



UNITED NATIONS
Office on Drugs and Crime

***DRUGS AND CRIME TRENDS IN EUROPE
AND BEYOND***

Vienna, 29 April 2004

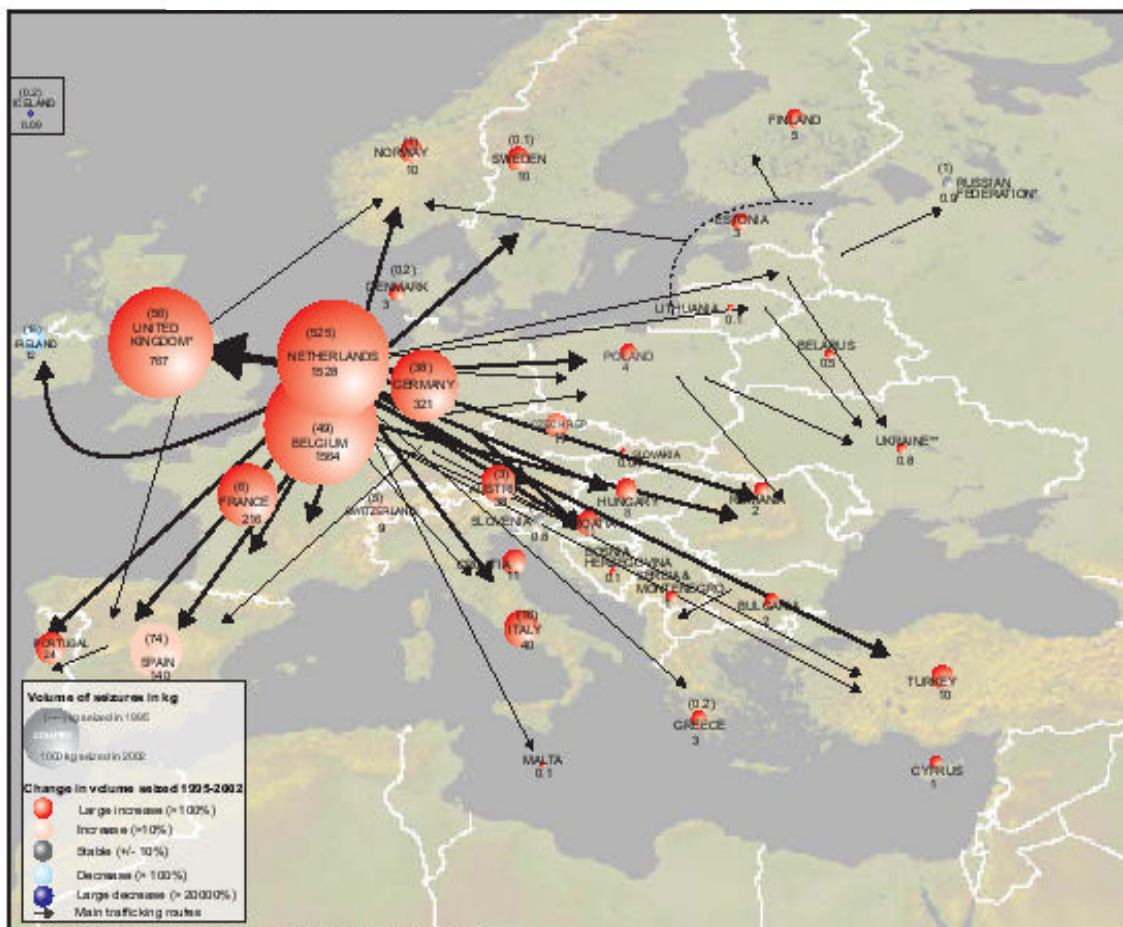
Drugs and crime trends in Europe and beyond

DRUG TRAFFICKING: TARGET EUROPE

Europe remains a destination of choice for international drug traffickers. The multi-drug trafficking affects both accession States and the current EU Members.

Illicit manufacture and trafficking in ATS in Europe, measured in terms of the volumes seized, increased more than 40% in 2002 with total seizures of 9.5 tons. Trafficking in ecstasy alone increased by 68%, with 4.7 tons seized in the continent (Figure 1).

