diversified and professional; the setting into motion of experiences regarding insertion into society and work and the creation of solid bases capable of making the process of generalising a preventive policy possible.

Going on from here, section 3 refers to the goals and objectives of the Strategy for the period 2000-2008.

Among these goals and objectives the following stand out: the priority which will be given to prevention, as the most important strategy for facing up to the problem; the adaptation of the existing network for assistance in order to adapt it to the new needs presented by the phenomenon; the encouragement of programmes which will facilitate the incorporation of drug dependent people into society and the possibility of reducing the drug offer by means of promoting concerted action against drug trafficking, money laundering and other related crimes.

Section 4 of the Strategy considers the different fields for intervention, in which the following are explained: the priority level, grouped according to demand; the control of supply and international co-operation.

At the level of demand reduction, prevention is seen as the basic axis on which the National Drugs Strategy acts. As a consequence, the measures and objectives tending to achieve greater involvement in civil society through

sensitisation and awareness and also the modification of social stereotypes regarding consumption form one of the main intervention elements.

School, family, working, community and social communications environments are the ones given top priority for preventive intervention in the Strategy.

To this end, a group of general and specific objectives to be fulfilled have been established for each environment and over a period which covers the years between 2003 and 2008.

The National Drugs Strategy also considers interventions aimed at reducing the harm occasioned by drug consumption at the same level as demand reduction.

In matters concerning assistance and the social integration of people affected by drug consumption, the National Strategy proposes a system which will all the therapeutic possibilities and delimits the functions of each of these, guaranteeing equity in the services throughout the State.

The main wager in these matters lies in the fact that assistance for drug addicts who are ill must come via the National Health System and the System for Social Action and Social Services, supplemented with duly authorised and/or verified resources, given the name of the System for the Assistance and Social Integration of Drug Addicts.

Also the objectives with the time perspective of the period 2003-2008 are defined in these matters.

At the level of drug supply control, the main objectives, among others, are established as achieving the reinforcement of the National Central Narcotics Office as the centralised and co-ordinating body for information and an increase in the training of State Security Bodies and Forces in techniques for fighting against drug trafficking.

New items foreseen in the Strategy within this field of drug supply control, the establishment of the Follow-up Observatory on the use of new technologies by the drug trafficking organisations also stands out, together with the Technological Modernisation Plan for the State Security Corps and Forces in matters of communications, data processing and material resources. Finally, with regard to operating, the Strategy considers the strengthening of frontier controls, by means of joint actions in ports and airports, land and territorial maritime frontier posts. Particular attention in this respect is given

to the area of the Straits of Gibraltar, increasing the co-ordinated actions of the State Security Bodies and Forces and of the Assistant Direction of Customs Surveillance in the southern area of Spain.

International co-operation is constituted in the Strategy as an area of particular importance as it makes the active participation of Spain possible in all the multilateral fora in which the drug problem is being considered (the EU; UNO; Council of Europe; American States Organisation; GAFI). All of this without prejudice to the bilateral collaboration relationships with countries with which Spain shares this common problem, mainly neighbouring countries such as France, Portugal, Italy and Morocco and also the Latin American countries.

To end, sections 5, 6, 7, 8 and 9 of the Strategy cover regulatory intervention, aspects related to training and investigation, the bodies and functions for developing the Strategy, the system of evaluating same and the information systems and financing provisions.

With respect to the aforementioned sections, it is anticipated that attention will be given not only to the preparation of legal norms directly related to drug trafficking and consumption, but also to the commercial and economic activities used by criminal organisations. A good case of this are the new telecommunications technologies (e.g. digital telephony, the Internet).

In the second item indicated, and in view of an absence of any adequate development of the training actions and specific investigation in matters of drug addiction over many years, the Strategy considers the training of professionals and support for investigation applied to drug addiction to be priority objectives.

In this respect, the Government Delegation for the National Plan on Drugs will, on the one hand, ensure the ideal nature and suitability of the training content for the priority needs in this country and, on the other hand, will direct its actions towards consolidating investigation into drug addiction at state level.

In the organisational and functional section, the Strategy includes the functions to be developed by the different Public Administrations (State, Autonomous and Local), taking the powers recognised by the Constitution, the Statutes on Autonomy and the laws for developing these norms into

account. Considering their basic role, the functions of the non-governmental organisations and other social organisations are also included with these.

The bodies at present existing for the co-ordination, follow-up and evaluation of the National Plan on Drugs are basically maintained.

In the section relating to information evaluation and systems, the Strategy foresees the design of an evaluation system which will permit the early detection of any deviations which may occur and generate the corrective actions for guaranteeing the ultimate efficiency of the Strategy itself, allowing this to be adapted to new needs or scenarios for intervention which may emerge.

With regard to the information systems, it is anticipated that the organisational structure of the Spanish Monitoring Centre for Drugs and Drug Addiction will be perfected.

Furthermore, the National Survey System will be consolidated by improving its methodological aspects and the information sources system will be completed with the introduction and consolidation of Rapid Information Probes.

Finally, in the last chapter, the financing provisions of the new Strategy will be considered.

Previous to the approval of this Royal Decree, the Strategy approved with this provision was submitted to the consideration of Non-Governmental Organisations at state level dedicated to drug addiction and to other social bodies such as trades unions and was favourable received by one and all.

In the same way, and taking the activities to be developed into account, the document was examined and approved by the Sectorial Conference of the National Plan on Drugs, by the Inter-ministerial Group for the Execution of the National Plan on Drugs and the Higher Council for the Fight against Drug Trafficking and Money Laundering.

By virtue of this, on the proposal of the First Deputy President of the Government and Presidency Minister, the Second Deputy President of the Government and Minister of Economy and the Treasury and the Ministers of Justice, the Interior, Education and Culture, Labour and Social Affairs, Health and Consumer Affairs, with the previous approval of the Minister of Public Administrations and the previous deliberation of the Council of Ministers, at its meeting of 17th December 1999

I stipulate

Article 1.- Approval

The National Drugs Strategy for the period 2000-2008, contained in the Appendix to this Royal Decree, is approved.

Article 2.- Aim

The aim of the National Drugs Strategy will be to update the National Plan on Drugs, directing, encouraging and co-ordinating the different actions in drug matters developed in Spain in the period of time established in the above article, and serving as a framework for reference for the establishment of the co-operation and co-ordination necessary between the different Public Administrations and Non-Governmental Organisations dedicated to the problem of drug addiction.

Sole Final Provision

This Royal Decree will have effect between 1st January 2000 and 31st December 2008.

1

Analysis of the situation

The data available from the Spanish Monitoring Centre for Drugs and Drug Addiction, the information services of the Autonomous Communities and the Cities of Ceuta and Melilla and databanks from other public and private bodies permit a picture of the situation of the phenomenon in Spain to be performed, a basic element when designing prevention projects and programmes.

The Nineties: a decade of change

During this decade the drug phenomenon has suffered great transformations in Spain with a series of changes which have drawn a different scenario and, undoubtedly, a more complex one than that which existed in the eighties.

In effect, if up until a short time ago the outstanding drug and the one to which the most effort was given, was heroin, today we have clear evidence of stabilisation (and one could even speak of a drop) in its consumption. This does not mean that we are still not suffering the serious consequences derived from its consumption. In fact, the length of time spent as a drug consumer and the presence of AIDS and other associated illnesses generate a large number of individual and family problems in both the health and social spheres.

However, the most recent surveys show that, in spite of the fact that illicit drug consumption continues to be a very important problem for almost half of all Spaniards, the feeling of alarm associated with this phenomenon is being progressively reduced.

New drugs and new patterns of consumption

But, faced with this reality, since the beginning of the nineties a new emerging phenomenon has been appearing defined by drug use and the adoption of new patterns of behaviour. Among the first, the so-called

synthetic drugs, which have spread widely in a short space of time, have acquired a social relevance.

But the strangest thing about these substances – together with other better known ones such as cocaine or really traditional ones such as alcohol – is the manner in which they are consumed by certain juvenile sectors. We are talking of weekend consumption, outside the family environment, in public spaces or on public premises and with almost the only motive being that of enjoying oneself. In the case of alcohol, there frequently exists an intentional desire to become drunk, with changes in the times of young people going out and consumption on in public streets, characteristics which increase the phenomenon.

However, the number of problematical or excessive consumers of alcohol continues to be among the adult ages with the consequent harm both to the individual and to the family, without forgetting that derived from accidents at work or traffic accidents.

One aspect which should be highlighted is that this type of consumption is not generally limited to contra-cultural positions or marginal behaviour such as frequently happens in the previous model. We are faced with new fashions, new ways of being in society, which affect important groups of young people who are relatively normal in other spheres of their lives.

The main trends in drug consumption

The main trends with regard to the situation of drug consumption in this country can be synthesised in the following manner.

■ Heroin

As stated previously, all the data available points to a stabilisation (or even a drop) in heroin consumption of all kinds (both experimental consumption and occasional and habitual consumption).

To this, must be added a further piece of data of great importance from the point of view of public health: injections continue to decrease among heroin consumers and the practice of smoking or inhaling this drug is increasing.

■ Synthetic drugs (ecstasy and similar)

These drugs are synthetic psychopharmacos, in general variations of the amphetamine, a stimulant of the central nervous system. The best known, ecstasy or MDMA, which has achieved the greatest fame in the communications media over the past few years, has been included since 1985 in List I of the Agreement on Psychotropic Substances of the United Nations, which is where the substances considered to be most dangerous are all grouped together and, because of this, are more subject to international control.

These substances appeared in Spain in places where there was a strong predomination of tourists (Ibiza and the East Coast) and, at first, among foreigners. Its consumption rapidly increased from the beginning of the nineties and in a very short space of time.

The synthetic drugs form and lead to an association of consumption with other drugs – in particular the hallucinogens and amphetamines – which make them a great risk.

■ Cocaine

There does not appear to have been great changes in the consumption of cocaine in the general population. However, a slight increase has been detected in the last few years among the juvenile population.

The most relevant fact with regard to cocaine is the significant increase in the number of people with problems over this substance who have been asking to be attended to in the health and social services for the past two years. All this makes a greater level of epidemiological vigilance, prevention and specialised treatment of the problems associated with its use advisable.

With respect to “crack”, fortunately its consumption is not very widespread among the population. Nevertheless, it appears that there is some consumption among heroin users, particularly in some Autonomous Communities in the south of Spain and in the Canary Islands, where heroin is consumed mainly through the lungs (smoked or inhaled).

■ Cannabis

Its derivatives, basically hashish, continue to be the most widely consumed illegal drugs in Spain. Approximately one in every five Spaniards has tried this substance at some time.

Although one has to be cautious when it comes to concluding that cannabis consumption is on the increase among the general population, an increase can be confirmed in this consumption among the juvenile and adolescent population during the past few years.

■ Alcohol

Alcohol is undoubtedly the toxic substance most consumed by the Spaniards. Although, according to the most recent data available, it does not appear to be increasing, the present figures are sufficiently important to merit our attention. The great proportion of subjects referring to consumption in the past month was produced among those of 19 and 28 years of age. As was explained previously, among young people alcohol consumption has peculiar characteristics: it can be seen mainly in public places or places for enjoyment, it happens mainly during weekends and is centred on beer and combinations as the most popular drinks. A high percentage of the population from 15 to 28 years of age maintain a pattern of consumption at weekends. Daily consumption and, therefore, the most problematical, is centred above all on those over 49 years of age. In spite of the high prevalent rates, great social tolerance exists with respect to alcohol consumption and its use carries with it a very low perception of the risk. This makes the application of strategies aimed at preventing alcoholism very difficult.