Figure 1. Trafficking in Ecstasy, 1995-2002



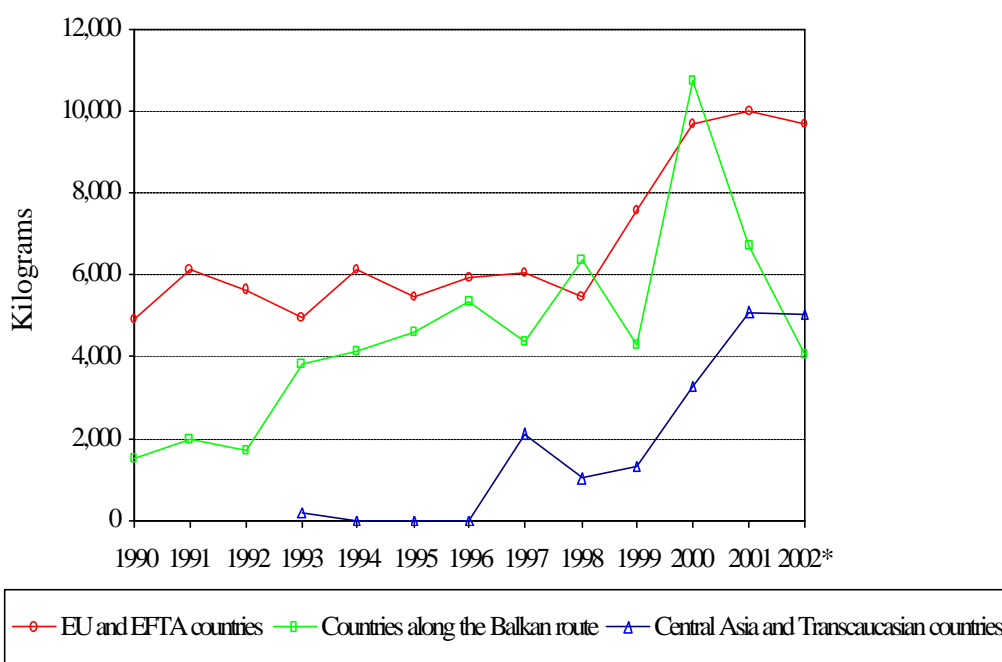
Cocaine trafficking has, in the last years, increased substantially in some accession as well as neighbouring countries, including Poland (422 kg seized in 2002), Slovenia (55 kg), Hungary (58 kg) and Bulgaria (36 kg). In 2003, Estonia intercepted 30 kg of cocaine (the largest volume ever intercepted in that country).

Illicit trafficking in cannabis increased in Western Europe, and declined in Eastern Europe in 2002. The largest seizures of the acceding countries were reported by Slovenia. (Even larger seizures were reported by Romania and Bulgaria). Lithuania and Latvia, in contrast, have registered only relatively small reported seized.

Illicit trafficking in heroin, which almost entirely originates in Afghanistan and transits through countries along the Balkan route and increasingly through countries along the Northern route, continues to be a major drug-related challenge affecting most accession countries and current EU members.

Despite declining seizures in the former in the last two years, heroine seizures in countries along those two routes amounted to 10.3 tons (5.0 tons Central Asia, 2.6 tons from Turkey, 2.7 tons from Eastern Europe, including 0.7 tons from EU accession countries), compared with 9.9 tons seized by countries in Western Europe (Figure 2).