■ Tobacco

With alcohol, tobacco is the toxic substance most consumed by Spaniards. According to the latest surveys, the vast majority of Spaniards between 15 and 65 years of age have tried it at some time, the average age for contact with this substance being 16.6 years of age for the population as a whole. The major daily tobacco consumers are registered among men, people between 20 and 38 years of age and with compulsory and advanced or professional training educational levels.

The present generation of young people start smoking earlier, with an appreciable percentage that has tried the substance before the age of 14. Equally, it must also be mentioned that women between the ages of 15 and 18 start smoking before males of the same age. The opposite of what used to happen in previous generations.

On the other hand, in the sector of young people between 15 and 18 years of age who smoke every day, the percentage of women who have this habit is higher than that of men.

■ Tranquillisers and sleeping pills

The consumption of these substances without a medical prescription is very high. A fairly common model in the use of these consists of starting with a medical prescription and continuing to prescribe for oneself. The proportion of women in the total number of consumers is higher for these substances than in the case of illegally sold drugs. On the other hand, a certain tendency for this type of consumption to increase has been appreciated in the past few years among young people aged between 14 and 18 years.

■ Social perception of the phenomenon

According to what the latest surveys reveal, and as indicated previously, although approximately half of the Spanish public considers that illicit drug

consumption is a serious problem, the feeling of alarm associated with this type of behaviour has dropped.

This is translated into a greater difficulty perceived in acquiring different drugs, particularly those considered by those interviewed as the most dangerous to health. A decrease can also be seen in the visible part of certain matters related to this question: hypodermics thrown on the ground, people offering drugs, consumers taking substances in public places, etc.

On the other hand, there is an important degree of coincidence among the proposals that the public considers to be the most positive for resolving this question and the actions carried out by the Public Administrations. The following stand out among these proposals: education on the subject in the schools, voluntary treatment for consumers, police control and information and sensitisation of the population campaigns. Only a very small percentage is in favour of legalising drugs as an appropriate measure for resolving this matter.

Evolution and main achievements of the National Plan on Drugs

In the first place, it can be roundly affirmed that the National Plan on Drugs represented a qualitative and quantitative leap for intervention in the drug environment. A brief review of its creation, evolution and present situation is given below:

- The first references to the need for structured and co-ordinated action in matters of drug addiction appear in Decree 3032/1978, of 15th December, on the creation of an Inter-ministerial Commission to study the problems derived from drug consumption.
- As a consequence of the above, in the 1983 Debate on the State of the Nation, the Government stated its intention to institutionalise and centralise the political and administrative co-ordination actions regarding the prevention of drug addiction in a single body, for which it would prepare a “National Plan”. At this time, the Status of the Autonomous Communities was already a reality.

In order to prepare the first documents which would serve for the preparation of the National Plan, an Inter-ministerial Work Group was set up, co-ordination being entrusted to the Ministry of Health and Consumer Affairs.

- The directive lines of the National Plan prepared by the Group were approved in the deliberations of the Council of Ministers on 20th March 1985 and the First Sectorial Conference on the National Plan on Drugs was held on 11th April 1985, under the chairmanship of the Minister of Health and Consumer Affairs.
- At this First Conference, the constitution of an Inter-autonomous Technical Commission was agreed whose task was to study the Plan and provide suggestions and also to tackle the subjects which could be commended by the Sectorial Conference.

The measures included in the Plan were directed mainly at achieving the following objectives:

- Reduction in drug supply and drug demand.
- Decrease in the feeling of insecurity among the public.

- The offer of a Public Network for attention services, sufficient and transparent enough for society as a whole.
- Co-ordination and Co-operation of the Administrations and Social Institutions involved in the problem.

With the publication of Royal Decree 1677/1985, of 11th September the creation of the Government Delegation for the National Plan on Drugs became a reality, as a single person body, with the powers to develop the Agreements of the Inter-ministerial group; prepare proposals for programmes and actions related to the fight against drugs and drug consumption and evaluate those prepared by the various Ministries; co-ordinate and functionally direct the different Ministerial Departments, Bodies and Public Administrations and co-ordinate the allotment of budgetary resources.

Once the first few years had passed after this was set up, the organic structure of the National Plan on Drugs suffered various modifications with three basic motives:

- An increase in or incorporation of new Ministerial Departments.
- An increase in powers.
- The need to distinguish between the political functions of the person entrusted as a Delegate of the National Plan and the administrative activities of the Organisation in his charge.

By Royal Decree 1985/1996, of 2nd August, the Government Delegation increased its field of action. From then on, it also had the responsibility for the general register of Operators in Chemical Substances Catalogued and others attributed to the Ministry of the Interior by Law 3/1996, of 10th January; and the power to receive, analyse and study information on drug trafficking and money laundering related to same. To these must also be added those attributed to it as a consequence of the approval of Law 36/1995, of 11th December, on the creation of a Fund proceeding from goods confiscated through drug trafficking and those which, after the approval of Royal Decree 783/1998, of 30th April, were conceded to it as the State Communication Body with the European Monitoring Centre for Drugs and Drug Addiction.

But, together with this widening of powers, a parallel re-distribution has come about in the organisational aspects of the Delegation, as has been seen, in the fields of resources, control of the drugs available and information.

The following may be highlighted among its main achievements during the almost fifteen years since the National Plan on Drugs has been in force:

- 1. The existence of a global Plan with regard to the problem of drug addiction articulated from an institutional, social and political consensus where all the Public Administrations work together.** This Plan materialised territorially through the Autonomous Plans in force in the 17 Autonomous Communities and in the Cities of Ceuta and Melilla which make up the Spanish State.
- 2. Strengthening of a social framework where the activities carried out by civil society are articulated** with the unquestionable protagonism of the Non-Governmental Organisations which have a role in drug addiction, the prominent presence of various institutions (Universities, companies, foundations of various types, etc.), together with the involvement of a high number of professionals and other private sectors interested in this subject.
- 3. Consolidation of a wide network for providing attention which is diverse and professional.** This allows a response in the form of assistance to be offered according to the requirements of the drug dependent population.
This network, belonging mainly to the Autonomous Communities and the Cities of Ceuta and Melilla, has resources of various types which cover multiple offers of therapy in which programmes and out-patient attention centres, therapeutic communities, specialised units in hospitals, social emergency centres, programmes for reducing risks and harm, training and labour workshops and programmes for treatment with drug substitutes are considered, among others. This network has almost seven hundred public centres or centres with public financing and is capable of attending to more than one hundred thousand drug addicts a year.
- 4. The start up of different efforts to insert drug addicts into society and work,** which have been consolidated and developed over periods of time. In the

field of insertion in work, mention should be made of the start up in 1997 of the Protocol between the Government Delegation for the National Plan on Drugs and the National Employment Institute, on the basis of an Agreement for Collaboration between the Ministry of the Interior and the Ministry of Labour and Social Affairs, as well as the multiple actions carried out by the Autonomous Communities and the Cities of Ceuta and Melilla. By virtue of this, the National Employment Institution (INEM) offered 5,000 places for drug addicts in the process of rehabilitation, through the National Plan for Training and Professional Insertion and the subsidising of Workshop School and Apprenticeship projects. It must be emphasised that this protocol has been particularly important above all for drug addicts under 25 years of age and has permitted the incorporation of these people through Workshop Schools to be increased and institutionalised.

5. The creation of solid bases capable of making the process of generalisation of a preventive policy possible. Among the actions put into motion for achieving this objective, mention should be made of the following: a) the approval of the document “Basic criteria for intervention in programmes for the prevention of drug addiction” by the Inter-autonomous Commission in December 1996, b) the publication of different texts on prevention among which the book “The Prevention of Drug Addiction: Analysis and Proposals for Action” must be quoted and c) the introduction of “Education for Health”, as a transverse subject in primary and secondary education, after approval by the General Organic Law on Education (LOGSE).

6. Consolidation of information systems which allow an increasingly more complete and detailed knowledge of the reality of drug consumption in Spain and its consequences.

With regard to this, it is necessary to indicate the start-up of the Spanish Monitoring Centre for Drugs and Drug Addiction (December 1997), whose indicator system includes, with substantial improvements, various existing information systems (SEIT, home and school surveys on drugs) and creates other new ones (Rapid Information Probes, Immediate Warning Telephones, etc.).

7. Modernisation of the legislation to adapt to the ever-changing situation of drugs and drug addiction. This adaptation took place in the following environments:

- a In the political and administrative organisation of the PNSD and the taking over of functions by the Government Delegation for same (Royal Decree 1885/1996, on the basic organic structure of the Ministry of the Interior, and Royal Decree 783/1998, which established the Spanish Monitoring Centre for Drugs and Drug Addiction within the Government Delegation for the PNSD).
- b In the organisation, co-ordination and improvement of measures of a preventive and an assisting nature (at the moment, ten Autonomous Communities have Laws which regulate the aspects of prevention, assistance and re-insertion in their respective territorial environments).
- c In the regulation of state regulations aimed at encouraging prevention and increasing the means for doing this (Law 36/1995), on the creation of a Fund proceeding from the goods confiscated through drug trafficking and the Regulations for developing this).
- d In the measures for repressing the trafficking of drugs and crimes related to this (Law 10/1995, of 23rd November, of the Penal Code, on measures for the control of chemical substances catalogued as being susceptible to being side-tracked for the illicit manufacture of drugs. Organic Law 5/1999, modifying the Law on Criminal Procedure, which amplifies the concept of “controlled delivery” to the precursors and to the earnings obtained from drug trafficking and also regulates on the figure of the “undercover agent”).
- e With reference to controlling money laundering, Royal Decree 925/1995, of 9th January, which developed law 19/1993, on certain measures for the prevention of money laundering, establishing that the executive service of the Commission for the prevention of Money Laundering and Monetary Infringements (SEPLAC, in its Spanish Acronym) would be attached to the Bank of Spain.

It is also necessary to mention that Spain is included in the main Treaties and Conventions of the United Nations on this matter: the 1961 Single Convention on Narcotics Drugs, the 1971 Convention on Psychotropic Substances and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, adopted in 1988.

- 8. Availability of highly specialised police means and instruments:** the National Narcotics Central Office, Drug and Organised Crime Units (UDYCO, in its Spanish acronym), Standby Police, Specialisation Plans for the Fight against Money Laundering, etc.

Likewise, mention must be made of the existence of the Higher and Advisory Councils for the Fight against Drug Trafficking and Money Laundering, attached to the Ministry of the Interior. Through the Government Delegation for the PNSD, where authorities and functionaries from different bodies with competence in these matters all come together.

- 9. Spain has a distinguished presence in the main international organisations and fora** where intense activity is carried out: the United Nations, as a member with full rights of the Narcotics Commission; the European Union; the Dublin Group, in which it holds the presidency of the Regional Group “Central America and Mexico”; and the International Financial Action Group.

On the other hand, Spain has signed Agreements for bilateral co-operation with numerous countries and is carrying out wide activities in a particularly sensitive area, which is Latin America. In this sense, mention must be made of the constitution, in April 1998, of a Latin American Network of Non-Governmental Organisations specialised in drug addiction, encouraged by the Government Delegation for the PNSD, the objectives of which are to boost co-operation in this field between the Latin American and Spanish Non-Governmental Organisations.

- 10. Implementation of certain budgetary provisions,** in the field of the General State and Autonomous Administration which has allowed wide development of programmes and activities in all the areas of intervention of the National Plan on Drugs and which, in 1998, exceeded 30,000 million pesetas.

Goals and objectives of the National Drugs Strategy

The Strategy clearly defines the goals pursued by Spain in all its territories together with the objectives that quantify and provide a time for their achievement.

The main goals of the National Strategy are:

1. To maintain and strengthen constructive political debate which has been constant since the beginnings of the PNSD and which has permitted collaboration between the different political parties, with a view in mind of achieving the common objective of reducing the extent of drug addiction and improving the situations of those affected.
2. To encourage the sensitisation of society and promote participation of those private institutions, collective groups, associations and private persons who wish to work in this field, being aware that this is a task that can only be performed among everyone.
3. To give priority to prevention as the most important strategy for dealing with this problem, taking into account the emerging consumption of alcohol and tobacco of a recreational nature. But, basically, it is a case of prevention based on education and clearly aimed at children and young people to aid their emotional and social maturity, aimed at encouraging their capacity for self-criticism, their autonomy as persons and the clarification and strengthening of their values. Education, to sum up, which will make them free and capable of making the best decisions for their projects for life and for their integration in a society which is increasingly tolerant and supportive.
The prevention of drug addiction will be important both for avoiding the use and abuse of drugs and for other social and health problems associated with consumption. Because of this, it is necessary to include activities for the detection and treatment of the organic and psychological pathologies associated with consumption.
4. The National Plan on Drugs deals with the problem of drug abuse from a global viewpoint, which means totally including all the substances which can be used and abused, with special attention being paid to alcohol and tobacco.

5. To change the aid network existing in the Autonomous Communities and the Cities of Ceuta and Melilla in order to adapt it to the new needs which appear and which could be introduced by this phenomenon. And also to include those alternative therapies of recognised solvency, giving special attention to the variations encountered. This adaptation must maintain the encouragement for the aid network in the Public Health Systems and the Social Services to integrate and become standard, in order to make use of all the existing resources and offer a wide variety of therapeutic possibilities in terms of the needs required in each case.

In this aspect of rehabilitation, the Plan recommends being open to all innovation that has proved to be useful and is scientifically backed up.

6. To encourage programmes for people with problems over the use of drugs (whether in a therapeutic process or not) which will facilitate their inclusion in society as active members of same.

In this sense, although abstinence from drugs only constitutes one of the goals possible in the aid process, it continues to be a desirable objective and, therefore, to be encouraged.

7. To encourage a control of supply of drugs by promoting integral action against drug trafficking, money laundering and other connected crimes. To this end, it will be necessary to strengthen and improve the co-ordination of the different legal bodies that work in the control and repression of the drug offer and the crimes related with this (Judicial Power, Special Supervision Department for the Prevention and Repression of Illegal Drug Trafficking, Security Bodies and Forces), likewise bringing about a major specialisation of same.

8. To proceed to constant updating and adapting of the regulatory framework to the situation produced in the different fields of action of the Plan: demand reduction, drug supply control, political and administrative organisation, international co-operation, etc.

9. To encourage international co-operation, both with regard to participation in competent international organisations in the matter and

in bilateral or multilateral agreements with particular countries or geographical areas.

10. To foster a series of complementary areas which have a vital importance for achieving the general objective of reducing demand and control of the drug supply. Among these areas, the following should be highlighted: the training of technicians and specialists in the various fields of action; the evaluation of the programmes carried out and development of lines of investigation which will contribute to a greater knowledge of the situation that the programme is in and the measures for attacking it.

4

Specific areas for intervention

The National Drugs Strategy suggests an analysis of the drug phenomenon from a global and integrated point of view for which reason it considers different areas for intervention in which the level of priority of same is explained. These areas have been grouped into three basic strategic levels: a demand reduction, a control of supply and international co-operation. These are also considered from the viewpoint that, in order to avoid conflictive situations which would distort the reality of the phenomenon, permanent means must be established for co-ordination between the structures and measures at the three levels of intervention.

4.1. Demand reduction

■ 4.1.1. Prevention of drug consumption

The National Plan on Drugs is mainly based on the prevention of consumption and its consequences, with special attention given to alcohol, tobacco and the emerging consumption of a recreational nature. In fact, prevention is seen as the fundamental axis on which the National Drugs Strategy is articulated. For this reason, measures and objectives which tend to involve civil society more through sensitisation and awareness, and the modification of social stereotypes regarding different types of consumption which allow the effectiveness of the interventions to be improved, will have to constitute one of the main intervention elements. Likewise, this will have to be accompanied, as a priority, by another series of actions aimed at generalising preventive programmes with scientific support and an evaluation of their efficiency.

In this sense, the National Plan on Drugs gives special attention to the prevention measures, on the basis of the document on the “Basic criteria for intervention in programmes for the prevention of drug addiction”, produced by the commission appointed to this end and approved by the Inter-Autonomous Commission and Sectorial Conference.

Prevention has to be structured around certain principles, priorities and objectives for action:

Principles for acting

- 1 The preventive programmes must be considered in such a way as to make the synergy of actions in police, health, educational, working and social environments, etc. possible. This inter-sectorial component also covers the actions of the Administrations at different levels and social movement.
- 2 The corresponding social part and the active participation of the public are considered to be basic principles on which to establish any intervention in this field. Only from exercising individual and collective responsibility will it be possible to complete the work successfully, which will need a change in attitude and individual and social behaviour to be able to construct a society that is free from dependence on substances. In this sense, the role of the communications media is also considered to be a key role.
- 3 Another basic pillar of any preventive strategy will be the promotion of education for health. In this way, health education for the general population and education for health at school become basic strategies on which to design programmes and actions.
- 4 At the present time, an area of drug consumption prevention cannot be conceived which does not have measures aimed at prophylaxis and a reduction in illness and associated infectious conditions.

Priority environments for intervention

School, family, working, community and social communications environments are the priority ones for intervention.

1 School environment

Action in this environment must involve the school community as a whole, that is, the teachers, pupils and parents. It is considered that the basic strategy

for action must be developed through education for health, as a transverse matter, according to the LOGSE. This must be complemented with intensive interventions with particularly vulnerable groups and among those people affected by bad scholastic results should be mentioned.

Pupil activities will be directed by their teachers or integrated in school or extra-school activities of the educational centre. It is advisable that all of these should form part of the centre's educational project, continuous in time and not sporadic, in such a way that the pupil can start these activities and follow with those corresponding to the school years through which they have to pass.

It is considered important and necessary that the teachers should be able to count on the support of professionals in the prevention of drug addiction, in order to resolve any problems and difficulties which may arise in the development of the programmes.

It is also necessary for the teacher's actions to be seen to be helped by the existence of preventive materials which, when adapted to the period of evolution of the pupil, will have an effect particularly on the risks of tobacco, alcohol and unprescribed medication consumption.

Furthermore, other aspects must be dealt with such as hygiene habits, self care in matters of health, self-esteem, resistance to group pressure, development of a critical capacity when faced with the influence of advertising and other factors which are considered to be protective with regard to drug consumption. These materials must be sufficiently compared and experienced.

2 Family environment

The actions regarding families must have the objective of preventing the appearance of problems caused by drug consumption and also of consumption itself.

Interventions with families will tend to encourage educational skills and communication skills in the heart of the family, increase the feeling of competence of the parents and their capacity to resolve problems and also make them aware of the importance of their role as health agents. The involvement of the parents in other school or community initiatives developed in their environment must also be pursued.

It is necessary to improve access to families and manage to increase their participation in the programmes developed. To do this, the programmes must be aimed at giving a response to the needs and concerns of the parents, rather than being centred exclusively on training with regard to drugs and must be adapted to their circumstances.

Likewise, preventive work with multi-problematical families is a priority, developing interventions aimed at preventing drug consumption and other problematical behaviour on the part of the children. It is also necessary to involve the parents of high risk children so that they will participate in prevention programmes, supplementing the co-ordinated actions of the social services and continuing with the objectives proposed in the educational environment.

The need to have a wide range of family prevention programmes adapted to the different needs and characteristics of the participants is imposed, which will also be sufficiently evaluated and co-ordinated with the social services, departments dealing with minors, non-governmental organisations and others.

3 Working environment

Taking into account that epidemiological studies put the alcohol and tobacco consumption level among workers above the average consumption of the population in general, interventions and preventive programmes will be structured in the working medium which will be aimed mainly at the prevention of institutionalised substances, without forgetting other substances, in the context and methodology of the National Plan on Drugs.

Prevention activities must give priority to production sectors and groups of workers in a high risk situation and also to those whose work may suppose a risk for third parties such as, for example, drivers of public service vehicles, health workers, security workers, etc.

It is considered necessary that these programmes should be able to count on the participation of employers' associations, trades union representatives and prevention services. In the same way, these programmes must be included in the safety and hygiene programmes of companies.

The following are among the activities that these programmes must contain: information, sensitisation and orientation, the provision of treatment for

workers with problems caused by drug consumption while working in the context of prevention of risk at work and not from the point of view of punishment, the training and qualifying of those in control with the provision of specialised advice.

4 Community environment

Prevention in a community environment must be pursued in order to reinforce the community messages and regulations against drug abuse and in favour of health.

Community interventions will be aimed at propitiating the mobilisation, involvement and participation of institutions and organisations in the community itself in defining its needs and the preparation of responses.

These community programmes must be comprehensive, supported by other programmes developed in the environment – such as school, family, work programmes... - which are multi-faceted and adapted to the characteristics of the groups themselves. In communities where school programmes are used, community intervention must boost the opening and connection of the educational centres with other resources in the environment, by means of encouraging extra-curriculum activities, among others. In the same way, alternative leisure and free time activities and street education will also be encouraged.

Likewise, policies on drugs developed in a particular community, must guarantee their suitability to its peculiarities and the acceptance of same by the population.

It is necessary for community initiatives to be supported on the technical plane by experts who will direct their actions and help to evaluate them.

5 Social communication environment

In the first place, it is necessary to emphasise that, although this is considered as one environment more, it also has a strategic value of accessibility to the other environments for intervention for which reason it must be conceived in its transversal dimension. Thus, both information campaigns and the sensitisation of society and the relations and actions with the social communications media are all included.

With regard to the campaigns, it is clearly accepted that these must not constitute the basis of preventive action, although they may be a reinforcement or a support for the other actions. They can be considered useful when their message is limited to a specific group in the population and the message has certain characteristics: it is positive, not moralistic nor dramatic, it offers clear and objective information, provides alternatives, etc. With regard to the social communications media, it seems wise to stimulate actions which imply reinforcement of the different preventive actions and programmes. Recognising their impact on the transmission of messages to society and their role in shaping public opinion, they must be offered flexible, clear and true information on different aspects related to drug consumption and drug addiction, in such a way that this can be passed on in the same conditions. Also their support must be sought to achieve a social opinion on drug addiction that is more in accord with the reality of the phenomenon and without the prejudices that exist at the present time.

6 Health environment

Prevention in the health environment will be focussed on education for health, through health personnel and the early detection of problems related to alcohol, tobacco and illegal drug consumption. These actions must be carried out basically by the first aid teams by means of specific programmes and protocols.

7 Other environments

There is a series of institutions which, because of their characteristics, form communities for living together with different groups of the population, for which reason they require specific preventive interventions. The following are among these:

- Centres which have a young population for a more or less prolonged period (residences for young people, military service, etc.)
- Penitentiary centres where integral prevention interventions can be carried out from the point of view of encouraging good health.
- Centres for the protection and reform of minors.

General objectives

- 1. To offer the population sufficient information on the risks of consuming tobacco, alcohol and other substances capable of causing dependence or use could cause risks for the population consuming these.**
 - 1.1. In 2003, all the Autonomous Plans on Drugs and the Government Delegation for the PNSD itself, will have included informative measures on tobacco and alcohol, these being adapted to new emerging consumption. These informative measures must have the necessary support of other prevention strategies.
 - 1.2. In 2003, perception of the risk to health of drug consumption will have increased by a mean average of 10%.