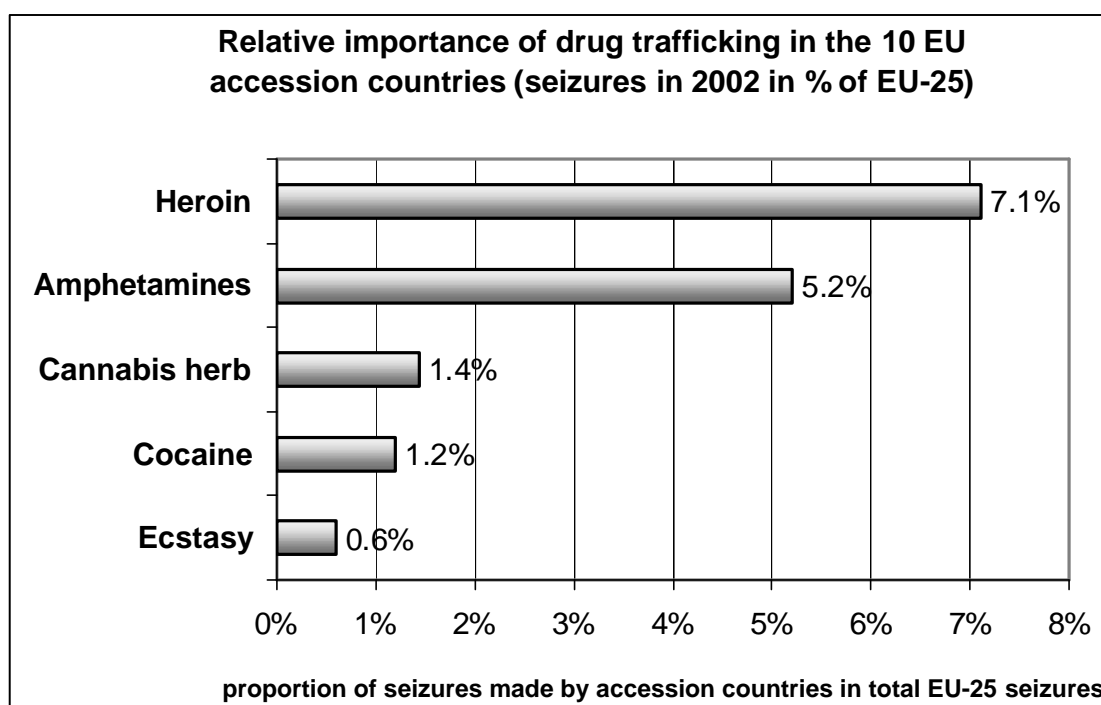
Figure 2. Heroin seizures



In 2002, heroin seizures increased substantially in Hungary and Ukraine, but more moderately in Poland and Albania. The Czech Republic and Bulgaria registered a decline.

In 2002, heroin seizures in the 10 EU accession countries accounted for 7% of the overall heroin seizures made by countries forming part of the EU-25 as of May 2004. For amphetamines the proportion was 5%. For other drugs the proportion was around 1%. Since the population of the ten EU accession countries is equivalent to 16% of the total population of the EU-25, clearly up to now, the bulk of trafficking and interceptions was in the current 15 member states which thus far also account for the majority of drug abuse.