- 2. To boost the training of teaching personnel in Primary and Secondary Education on problems related to drug consumption.**
 - 2.1. In 2008, all teacher training schools will have education for health (EPS, in its Spanish acronym) included in their training curricula.
 - 2.2. In 2003, training will have been offered to 60% of teachers on the prevention of drug addiction and this will be included in the education for health programmes. This training will have reached 100% of all teachers by 2008.
 - 2.3. In 2003, at least 80% of the teachers in Secondary Education trained in EPS will have covered the subject of drug consumption in their classes. At the same time, 50% will cover it in a systematic manner.

- 3. To ensure that the majority of school attenders, when they have finished their compulsory education, will have received sufficient objective information and suitable training on the consequences of the use and abuse of drugs and**

acquired sufficient skills, powers and abilities to be able to deal with their relationship with these efficiently.

- 3.1. In 2003, 60% of young people at school will have received sufficient objective information from the educational community, within the framework of the EPS, with regard to drug consumption.
 - 3.2. In 2003, 20% of pupils in centres in areas where there are preferential actions will have participated in school prevention programmes which include training and alternative activities on the adequate use of leisure and free time.
 - 3.3. In 2003, 15% of the educational centres included in areas where there are preferential actions will have systems for the early diagnosis of drug consumption.
 - 3.4. In 2003, the average ages for starting the consumption of alcohol and tobacco in the juvenile population will have been delayed for at least 6 months. This delay will reach one year in 2008.
 - 3.5. In 2003, the percentage of young people who consume tobacco daily will have been reduced by 5%, a percentage which will reach 10% in 2008. This will have a very special effect on curbing the tendency to increase among adolescents.
 - 3.6. In 2003, the percentage of young people who are excessive drinkers with a high risk will have been reduced by 20%.
 - 3.7. In 2003, the consumption of alcoholic drinks among young people at weekends will have decreased by 10%. This will have a very special effect on curbing the tendency to increase among adolescents.
- 4. To start up control measures on advertising and the promotion of alcoholic drinks and tobacco which will protect under-age people.**

4.1. In 2003, all the Autonomous Plans on Drugs will have regulatory measures which will limit the advertising of alcohol and tobacco. In this context, control of sponsoring sports and cultural events, the public exhibition of the legal regulations on the prohibition of consumption or the sale of these substances, the control of opening hours and the use of juvenile models for showing the advertising must be included, among other measures.

5. To prepare a process for authorising and verifying the training of teachers and prevention programmes in the school environment and the standardising of teaching material for use in schools as support instruments for teachers in the prevention of drug consumption.

5.1. In 2003, the basic contents and the minimum duration of the EPS courses, aimed at teachers will have been authorised or verified by the competent educational institutions, in co-ordination with the Autonomous Plans on Drugs. The length of these courses will be at least 20 hours.

5.2. In 2003, the competent educational institutions, in co-ordination with the Autonomous Plans on Drugs, will have established systems for authorising and verifying prevention programmes and the standardising of support materials for these. The standardisation, authorisation and verification systems will be adjusted to the criteria established by the Sectorial Conference of the National Plan on Drugs.

5.3. In 2003, a catalogue of authorised programmes and standard prevention material will have been prepared, by the same Institutions as in the previous section, which will make it possible for teachers to have the right things to offer in terms of characteristics and needs.

5.4. In 2003, 50% of the prevention programmes used in the classroom will have been authorised. This percentage will reach 100% in 2008.

5.5. In 2003, the competent educational institutions, in co-ordination with the Autonomous Plans on Drugs, will have created technical commissions for the standardisation, authorisation and verification of prevention programmes and materials. These structures will have their reference in the National Plan on Drugs.

6. To develop investigation projects on the prevention of drug addiction in the school, family and community media.

6.1. In 2003, within the framework of the National Plan on Drugs, at least one general family prevention model and another aimed at high risk families will have been designed, used and evaluated. Both will be of a supra-community nature.

6.2. In 2003, at least one school prevention programme model for each educational year and another specific one for high risk pupils will have been designed, used and evaluated.

6.3. In 2003, at least 30% of the school intervention programmes will include actions of a community nature which will have been structured and evaluated.

7. To promote training actions and the recycling of social and cultural assistants, free time youth workers and other social mediators, preferably young ones, as agents for the prevention of drug addiction.

7.1. In 2003, all the Autonomous Plans on Drugs, in collaboration with the institutions responsible for the youth policy, will have included training and qualifying actions aimed at social and cultural assistants, free time youth workers and other social mediators.

7.2. In 2003, Education for health content will have been included in the activities carried out with young people by social mediators and Activity Schools.

8. To develop instruments which will permit the levels of risk and protection of a particular community to be evaluated and which will also provide an evaluation of the efficiency of the interventions.

8.1. In 2003, criteria will have been defined and instruments prepared for evaluating the levels of risk and protection of the community environments. As a result of these, all the Autonomous Communities and the Cities of Ceuta and Melilla will have a map of the priority areas or zones for intervention.

8.2. In 2003, 50% of the Councils and the Municipalities or Communities with more than 20,000 inhabitants must have had Local Drug Plans approved which will included programmes for the prevention of drug addiction. This percentage will reach 100% in 2008.

8.3. The Autonomous Communities and the Cities of Ceuta and Melilla, in collaboration with the Central and Local Administration, will support actions aimed at promoting preventive actions in municipalities with a population of less than 20,000 inhabitants individually or as a community, the second option taking priority in the case of municipalities with a population of less than 5,000 inhabitants.

9. With the collaboration of the Social Services, School Parent Associations (AMPAS) and other Social Bodies, to encourage the development of preventive programmes aimed at families in general and those at high risk in particular.

9.1. In 2003, 50% of the school prevention programmes will have to include strategies aimed specifically at the family. These strategies will be general to 100% of the programmes in 2008.

9.2. In 2003, 40% of the community intervention programmes will consider actions aimed at high risk families.

9.3. In 2003, 50% of the Local Drug Plans will develop actions concerned with family prevention in their community prevention programmes. This percentage will reach 100% in 2008.

10. To boost the development of programmes based on scientific evidence, in this way spreading good practices.

10.1. In 2003, all prevention actions financed by the Public Administrations involved in the National Plan on Drugs will be adapted to the requirements included in the document on “Basic Criteria for Intervention in Programmes for the Prevention of Drug Addiction”, approved in the Sectorial Conference of the National Plan on Drugs in 1997.

11. The Government Delegation for the National Plan on Drugs and the General Directorate of Penitentiary Institutions, in collaboration with the Autonomous Plans on Drugs, will include preventive and education for health strategies in all the drug addiction programmes carried out in penitentiaries.

11.1. In 2003, 50% of the penitentiary centres will carry out preventive programmes and activities with regard to drug consumption and its consequences. This percentage will reach 100% in 2008.

11.2. In 2003, 20% of the functionaries in the penitentiary centres will have received training in the matter of preventing drug addiction. This percentage will reach 50% in 2008.

12. From the Government Delegation for the National Plan on Drugs, in collaboration with the Autonomous Plans on Drugs, to establish a plan for approaching professionals in the communications media to encourage sensitisation and training actions in the field of drug dependence and social communication.

12.1. In 2003, 100% of the main national social communications media will have received basic information on the prevention of drug addiction.

12.2. In 2003, actions for training in drug addiction will have been developed for 50% of the professionals in the main national social communications media which will cover information on drug addiction. When the information affects the autonomous communications media, this will be performed jointly with the Autonomous Communities and the Cities of Ceuta and Melilla.

13. To stimulate and implement preventive strategies which will include actions regarding providing information, training and modification of attitudes, behaviour and risk factors in the working population.

13.1. In 2003, 100% of the Autonomous Plans on Drugs will have established agreements for collaboration with trade unions and company organisations in order to promote the prevention of drug addiction in the working environment.

13.2. In 2003, the most vulnerable sectors of the population in the working environment will have been identified and prevention instruments will have been designed to suit the groups at which they are aimed.

14. To develop programmes and protocols for the early diagnosis of problems related to the consumption of tobacco, alcohol and illegal drugs in the First Aid Teams.

14.1. In 2003, all the Autonomous Plans on Drugs, in co-ordination with the National Health System, will have developed protocols for the early diagnosis of drug consumption.

14.2. In 2003, at least 25% of the First Aid Teams will offer, among their services, programmes for early detection and co-ordinated action with regard to the problems related to drug consumption.

■ 4.1.2. Harm reduction

Those problematical uses of drugs which are not avoidable will generate harm to the consumer population, to third parties and to society itself. The National Strategy considers the implementation of interventions aimed at reducing the harm occasioned by this consumption, basically in social and health aspects. This type of measure, which has proved to be effective, must be generally applicable throughout national territory, special attention being given to those areas where the negative effects of drug consumption are most widely in evidence.

Objectives

1. To ensure that the major part of the drug dependent population has access to programmes of harm reduction.

- 1.1. In 2003, access must be provided to this type of programme for 100% of drug addicts who either do not wish to undergo treatment for freeing themselves from drugs or are waiting to start this.
- 1.2. In 2003, at least 50% of the services for aid to drug addicts must include categories for action which will permit the harm associated with drug consumption to be reduced. This percentage will rise to 100% in 2008.
- 1.3. In 2003, 25% of the health zones will include in the service portfolios the development of co-ordinated programmes for reducing harm. This percentage will have reached 50% of the health zones in 2008. Priority will be given to putting these into action in towns with more than 50,000 inhabitants.

14. In 2003, it will be possible for 100% of the drug addicts that abandon their treatment or who suffer a relapse to receive the offer of a harm reduction programme, at the very least.
 15. In 2003, all the provincial capitals will be able to count on at least one emergency service to respond to the basic needs of drug addicts who do not normally approach the standard aid network for help. The co-ordination of the three administrations involved is depended on for starting up these centres.
- 2. To start up harm reduction programmes associated with drug consumption in a general manner, particularly programmes for exchanging syringes, safe sex and consumption with less risk, anti-Aids kits, etc.**
21. In 2003, the drug population that uses parenteral means for drug consumption will have been reduced by 25%.
 22. In 2003, the levels of re-use and use of syringes by various people will have been reduced by at least 20%.
 23. In 2003, 100% of the professionals in the centres for aid for drug addicts will be suitably trained in prevention strategies for safe sex and consumption with less risk.
 24. In 2003, at least one professional, in each centre specialised in providing aid for drug addicts, will be duly trained to carry out workshops on safe sex and consumption with less risk (means of consumption, consumption and driving, violence and consumption, mixing substances, infections, ...).
- 3. From the Autonomous Plans on Drugs, the Autonomous Plans on Aids and the Official Pharmaceutical Associations, to establish strategies for starting up harm reduction programmes in pharmacy offices.**

- 3.1. In 2003, 100% of the pharmacy offices will provide information on safe sex and consumer at less risk.
 - 3.2. In 2003, at least a 50% increase will be achieved in the pharmacy offices which dispense and exchange syringes.
- 4. To carry out programmes for the introduction of systematic vaccination of the drug dependent population with regard to tetanus, hepatitis B and also anti-tubercular quimo-prophylaxis. Wherever possible these programmes will be extended to family members and alleged cases.**
- 4.1. In 2003, 100% of the drug addicts who make contact with the National Health Service (for first aid or aid for drug addiction), will systematically receive the offer of a tetanus and hepatitis B vaccination.
 - 4.2. In 2003, the National Health Service will provide anti-tubercular quimo-prophylaxis to 100% of the drug addicts necessary, including family members and alleged cases where applicable.
 - 4.3. In 2003, 100% of the professionals who work in the field of drug dependence will be able to periodically revise their immunological situation with regard to tuberculosis, in such a way that anti-tubercular quimo-prophylaxis can be established wherever necessary.
- 5. To introduce health education programmes aimed at reducing the harm caused by the consumption of alcohol, tobacco and other drugs among the population in general. In particular, programmes will be carried out to reduce the harm associated with the consumption of alcohol in traffic accidents and violence.**
- 5.1. In 2003, all the Autonomous Plans on Drugs and the Government Delegation for the PNSD will carry out actions regarding health education aimed at reducing the harm caused by the consumption of alcohol, tobacco and other drugs aimed at the general population.

- 5.2. In 2003, traffic accidents related to alcohol consumption must have been reduced by at least 15%.
 - 5.3. In 2003, the content of the materials and compulsory educational curriculum of driving schools will have been increased and developed to include the necessary advisory strategies for future drivers to get to know and to assume the risks related to alcohol consumption and driving vehicles.
 - 5.4. In 2003, all the Autonomous Plans on Drugs will have offered to driving schools training for the teachers for developing objective 5.3.
 - 5.5. In 2003, the Government Delegation for the National Plan on Drugs and the Administration of Justice, in co-ordination with those responsible for policies concerning women and the family and the Autonomous Plans on Drugs, will have introduced programmes for aid in problems related to violence and the consumption of alcohol and other drugs, particularly those which occur in domestic and family environments, in 50% of the police stations and courts.
 - 5.6. In 2003, all the Autonomous Communities and the Cities of Ceuta and Melilla must have at least one specific programme for aid for minors, prepared and developed in close collaboration with the social services, which will guarantee full aid to minors suffering from problems related to domestic violence generated through abuse of alcohol or other drugs.
- 6. To boost the quality of programmes for treatment with agonists implemented in the aid network belonging to the National Health Service.**
- 6.1. In 2003, 100% of public programmes for treatment with agonists must be functionally co-ordinated in the aid network belonging to the National Health Service, making continuous feedback possible using other devices and allowing an exchange of patients where necessary.

6.2. In 2003, 50% of the programmes for treatment with agonists will offer a variety of basic services among which are included those concerning general health, mental health, preventive activities, social and work aid and family support. This percentage will reach 100% in 2008.

7. To diversify the offer of programmes for reducing harm in penitentiary centres using different initiatives such as extending programmes for exchanging syringes.

7.1. In 2003, the Directorate General of Penitentiary Institutions, in collaboration with the Autonomous Plans on Drugs, will have introduced programmes for exchanging syringes in at least 30% of the penitentiary centres.

7.2. In 2003, the Directorate General of Penitentiary Institutions in collaboration with the Autonomous Plans on Drugs will have introduced initiatives in 50% of the penitentiary centres of a psycho-social nature which develop harm reduction programmes which are applicable at the present time. This percentage will reach 100% in 2008.

■ 4.1.3. Assistance and social integration

The National Drugs Strategy is proposing a system of assistance and social integration for drug addicts and third parties affected which includes all the therapeutic devices and limits the functions of each one of these, guaranteeing equity in the services throughout the State.

This system must be based on the co-ordination of the Administrations that have powers of responsibility regarding health and the social services and constituted within the framework of reference.

The assistance and social integration system for the drug addict will consider the structuring of therapeutic circuits which considers the participation of the Mental health network, the First Aid Health Teams and the Social Services in

aid programmes for drug addicts. At the same time, programmes aimed at treating problems related to alcohol or tobacco dependence must also be included.

It is imperative for the system to define and establish quality programmes which will guarantee attention to the needs and requirements of users, with the underlying scientific and inter-personnel needs necessary.

Having fulfilled the universal cover needs of the network, it is necessary to pay special attention to inequalities and, in particular, to those collective groups of users who do not contact the aid network, nor are they in any condition to abandon problematical consumption or do not wish to do so at that time.

Therapeutic circuits of the Assistance and Social Integration System for Drug Addicts

Assistance for drug addicts must be given through the National Health Service and the System for Social Action and Social Services, supplemented by private resources duly authorised and/or validated, which we shall call the System for Assistance and Social Integration of Drug Addicts.

This system is configured as an aid network for public use and in it general, specialised and specific centres and services will be included in a co-ordinated manner. These will provide out-patient and in-patient assistance and offer diverse assistance which will be adjusted to the characteristics, needs and requirements of each patient.

The aid programmes must be flexible in the conditions for access and remaining and must be preferable carried out in the patient's living area.

In order to establish contact with the great number of drug addicts, strategies will have to be designed to actively capture the drug addicts and to improve and facilitate access to the different resources in the System for Assistance and Social Integration of Drug Addicts.

In the majority of cases, dealing therapeutically with a drug addict requires a co-ordinated combination of different aid resources, sometimes sequentially and at other times simultaneously. That is to say, every resource is a necessary element, but not sufficient in itself, of a complex therapeutic process of which it forms a part and which makes it compulsory

to work in the network and also the centres, services and programmes which form part of same accept certain individualised aid objectives in which avoiding biological, psychological and social deterioration is of prime importance.

The different resources in the System for Assistance and Social Integration of Drug Addicts have to be duly authorised and/or validated and must be characterised by their professional character, inter-disciplinary nature and easy accessibility.

It is necessary of the System to be structured at different levels of intervention, corresponding to the Autonomous Plans on Drugs to determine the therapeutic circuit, the access conditions and the derivation of same, together with the inclusion of supplementary levels of intervention.

The National Drugs Strategy recommends that in all Health Areas there should exist a therapeutic circuit which when structured, on at least three levels of intervention, will give an adequate and sufficient response to the therapeutic needs of drug addicts.

The first level of the therapeutic circuit must be the main entrance door to the System and must be made up of at least the First Aid Health Teams, the Social Services and the resources which carry out the programmes for reducing risk and harm and also those other resources that are providing aid for basic social and health needs of drug addicts belonging to the aforementioned Public Systems.

The resources that form part of the first level have the main functions of detection, capturing, motivating and directing of the drug addicts to the specialised services, attention to the basic social and health needs of the drug addict and the co-ordination necessary with the resources on the second and third levels which will facilitate the social inclusion of drug addicts.

The second level of the circuit will be composed of the inter-disciplinary out-patient teams which will be responsible for designing and developing the individual therapeutic plans.

The resources that form part of the second level can be classified into special resources of a general nature (first aid, specialised or mental health) and specific resources. Whatever the case, these resources, within the framework of the Public Health System, must guarantee specialised attention, follow-up

and direction to the third level, together with the co-ordination necessary with other levels of intervention.

The third level will be made up of specific resources with a high degree of specialisation. The different devices at this level can be of a *supra* Health Area type and access to these must be through resources at the second level. At this third level of intervention, resources such as Hospital Detoxification Units, residential centres, etc are included.

Likewise, the therapeutic circuit, at its different levels, must be able to count on resources and programmes whose main objective is the integration of drug addicts in society and work.

Objectives

- 1. To define the therapeutic circuit of the System for Assistance and Social Integration of Drug Addicts, adapting it to that which is laid down in the National Drugs Strategy.**
 - 1.1. In 2003, all the Autonomous Plans on Drugs will have an updated system of aid resources which describe the therapeutic circuit included in the National Strategy and all those functional aspects which may be of interest for professionals, the users themselves and their families.
 - 1.2. In 2003, all the Autonomous Plans on Drugs will offer a network of diverse resources which will guarantee full cover for drug addiction. This network, included in the National Health Service, will basically count on free drug programmes for reducing harm, concretely those for treatment with agonists, and specific programmes for attending to special populations (prisoners, minors, ethnic minorities, women, patients with a dual pathology, etc.).

2. To include strategies for improving therapeutic cover for people with problems related to the consumption of alcohol and tobacco, the new drugs and the new patterns of consumption.

2.1. In 2003, the National Health Service will have included therapeutic strategies for covering problems related to alcohol, tobacco, new drugs and new patterns of consumption.

2.2. In 2003, the period of time between the start of abuse of alcoholic drinks and the start of treatment will have been reduced by 20% at the very least.

3. To offer drug patients out-patient care in specific centres located in the Health Area in which they live.

3.1. In 2003, the National Health Service will guarantee full specialised out-patient care for those affected by the problem of drug addiction in the Autonomous Community or City environment and within the Health Area in which they live.

4. To improve the quality of the aid which is the objective and the results of the treatment programmes by establishing means of evaluation.

4.1. In 2003, all the Autonomous Communities and Cities of Ceuta and Melilla will have a system for evaluating the process which will allow the functioning of the treatment programmes to be objectified, in this way making an improvement in the quality of the care possible.

4.2. In 2003, all the Autonomous Communities and the Cities of Ceuta and Melilla will have an evaluation system which will allow the results of these programmes to be measured.

4.3. In 2003, a system of quality indicators will have been approved by the Sectorial Conference which will allow the functioning of the treatment programmes to be objectified.

5. To encourage early detection programmes and early intervention aimed at minors with problems of drug consumption and the children of addicts.

- 5.1. In 2003, at least one programme will exist in each province aimed at the early detection and early intervention with minors with drug dependence problems.
- 5.2. In 2003, specific prevention programmes will have been set in motion aimed at the children of drug addicts.

6. The State Administration, together with the Autonomous Communities and the Cities of Ceuta and Melilla, will guarantee attention for people detained with problems related to drug consumption.

- 6.1. In 2003, the Autonomous Plans on Drugs will have one programme for attending to drug addicts in courts and police stations, at the very least.
- 6.2. In 2003, programmes for attention to drug addicts in courts and police stations will cover all Spanish cities with the highest level of insecurity.

7. To extend the therapeutic modules to polyvalent penitentiary centres and encourage experiences with penitentiary therapeutic communities.

- 7.1. In 2003, the State Administration, in collaboration with the Autonomous Plans on Drugs, will have created therapeutic models aimed at the drug dependent prison population in 100% of the polyvalent centres.
- 7.2. In 2003, the State Administration, in collaboration with the Autonomous Plans on Drugs, will have put rehabilitation programmes in a system for the intra-penitentiary therapeutic community into motion in at least 5 penitentiary establishments.

8. To give priority to the inclusion of drug dependent prisoners in training and work programmes.

8.1. In 2003, the inclusion of drug dependent prisoners in training and work programmes will have increased by 30%.

8.2. On the part of the Autonomous Communities, the offer of resources for the integration of drug addicts in society and work will be guaranteed and, after a rehabilitation programme in prison, the execution of their sentence will be suspended.

9. To guarantee the existence and development of Groups for Attention to Drug Addicts (GAD) in penitentiary centres.

9.1. In 2003, 100% of the penitentiary centres will have a GAD sufficiently endowed.

9.2. In 2003, all penitentiary centres will have the support and participation of non-penitentiary professionals in the GAD.

9.3. In 2003, at least 30% of the professionals in the GAD will have received an offer of specialised training in matters of drug addiction.

10. To develop penitentiary programmes specifically aimed at women.

10.1. In 2003, at least one penitentiary programme specifically aimed and adapted to drug dependent women will exist in each Autonomous Community and City with penitentiary units for women.

11. On the part of the Councils in municipalities with a population of more than 20,000 inhabitants or legally established municipalities, to promote programmes for the integration of drug addicts in society in terms of their needs and resources.

11.1. In 2003, at least 25% of these Councils will put initiatives for integration into society into motion according to the needs of their affected populations.

12. To encourage co-ordination and joint work with health networks and social services with the object of establishing individual programmes which will use all the resources available in the autonomous and local environments.

12.1. In 2003, the system for assistance and social integration of drug addicts in the Autonomous Communities and the Cities of Ceuta and Melilla will have co-ordination means which will permit them to articulate the functional relationship between the social service networks and the resources available in the autonomous and local environments.