Figure 3. Seizures of illicit drugs

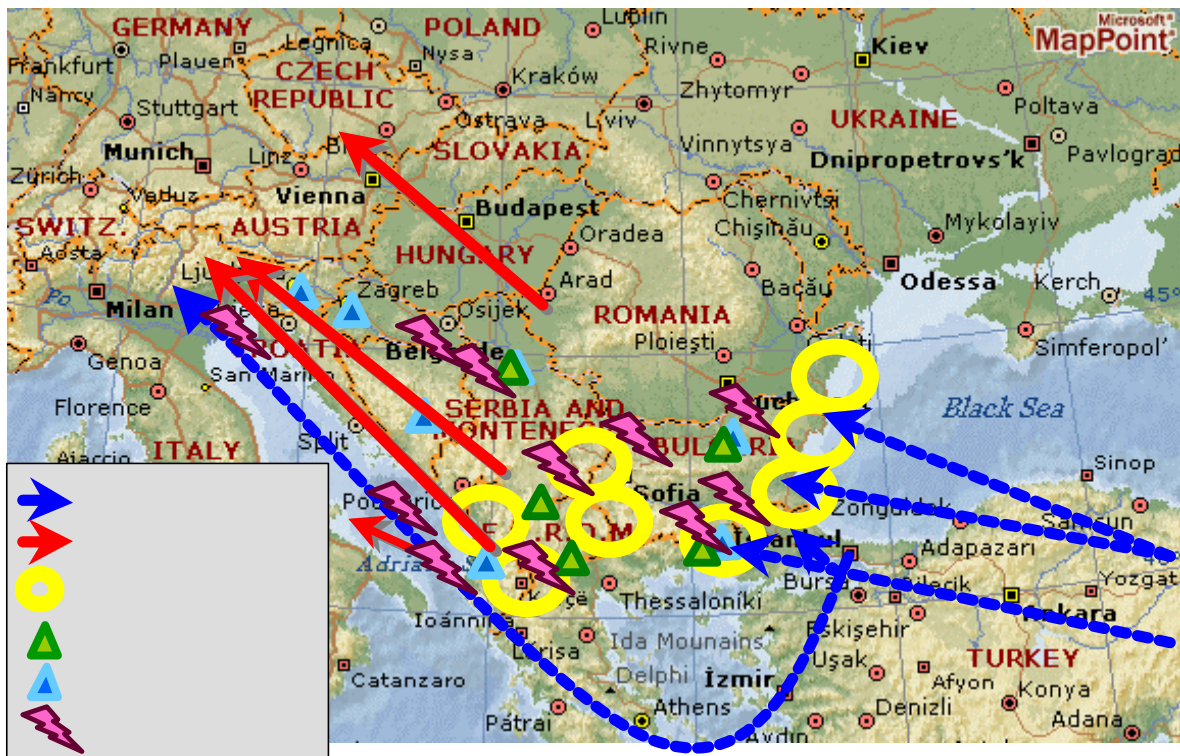


The key to success for improved drug and crime control results is strengthening cooperation amongst law enforcement authorities of accession States and current EU Member States. This was best demonstrated by the recent largest ever single heroin seizure in Austria in February 2004 (some 113 kg). The heroin was transported in a truck with Romanian licence plate, coming from Hungary and destined to France. The Austrian authorities acted on intelligence provided by the German Bundeskriminalamt (BKA).

UNODC has been assisting countries along the Balkan Route as of the early nineties in: (a) amending their legislation to conform with international conventions; (b) strengthen law enforcement capacity through assistance to key border crossings, and through creation of new operational and analytical structures; (c) identifying the nature and extent of drug abuse and related HIV/AIDS, and supporting the launch of national prevention and treatment programmes.

This assistance will continue to help new member countries sustain and further improve new structures, and increase regional enforcement cooperation. UNODC will also shift focus on cooperating with pre-accession countries in their action to meet accession criteria in the area of drug and crime control, by supporting the development of new legislation and of adequate operational standards. Finally, the increased support to countries neighboring the enlarged EU borders – also within the Paris Pact - will be critical for the success of EU efforts against international drug trafficking, related organized crime and corruption, in particular the threat posed by Afghan heroin on the entire region.

Figure 4. Drug trafficking routes and assistance areas



DRUG ABUSE: MAJOR HEALTH PROBLEMS

Drug abuse in most of the ten acceding countries is increasing, though starting from levels generally lower than in EU-15. Major increases are reported for cannabis and heroin but there is also an increase in the abuse of ATS and ecstasy in particular. Cocaine abuse is not yet widespread but there are some indications of its abuse.

The abuse of drugs is related to an overall increase in the abuse of psychoactive substances (including alcohol and tobacco). This common trend is particularly evident among young people, a possible indicator of future abuse among the general population with enormous health and social costs.

Major public health problems already exist with the increase in the abuse of heroin through injection. Some of acceding countries of Eastern Europe have witnessed in the past decade a rapid increase in the HIV epidemic and this has been mainly driven by injecting drug use. In particular, the increase in HIV infection among injecting drug users (IDUs) in Estonia and Latvia should be noted – with the infection spreading at an alarming rate, with prevalence rates at up to 13% and 12% respectively in national samples of IDUs. The situation in most other accession states is not explosive but there is a potential for rapid rises in HIV infection among IDUs if preventive measures are not taken. The infection rates for hepatitis B and C among IDUs are also high.