13. On the part of the Autonomous and Local Plans, to have both standard and specific training and employment programmes.

13.1. In 2003, 100% of the Autonomous Plans and 25% of the Municipal Drug Plans for municipalities of more than 20,000 inhabitants will have standard or specific training and employment programmes for drug addicts included in the treatment programmes.

13.2. In 2003,, the Autonomous and Local Plans that have standard and specific professional and employment programmes for drug addicts in treatment programmes will increase the number of beneficiaries by 20%.

14. To maintain and intensify the collaboration with State Employment Agencies, in order to facilitate the inclusion of drug addicts under treatment in occupational training programmes.

14.1. In 2003, the inclusion of drug addicts under treatment in professional training programmes will have increased, within the

collaboration agreements with State Employment Agencies, by at least 50%.

- 14.2. In 2003, workshop programmes for work training for drug addicts under treatment will have increased by 50%.

4.2. Drug supply control

In the past two decades, criminal organisations have taken advantage of economic globalisation, the improvement in the means of communication and transport and the new information technologies to develop their criminal activities on an international scale with notable success.

The normal strategy of these organisations is to locate their management and production functions in areas of less risk, where they have relative control over the institutional environment, while the search for markets is centred on areas where the demand is more stable and, as a consequence, is guaranteed to be successful thanks to the purchasing power of the inhabitants. The internationalisation of criminal activities has caused new alliances of organised groups to appear, which unite their capacities instead of fighting for a particular territory, following a model which is very similar to that of the joint ventures which operate within the legal economy.

Although the fundamental base of the activities of the majority of the criminal organisations is illegal drug trafficking, it has been observed that the criminal economy has suffered a marked tendency to extend the field of its activities to different areas, creating a global industry which is increasingly inter-connected and diverse, where the following illicit activities stand out:

- Arms trafficking.
- Trafficking in nuclear material.

- Traffic of illegal immigrants, which tends to be coupled with a subsequent exploitation of labour.
- Traffic of women and children for sexual exploitation, labour exploitation and networks for selling children for adoption.
- Traffic of body parts.
- Money laundering.

The key to success in the expansion of global delinquency is the flexibility and versatility with which the groups are organised. Inter-connection is the manner in which they operate both internally and in the area of inter-group collaboration. In short, the criminal organisations are capable of finding a connection point which allows them to collaborate instead of fighting.

As can be deduced from the picture given above, the complexity and force of the phenomenon is shown as a real threat to all society and one which has caused the Administrations to modify the manner in which they deal with this problem. In particular, it is necessary for the reduction in the drug offer strategy to take all the aspects of organised delinquency into account and not only those which are concerned with illegal drug trafficking, creating the structures necessary for efficiently co-ordinating the response of the competent Services in this matter.

To deal with this challenge, the State Security Secretariat will follow the evolution of organised crime and the management of the actions of the State Security Bodies and Forces, using the necessary means. It will also know the actions carried out by the Government Delegation for the National Plan on Drugs, to which co-ordination between the Services and Units of the different Ministerial Departments corresponds and, where necessary, between the State Security Bodies and Forces which are competent in the matter through the delegation of the Secretary of State Security, and of these with other Services whose specific powers may have repercussions on the battle against illegal drug trafficking and money laundering.

Considering the complexity of the problem, it is essential that the various Ministerial Departments, which have other means necessary for achieving the said objective, among these the Ministries of Economy and the Treasury and Defence, should make their efforts to resolve same.

The strategy in the next few years is organised into three large areas for action:

■ The fight against international organisations, which requires the creation of a space for freedom, security and justice within the environment of the European Union, where co-operation will be promoted between the Police Forces, the Customs Services and other competent organisations, either directly or through EUROPOL, an organisation which has been called upon to play the fundamental role in this matter.

In the international environment, the Regions of North Africa and Latin America form priority objectives for police co-operation in the fight against drugs, for which reason it is essential to encourage means for support and the exchange of information with the institutions responsible for eradicating drug trafficking in these areas.

■ The fight against the internal distribution of illegal drugs, in the hands of organised groups composed of foreigners and Spanish nationals, which requires the action of specialised investigation units such as Drug and Organised Crime Units (UDYCO), the National Police Corps and the Organised Delinquency and Anti-drug Teams (EDO) of the Guardia Civil.

■ The fight against the retail sale of drugs, where the Standby Police Investigation units, of the National Police, at present in the stage of deployment throughout national territory, have their field of action.

As a supplement to the above, it is intended that the National Plan on Drugs should actively participate in legislative initiatives related to the fight against criminal organisations which are directly related to the consumption of toxic drugs, narcotics and psychotropic substances or with the illegal trafficking of same, together with the new communication technologies that are being used to guarantee the success of their activities.

Finally, it is intended to provide a series of strategic recommendations which will have a direct effect on the development and improvement of police actions related to drug trafficking and consumption.

Objectives

1. To develop actions aimed at reducing the presence of the offer of illicit substances.
2. To increase the control of retail drug selling points as these represent the last step via which criminal bands of traffickers can carry out their activities.
3. To design and carry out training programmes in drug prevention for the State Security Bodies and Forces. In this context, it will be possible to count on the collaboration of the Government Delegation for the National Plan on Drugs and the Autonomous Plans on Drugs.
4. To act in the field of re-organisation and optimisation of the Investigation Units of the State Security Bodies and Forces, boosting the newly created special units (UDYCO and the Standby Investigation Police of the National Police Force, EDOA and the Maritime Service of the Guardia Civil, etc.).
5. To reinforce the National Central Narcotics office (OCNE) as a central body and co-ordinator of information related to the repression of drug trafficking.
6. To encourage concrete actions of a repressive and preventive type for dealing with precise increases in drug consumption in certain places and periods of the year.
7. To increase training policy in techniques for fighting against drug trafficking and money laundering in the State Security Bodies and Forces, with the initiatives foreseen in the National Plan on Drugs and the development of a Plan for Training Experts on Drug Dependence.
8. Training initiatives will be included within this policy of the National Plan on Drugs on money laundering, the figures of undercover agents and surveillance of delivery, the underlying law and other legal and investigative tools against illegal drug trafficking.

9. To establish an Observatory for the follow-up of the use of new technologies by trafficking organisations; with particular reference to the following three questions:

- The use of technology and new ways of manufacturing illegal drugs from precursors.
- The use of sophisticated means of hiding and transporting illegal drugs.
- The use of digital communication technologies (mobile telephone, electronic mail, the Internet, etc.) by trafficking organisations for illegal ends.

This Observatory will propose initiatives for the administrative and commercial control of certain activities related to communications so that impediments of a technical nature will not prevent judicial control of telecommunications from being viable.

10. To create and develop a Work Group which will examine the influence of tax havens on money laundering and their influence on legitimate economic processes.

11. To reinforce the control at external frontiers by means of joint action on:

- Ports and airports (travellers and luggage, the transport of merchandise, with special attention to containers, sporting craft and yachting harbours).
- Land frontiers (private transport, public transport and lorries).
- The coasts and coastal territory (the sea transport of people and merchandise, with special attention to containers).

Sporadic and selective control measures will also be stepped up at national frontiers for people and activities catalogued as suspicious, in accordance with the profiles and modus operandi known in illegal drug trafficking.

Special attention will be paid to the area of the Strait of Gibraltar, encouraging co-ordinated action between the State Security Bodies and Forces, the Office attached to Customs Surveillance and any other organisations and institutions affected by the incidence of illegal drug trafficking and money laundering in the southern area of Spain.

- 12. To design a Plan for Technological Modernisation for the Security Bodies and Forces in matters of communications, data processing and material resources, with the object of these being able to carry out their functions with regard to controlling the drug offer with maximum efficiency.**
- 13. Given the global dimensions of illegal drug trafficking, which involves the participation of nationals in different countries and cultures, the development of skills in interpretation and translation will be boosted in the languages most used by bands of traffickers.**
- 14. To increase international technical co-operation in the areas of EUROPOL, the Network of Police Links and Bilateral and regional co-operation.**
- 15. To encourage action against illegal drug consumption in public places and against alcohol consumption by minors and in open spaces, establishing, where applicable, the corresponding means of co-ordination with the Local and Autonomous Police Services in their respective territorial environments.**

4.3. International co-operation

In the National Drugs Strategy, international co-operation is constituted as a special area of importance due to the configuration of the drug problem as a trans-national phenomenon. International co-operation makes the active participation of Spain possible in all the multilateral fora in which the drug phenomenon is dealt with (European Union, United Nations, Council of Europe, Organisation of American States, GAFI and OIT) together with the

development of bilateral collaboration relations with countries with which we share this common problem, preferably neighbouring countries such as Morocco, France, Italy and Portugal and the Latin American countries.

The principles on which this participation is based are the following:

- 1 An active commitment of Spain in the international drugs debate, with a permanent presence in all the multi-lateral fora specialised in the problem of drugs and drug dependence.
- 2 A global focus on the drug problem, putting the drug demand and offer policies at the same level in the definition of strategies in the international context.
- 3 The assuming of the principle of shared responsibility of the States in the drug problem and the rejection of any action of a unilateral nature.
- 4 Reinforcement of the prevention systems in view of new patterns of consumption and new phenomena such as synthetic drugs.
- 5 Defence of a common policy in matters of drugs in the heart of the European Union.
- 6 Development of regional means of collaboration and co-operation with Latin America and the Mediterranean Basin, priority areas in the external actions of Spain in matters of drugs.
- 7 An increase in the training, information and collaboration systems in the matter of the fight against drug trafficking and the organised crime related to this trafficking, and other connected crimes.
- 8 Reinforcement of international co-operation in the fight against money laundering.
- 9 An improvement in the exchange of information against the illicit trading of precursors.

Objectives

The objectives are grouped into five large sections: Co-ordination, Financing, Multi-lateral relations, Bilateral relations and Evaluation.

■ 4.3.1. Co-ordination

- 1. To lead the definition of the political criteria and the decision taking in matters of drugs abroad through the means of co-ordination and in close relationship with the Ministry of Foreign Affairs.**
 - 1.1. In 2003, a structure for international co-ordination will have been established in the National Plan on Drugs in matters of drugs in which the political criteria and decisions on drugs in the international field will be designed, planned and co-ordinated.
 - 1.2. In 2003, a permanent means of communication between the different managerial centres will have been developed within the National Plan on Drugs for establishing political criteria for actions in the matter of drugs abroad.
 - 1.3. In 2003, the National Plan on Drugs will be co-ordinating the participation of Spanish delegations in multi-lateral fora related to the fight against drugs, without prejudice to the authority of the Ministry of Foreign Affairs.
 - 1.4. In 2003, a system for the permanent collecting of information from the different managerial centres on their activities directly or indirectly related to the fight against drugs abroad, will have been established.
- 2. To encourage a greater involvement of the services abroad in the follow-up of subjects related to drugs both the multi-lateral and bilateral spheres.**

- 2.1. In 2003, a unit will have been established in the Ministry of Foreign Affairs for following up the work on matters of drugs in the international field.
- 2.2. In 2003, a permanent communications network on drug matters will have been established in the National Plan on Drugs through accredited people in the Spanish Embassies.

■ 4.3.2. Financing

3. To develop financial capacities for international co-operation in matters of drugs.

- 3.1. In 2003, a budgetary item of at least 1% of the total budget of the Government Delegation for the National Plan on Drugs will exist in this Plan dedicated to international co-operation in the matter of drugs.

4. To co-ordinate the financial activities dedicated to international co-operation in the matter of drugs carried out by the managerial centres of the various Public Administrations.