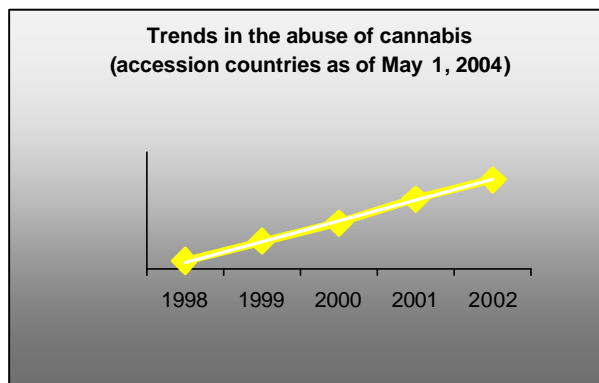
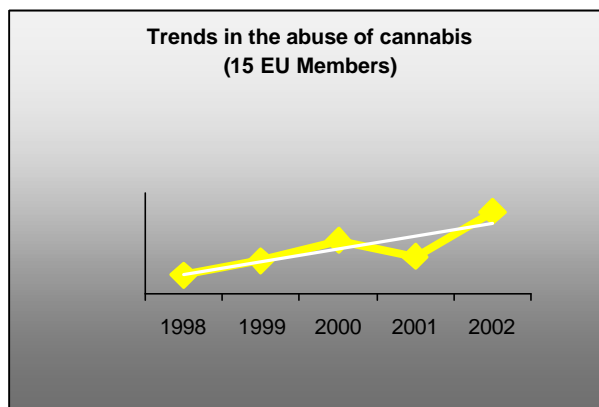
This problem is rendered more severe by the lack of treatment services and – in some cases – by the stigma (including criminal records) attached to drug abuse. There is the need to create appropriate services and reach out to drug abusers, encourage

behavioural change among IDUs and to prevent high-risk injecting and sexual behaviour.

Measures to address the drug abuse problem need to be coherent and balanced, with emphasis on prevention and treatment.

The following overview of trends in the abuse of main drug types in the period 1998-2002 in Europe is based on responses received from Member States through part II of the annual reports questionnaire.

Figures 5 and 6. Cannabis abuse

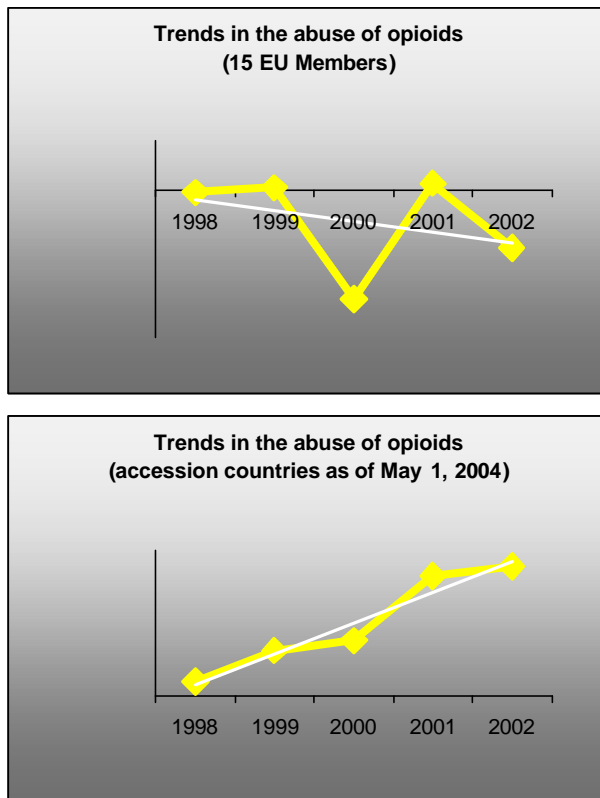


Cannabis - In the five-year period 1998-2002, cannabis remained the most abused drug worldwide. Also in Europe the overall trend in cannabis abuse, as reported to the UN Commission on Narcotic Drugs (CND), is clearly increasing. Cannabis abuse has shown a consistent increasing trend, following the increase in cannabis prevalence during the 1990s within the European Union. While in some countries cannabis abuse has recently stabilized, in others, especially where prevalence was relatively low, it has increased. In addition to increasing trends in use of cannabis, there is also evidence of increasing social acceptance of cannabis experimentation among young people in the Central and Eastern European countries – a trend similar to the one noted in

Western Europe, where cannabis ranks second after heroin in terms of the number of users seeking treatment.