- 4.1. In 2003, a database will have been created with all the information relating to the projects for international co-operation in the matter of drugs developed by the Administrations (General, Autonomous and Local), Non-Governmental Organisations and other public and private organisations.
- 4.2. In 2003, a means of following up the lines of financing will have been established for projects for international co-operation in the matter of drugs developed both by multi-lateral organisations (European Union, United Nations....) and the different managerial centres of the Spanish Public Administrations.

- 4.3. In 2003, a Commission will have been created formed by representatives from the Ministries of Economy and the Treasury, Foreign Affairs and the National Plan on Drugs which will co-ordinate and plan projects for international co-operation on drugs in Latin America relating to alternative development.

■ 4.3.3. Multi-lateral relations

5. To encourage the configuration of a common policy on the matter of drugs in the European Union.

- 5.1. In 2003, Spain will have proposed a Plan of Action on the matter of drugs for Morocco in the context of the European Union.
- 5.2. In 2003, Spain will have given incentive to the execution of the Global Plan of Action on Drugs in the Mechanism for Co-ordination and Co-operation between the European Union and Latin America and the Caribbean.
- 5.3. In 2003, Spain will promote a new European system for the prevention of new synthetic drugs based on the identification of generic families.
- 5.4. An active contribution will be made to the execution of the European Union Plan of Action in the matter of the fight against drugs (1999-2004).
- 5.5. In 2003, the results in the matter of drugs of the Spanish presidency of the Council of the European Union anticipated for the year 2002 will be evaluated.

6. To develop the active presence of Spain in the context of the United Nations.

- 6.1. In 2003, and later in 2008, Spain will positively exceed the evaluations foreseen in the Political Declaration of the Special

Session of the General Assembly of the United Nations, which was held in New York from 8th to 10th June 1998.

7. To strengthen relations with the Council of Europe

- 7.1. In 2003, the participation of Spain in epidemiological research projects and the training of experts in prevention under the auspices of the Pompidou Group in the Council of Europe will have increased.

8. To encourage relations with Latin America via the Latin American Commission for the Control of Drug Abuse in the United States Organisation (CICAD).

- 8.1. In 2003, the National Drug Commissions in Central America will have been consolidated after the joint Spanish-CICAD project for the institutional strengthening of these bodies.
- 8.2. In 2003, Spain will be collaborating with the CICAD with material and technical assistance for the development of the Means for Multi-lateral Evaluation.

9. To reinforce the participation of Spain in the International Financial Action Group in the matter of money laundering (GAFI).

- 9.1. As a member of the Gafi Management Committee, Spain will have an influence on including Latin American countries in the debates and will propose increasing the means of control of tax havens.
- 9.2. Spain will give support to the establishment of the International Financial Action Group in Latin America (GAFIAL).
- 9.3. In 2003, Spain will be a co-operating member of the International Financial Action Group in the Caribbean (GAFIC).

■ 4.3.4. Bilateral relations

Five territorial areas are identified in the National Drugs Strategy with a priority nature for the development of bilateral relations in the matter of drugs.

10. To consolidate bilateral collaboration relations with Portugal, France, Italy, the United Kingdom and Germany.

10.1. In 2003, annual meetings will be held of a bilateral nature in the matter of drugs with Portugal, France, Italy, the United Kingdom and Germany in accordance with the existing bilateral agreements on co-operation.

11. To reinforce collaboration and co-operation relations with the Latin American and Caribbean countries.

11.1. In 2003, all the Mixed Commissions derived from bilateral Co-operation Agreements in the matter of drugs signed by Spain will have been constituted.

11.2. In 2003, permanent channels for collaboration, investigation and assistance will have been established with the countries in the Andean Group.

11.3. In 2003, bilateral Co-operation Agreements on drugs will have been signed with the Dominican Republic, Honduras, Guatemala, Costa Rica, Nicaragua and Paraguay.

11.4. In 2003, Spain will have consolidated co-operation relations in the matter of drugs with the countries in the Caribbean.

12. To encourage bilateral relations in the matter of drugs with the Kingdom of Morocco.

- 12.1. In 2003, a Managerial Plan for Hispano-Moroccan Collaboration will have been structured for the fight against drugs.
- 12.2. In 2003, a permanent channel of a bilateral nature will have been established for technical assistance, the provision of material, the transfer of technology and the training of professionals both in the field of reducing demand and the drugs supply control.
- 12.3. In 2003, two permanent points for a working exchange of information on drugs in Spain and Morocco will have been established.

13. To develop bilateral relations with the United States.

- 13.1. In 2003, relations will have been developed with the United States in the field of reducing demand and specifically in the fields of prevention, evaluation and research, particularly with the NIDA.
- 13.2. In 2003, the mechanisms for bilateral communications in the matter of drugs will have been strengthened for the exchange of information and the transfer of technology with regard to the fight against drugs and money laundering (use of digital networks, use of the Internet and information via satellite).
- 13.3. In 2003, a new bilateral co-operation Agreement will have been signed on the matter of drugs which will cover the fields of reduction and control of the drug offer.

14. To encourage co-operation relations with countries in Central and Eastern Europe (PECOS) and Turkey.

- 14.1. In 2003, Spain will be actively participating in the start up of the PHARE projects on drugs in the European Union.

- 14.2. In 2003, co-operation relations will have been developed on the matter of drugs with Poland, Hungary and the Czech Republic and also with Bulgaria and Rumania.
- 14.3. In 2003, a permanent means of working collaboration and communications will have been developed between Turkey and Spain in the matter of drug trafficking and money laundering.

■ 4.3.5. Evaluation

15. To evaluate all the activities anticipated in the field of international co-operation in the National Plan on Drugs.

- 15.1. In 2003, a report will be prepared on the results achieved in the 1990-2003 period in the field of international co-operation in the National Plan on Drugs.
- 15.2. In 2003, a comparative evaluation report will be prepared on the degree of fulfilment obtained of the objectives given in the National Drugs Strategy.
- 15.3. Every year an evaluation report will be produced on the degree of fulfilment of the objectives given in the National Drugs Strategy.

Regulatory environment

Within the regulatory environment, attention will be given not only to the preparation of legal regulations directly related to the traffic and consumption of illegal drugs, but also to those business and economic activities that are taken advantage of by criminal organisations. This is the case of the new communication technologies (digital telephone, the Internet, etc.), which are being used by organisations to guarantee the success of their illegal activities. In the same way, regulatory attention will be given to the control of the promoting and offer of drugs legally available, such as alcohol and tobacco, and the preventive and aid measures.

Objectives

- 1. To encourage the drawing up and enactment of state and autonomous regulations on drugs and drug addiction aimed at the organisation, co-ordination and improvement of measures of a preventive and aid nature.**
 - 1.1. In 2003, all the Autonomous Communities and the Cities of Ceuta and Melilla will be able to count on a regulation in which all actions aimed at the prevention of drug addiction, together with assistance and integration of drug addicts in society, are organised. The following objectives, among others, will be considered in this regulation:
 - 1.1.1. The ordering of the limits on advertising and the promotion of alcoholic drinks and tobacco. This autonomous regulation will start from a basic regulation of a state nature.
 - 1.1.2. The ordering of the limits on the sale and consumption of alcoholic drinks and tobacco.
 - 1.1.3. The establishment of criteria for the co-ordination of public and private bodies and institutions that act in the field of drug dependence.

1.1.4. The unification of criteria with regard to the age for and the degree of consumption of alcoholic drinks and tobacco.

2. To regulate and encourage the participation of the Town Halls and other local bodies in the institutional response to drug dependence.

2.1. In 2003, 50% of all the Spanish Municipalities with more than 20,000 inhabitants will have a Municipal Drug Plan, prepared in co-ordination and conformity with the criteria and directives of the Autonomous Plans on Drugs in whose respective territory these Municipalities are located.

2.2. In 2008, the percentage of Municipalities referred to in the previous point will be 100%.

In 2003, 100% of the municipalities with more than 20,000 inhabitants will have Municipal Bylaws on the sale and consumption of alcoholic drinks and tobacco, within the context of the autonomous and state legislation.

3. To maintain the production of legislation which will guarantee an adequate institutional response to the new categories of illegal drug trafficking.

4. To establish the suitable channels and means for the Government Delegation for the National Plan on Drugs to assess the Legislative Power in the production of regulations which directly or indirectly affect the fight against the consumption and illegal trafficking of drugs.

5. To boost and facilitate investigation by the Judicial Police Units by means of the development of a legal framework which will allow these units to access the information existing in the State institutions and organisations, establishing an administrative means for the control of data facilitated to the police bodies.

6. To develop a legal framework which will permit the control of aircraft, private vehicles and sports and high speed sea-craft and any other means of

transport which may be used for illegal drug trafficking; establishing the administrative and penal means for the corresponding control and punishment.

7. To establish a Follow-up Plan on the Jurisprudence and Doctrine regarding drug trafficking, money laundering and organised crime.

This Plan will be concerned with two objectives:

- Improving the capacity of the Police Forces to adapt to the legal requirements.
- Proposing the legislative reform necessary for adapting the regulations applicable to the new requirements produced by a changing social reality.

Particular attention will be paid to police actions which affect the fundamental rights of those suspected, with the object of guaranteeing that these actions are performed respecting the legal reasons that justify them and the procedures which guarantee their procedural efficiency.

8. To delve more deeply into the legislation on the control of precursors reinforcing the administrative control measures and the implementation of a network of police links which will control the manufacture of these substances and their destination.

9. To promote legislative action which will lead to the perfecting of the present regulations on some procedural and penal concepts, in particular those referring to:

- 9.1. The development of circumstantial proof.
- 9.2. A review of the punishment for the trafficking of illegal drugs that do not cause any serious harm to the health, with regard to the volume of the substance concerned in the trafficking.

- 9.3. Entries and registers.
 - 9.4. The secrecy of communications, with the object of extending this to those media that are being constantly updated by technology and adapting this to the Jurisprudence of the Constitutional Court and the Supreme Court.
 - 9.5. Widening the figures of the sudden or protected witness to those in surrounding countries who are known as collaborators with the law.
 - 9.6. The auctioning of goods referred to in article 374 of the Penal Code, in the case of these suffering notable deterioration or when their storage, maintenance and custody generates an expense greater than the economic value which could be obtained if the procedure established at present were to be applied.
- 10. In accordance with Recommendation 17 of the Plan of Action for the Fight against Organised Crime of the European Union, to study the possibility of including incrimination through mere participation in a criminal organisation in our penal legislation, independently of the place in the Union in which this organisation is concentrated or where it exercises its criminal activities.**

Investigation and Training

Basic criteria for action

For many years, the Spanish State has lacked an adequate development of specific training and investigation actions in the matter of drug dependence. The lack of differentiation between the training of professionals and that of non-qualified personnel, the absence of criteria on homogeneity among the various Administrations and the priority given to theoretical and basic contents over the practical and more specialised ones have characterised the training actions in this field.

Training must be understood to be a continuous process, in which three basic levels can be distinguished:

- 1 Pre-graduate training.
- 2 University post-graduate training, including doctoral studies.
- 3 Continuous training for professionals in drug dependence and the general services, priority being given to the social services, education, health, the law and the interior, ...

In any case, training aimed at professionals must be given priority, a direct benefit being obtained in the systems for attention to and prevention of drug addiction.

On the other hand, access to scientific information and specialised documents, in spite of the existence of some autonomous centres and the Documentation Centre itself of the Government Delegation for the National Plan on Drugs, continues to be limited for many professionals. In this sense, the inclusion of the new information technologies requires an exhaustive updating of the systems existing at present.

In the same way, investigation applied to drug addiction needs greater support, in the sense of consolidating stable investigation teams and centres, giving priority to their actions within the different financing systems existing. As a co-ordinating body, the Government Delegation for the National Plan on Drugs has the task of supervising the suitability of and adapting the

contents in the training environment to the priority needs of the Spanish State, favouring a greater degree of direct applicability of the knowledge acquired to the assistance and prevention requirements of the citizens in this country.

With regard to investigation, the Government Delegation for the National Plan on Drugs will act in two directions, consolidating investigation into drug addiction at state level, on the one hand, and encouraging and giving incentive to applied investigation into drug addiction in the Autonomous Communities and the Cities of Ceuta and Melilla, on the other.

Finally, the wide nature of the actions to be carried out advises the creation of a co-ordinating mechanism for their execution, which will permit the highest level of homogeneity to be achieved among the different Autonomous Communities and the Cities of Ceuta and Melilla which make up the Spanish State.

Preferential areas for action

Regularly and, at least, every two years, on the proposal of its members, the National Plan on Drugs must define the preferential areas for action in matters of training and investigation into drug dependence.

This agreement will serve as the base for the later financing of the actions planned and developed in this area.

Objectives

To guarantee basic, specialised and continuous training of university graduates and professionals, together with access to documentation and the creation and development of centres and teams for applied investigation into drug addiction.

1. In 2003, the National Institute for Investigation and Training on Drugs will have been created. This is an official organisation dependent on the Government Delegation for the National Plan on Drugs with the functions of boosting and improving the quality of the programmes in this matter.
2. In 2003, the Autonomous Communities and the Cities of Ceuta and Melilla will have prepared a continuous training programme aimed at professionals concerned with resources for attention to and/or prevention of drug dependence, which includes contents considered to have priority.
3. In 2003, training modules on attention to and the prevention of drug dependence will have been offered to universities which offer courses in social, legal, educational and health subjects, including pre-graduate training in this matter as objectives.
4. In 2003, an autonomous network of focal points for documentation will have been created, with the use of new technologies for accessing information.
5. To propose the inclusion of investigation into drug addiction as a specific subject for the award of grants by the FIS (Sanitary Investigation Fund) and as a priority subject in the annual publication of the Inter-ministerial Science and Technology Commission.

7

Functions and bodies in the National Drugs Strategy

In this section it is necessary to emphasise that the National Drugs Strategy is limited to the definition of the priority objectives within the framework of the distribution of functions and responsibilities of the different instances that intervene in the drug addiction environment.

In this way, the objectives of the different Administrations will be indicated and their intervention levels in terms of the responsibilities of each one of these. As was previously indicated, the functions and responsibilities of the Public Administrations are defined in the Constitution, the Statutes on Autonomy and the laws which develop them.

On the other hand, the functions of the Non-Governmental Organisations are included and other social bodies that take part in dealing with drug addiction which are, in turn, defined from a consensus framework based on collaboration, co-ordination and efficiency.

Functions of the different instances intervening

The truth regarding responsibilities cannot be separated from the manner in which the State with its Autonomous Communities is set up, where all the administrations, institutions and bodies have different powers, in many cases exclusive, in others delegated and in others, yet again, assumed subsidiarily.

In Spain, all the levels of the Administration, in one way or another, have powers in the field of drug addiction. One of the main objectives of this new National Strategy is to articulate, in an efficient manner, the optimum development of these powers.

■ A. Central Administration

Without prejudice to the powers that correspond to it exclusively, the General Administration of the State, with regard to the National Drugs Strategy, will have, among others, the following functions:

- 1 With regard to the demand reduction, the State General Administration, via its executive bodies, will direct its actions towards prevention, especially in the fields of investigation, training co-ordination and evaluation.
- 2 With regard to the reduction in drug supply, the State General Administration will develop the actions directed towards the repression of illegal drug trafficking and its links with money laundering and organised crime, as well as standard regulation and the control of precursors.
- 3 Within the frame of the National Drugs Strategy, it will be a function of the Central Administration to co-operate internationally in a structured way with regard to:
 - 3.1. International relations and active participation in international bodies, paying special attention to active participation in European co-ordination structures.
 - 3.2. Actions for the control of drug supply and police and judicial co-operation.
 - 3.3. Co-operation in development, paying special attention to intervention in Latin America. The necessary co-ordination will be maintained with the Autonomous Communities and the Cities of Ceuta and Melilla which, within their administrative structures, have co-ordination bodies regarding co-operation in development.
- 4 The State General Administration will have the function of co-ordinating the intervention policies and the harmonisation of the legislations of the different Administrations involved, mainly the Autonomous legislation

■ B. Autonomous Administration

The government and legislative bodies of the Autonomous Communities, without prejudice to any other functions that the legal ordinations designated

to them, with regard to drug addiction and within the National Drugs Strategy, will have the following responsibilities:

1. The design and preparation of Autonomous Plans with regard to drug addiction with the corresponding legal support.
2. Planning, co-ordination and development, based on their powers, of a public system for assistance for drug addicts, within the framework of the National Health System.
3. The co-ordination and, where applicable, the design, execution and evaluation of the prevention programmes within the scope of Autonomous Communities, and the Cities of Ceuta and Melilla.
3. Putting into action of means for favouring the integration of drug addicts in society, basically in the areas of professional training and help with employment.
5. Standard regulation for the authorisation and validation of the centres, services and programmes for training and prevention and assistance in the field of drug addiction.
6. Development and execution of the function of inspection and the exercise of sanctioning powers, as well as police co-operation with the rest of the State Security Bodies and Forces wherever it is possible.

■ C. Local Administration

Within the framework of the National Plan on Drugs, apart from other functions the legal order provides, the development of the following functions will be the responsibility of the Local Administration:

1. The development of specific prevention policies with regard to drug addiction, basically in the community environment.

- 2 To obtain the integration of drug users in society by means of the development of professional training and employment plans.
- 3 The creation and putting into motion of measures to limit the drug supply and availability, mainly with regard to legal drugs.
- 4 Execution of inspection functions and sanctioning powers, as well as the co-operation of local police.
- 5 Co-ordination of interventions with regard to drugs at a local level.

■ D. Non-Governmental Organisations

Within the framework of the National Plan on Drugs, Non-Governmental Organisations will continue to play a decisive role which could be implemented in the following way:

- 1 They will constitute an element for co-operation with the Public Administrations in the different areas of intervention: prevention, assistance and social rehabilitation, under no circumstances becoming substitutes for these Administrations nor favouring the artificial maintenance of parallel networks or systems.
- 2 For their interventions, Non-Governmental Organisations involved in the area of drug addiction will first get the necessary authorisation or validation from the Administration.
- 3 Non-Governmental Organisations will form part of the citizen participation bodies in the National Drugs Strategy, especially in its development and evaluation. Likewise, they will have a presence in the consultative bodies of the Administration in the area of drug addiction.
- 4 Finally, Non-Governmental Organisations may take the initiative in proposing, promoting and developing specific actions close to the community.

■ E. Other social organisations

The other social organisations (universities, foundations, etc.) that, within the scope of their objectives and functions, have elements that, even though they have no priority, are relevant enough for their intervention in drug addiction, will perform these specific interventions on drugs within the framework of Autonomous Plans and the National Plan on Drugs.

For their part, the social agents (company owners and trade unions) will be responsible for promoting and developing specific actions designed to reduce the consequences, essentially at work, of the use of drugs by workers.

Management and co-ordination bodies

The National Plan on Drugs will also have specific means of co-operation and co-ordination for guaranteeing the effectiveness and efficiency of the actions to be implemented. All this, independently of those means which exist or are determined, by reason of the actions of the State or the Autonomous Communities.

For the co-ordination, follow-up and evaluation of the National Plan on Drugs, the maintenance and/or creation of the following bodies is proposed:

- 1. Inter-Ministerial Group:** With the same configuration as that of the present one.
- 2. Single Person Body:** A Government Delegate for the National Plan on Drugs, in charge of the management and co-ordination of the policies on Drugs.
- 3. Sectorial Conference:** With the same functions and composition as the present one.
- 4. Inter-Autonomous Commission:** With the same functions and composition as the present one.

5. Autonomous Commissioners: The persons responsible from the respective Autonomous Governments, with regard to intervention in the area of drug addiction, will have the status that allows them to carry out policy and administrative co-ordination of the interventions in the different departments of the Administration, as well as that of other different institutions that are involved, for which the post of Director General is proposed.

6. Follow-up Body: Permanent Follow-up Committee of the National Plan on Drugs. This is a permanent body, dependent on the Sectorial Conference, that meets more frequently and in a more agile way than the Sectorial Conference. It will be elected by co-opting among the members of same.

7. Legislative Control Body: Mixed Congress-Senate Commission for the Study of Drugs or a corresponding commission that substitutes same.

8. Consulting Body:

- Spanish Monitoring Centre for Drugs and Drug Addiction.

1. Others:

- Higher Council for the Fight Against Drug Trafficking and Money Laundering
- Advisory Council for the Fight Against Drug Trafficking and Money Laundering

Evaluation and information systems

The National Drugs Strategy will define and include the mechanisms and instruments that allow for knowing and studying the progress and advances in the attainment of the set objectives.

An evaluation system will be created to allow for early detection of any deviations which will generate the corrective actions to guarantee the final efficiency of the present strategy and that allows for its adjustment to new needs for intervention or different intervention scenarios that may arise.

Information systems

The constitution of the Spanish Monitoring Centre for Drugs and Drug Addiction involves the existence of a body whose functions, among others, will be to collect, in a systematic and continuous way, all the relevant information on the drug and drug addiction situation in Spain, information both from internal and external sources of the country.

In order to perform this function, the Spanish Monitoring Centre has been provided with a series of information systems amongst which are to be found periodic surveys directed towards different sectors of the population, analysis of the data supplied by various epidemiological indicators, information from private and public bodies on different aspects concerning drug consumption and trafficking, as well as studies and investigations carried out on the initiative of the actual governing bodies of the Spanish Monitoring Centre.

Likewise, within the Spanish Monitoring Centre, a series of bodies has been created of which the Advisory Council and the Scientific Commission must be highlighted.

Objectives

- 1. To perfect the organisational structure of the Spanish Monitoring Centre for Drugs and Drug Addiction itself, developing its governing and consultative**

bodies and adding to these the relevant persons and institutions in this matter.

- 1.1. To consolidate the National Survey System (aimed at the General Population and School Population), permanently improving its methodological aspects and the ability for the results to be compared, increasing, in this case, the issues treated in the respective questionnaires.

To complete the information source system available, which basically has a quantitative character, with total implementation and consolidation of the Rapid Information Probes sub-system, whose aim is to provide qualitative information in an agile way to make it possible to react in time and manner to the changes that may occur in the field of drug consumption.

- 1.2. To perform an in-depth study on the co-ordination with the Monitoring Centres in existence with regard to the different Autonomous Plans on Drugs and with those that may be set up in the future, as well as with the European Monitoring Centre on Drugs and Drug Addiction, with headquarters in Lisbon.

2. **In 2003, all of the Autonomous Plans will have put up Autonomous Monitoring Centres into motion.**

The development of the National Plan on Drugs will involve the ensuring of financing mechanisms to guarantee the maintenance of the programmes and activities carried out at present.

Independently of the above, a new budgetary framework will be created to finance the new objectives and activities proposed in this document. Both the financing of the State General Administration and that of the Autonomous Administrations will be linked to the fulfilment of the set objectives.

The financing of the National Drugs Strategy may require possible budgetary re-allotments in order to adjust to the objectives and to any new methods that are finally determined. Likewise, budgetary itemising is necessary for the different loans destined by the Administrations for intervention in drug addiction.