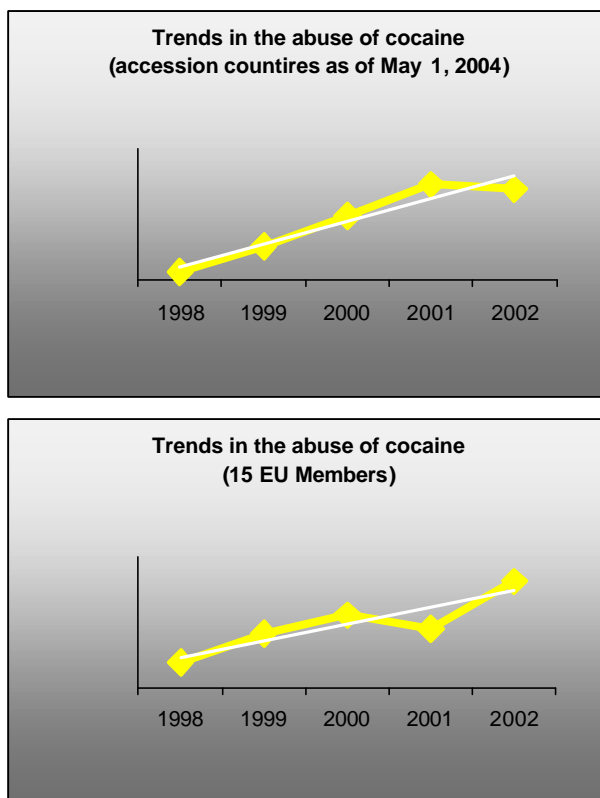
Opioids - In Europe, opioids abuse increased slightly over the period 1998-2002, while the injecting of heroin has been stable or decreased. Estimates available for “problem drug use” suggest that the abuse of opioids increased in Western Europe after the mid-1990s, but the trend has stabilized since the period 1998-2000, even declining in some Western European countries. Prevalence estimates of “problem drug use”, primarily the abuse of opioids, in most Western European countries ranged between 2 and 10 cases per 1,000 among members of the general population aged 15-64. In the Central and Eastern European countries, most of the increases in “problem drug use” in the 1990s, and especially after the mid-1990s, were attributable to the abuse of heroin, which is currently the main drug of concern in every country. Many of those increases were accompanied by increases in injecting drug abuse, although smoking heroin is common in Poland and is also reported among young abusers in

Figures 7 and 8. Opioids abuse



some other countries. In the Czech Republic, Hungary, Slovakia and Slovenia, and perhaps in Bulgaria, it appears that the overall level of “problem drug use” may be stabilizing, while in Estonia, Latvia, Lithuania, Poland and Romania, it seems to be increasing (in particular in relation to heroin abuse). Increases in HIV infection among injecting drug users might be due to the increased availability of heroin in the region in the late 1990s, combined with low risk-awareness among users and high-risk injecting behaviour. Early detection of new trends and emerging problems due to injecting drug use is of vital importance to allow timely responses to all blood borne viruses, including HIV, hepatitis B and C.

Figures 9 and 10. Cocaine abuse



Cocaine - In Europe, the trend line for cocaine abuse has shown a consistent increase since 1998, with a tendency towards stabilization. This seems to be related to increased cocaine consumption mainly in Western Europe, while distinct geographical variations can be observed. In Eastern Europe, cocaine abuse is still at a level well below that of Western Europe. Cocaine appears to be most available in larger cities and in those areas with a relatively large number of abusers of other drugs. Like in Western Europe, drug abusers reveal a high level of recreational use of cocaine powder in social settings, i.e. “dance-goers” or “clubbers”. Although cocaine abuse among the general population remains low, in Europe demand for treatment and deaths

due to overdose need monitoring. Increased cocaine abuse is reported in Albania, Bulgaria, Croatia, Lithuania and Poland. In Slovakia, the most recent reports indicate

that the situation with regard to cocaine abuse is stable. In Hungary the situation is stable and decreasing.

Amphetamine-type stimulants (ATS) - Throughout Europe, over the past few years there has been an increased abuse of ecstasy and amphetamines, in particular among youth in urban areas, with rates (lifetime use among the adult population) ranging between 0.5 % and 5 %, the highest rates being among young adults. Despite earlier differences, East and West are now converging. While countries (especially in Western Europe) that experienced strong increases in ATS abuse in the 1990s seem to be stabilizing or decreasing, recent information suggests that experimental and recreational use of “club drugs”, ecstasy in particular, is increasing in Central and Eastern European countries. High lifetime prevalence rate has been found among 16-year-olds for example, 6 per cent in Latvia and 4 per cent in the Czech Republic, Lithuania and Slovenia.

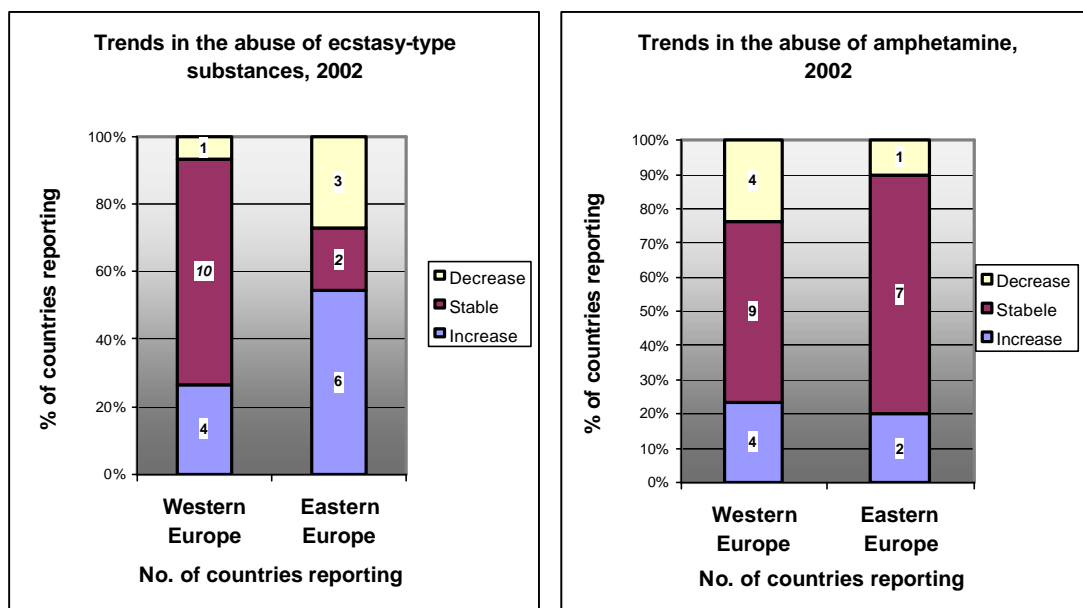
ATS: PRODUCTION SHIFTS FROM WEST TO EAST

Europe is one of three ATS global hot-spots, together with North America (for methamphetamine and ecstasy) and Asia (mainly methamphetamine).

Significant changes are occurring in Europe. After Netherlands and Belgium (together), the most important source country are now Poland, followed by Estonia and Lithuania, and then Bulgaria. This confirms an underlying shift of operations eastwards that started a few years ago.

A decade after the start of its shift eastwards, the amphetamine market now appears to also have matured in Eastern Europe, where current abuse trends are similar to those in the west (Figures 11 and 12)

Figures 11 and 12. Ecstasy and amphetamine abuse



Over the period 2000-2002, more than 70% of all reported clandestine ecstasy laboratory seizures in Europe were reported from the Netherlands, and 15% from Belgium. The two next prominent sources of ecstasy were the UK (8%) and Germany

(2%). Over the 1992-2002 period, seizures of ecstasy laboratories and/or "ATS laboratories including ecstasy laboratories" were also reported from Spain, Norway, Lithuania, Latvia, Estonia, Hungary and the Ukraine. The EU accession countries Estonia, Lithuania, and Hungary have been frequently mentioned as source countries for ecstasy.

Although few of the 45 to 60 "commercial" large scale clandestine ATS laboratories that are seized in the European Union every year are identified in Eastern Europe, similar to the spread of clandestine amphetamine manufacture a decade ago, an eastward shift of clandestine ecstasy manufacture is still under way.

Most recently, there has been stabilisation of amphetamine use in east Europe, reflecting the situation three or four years ago in west Europe; for example, lifetime prevalence of amphetamine use among 16-year-olds in Czech Republic was 1.8% in 1995, peaked at 5.5% in 1999, and has now fallen to 4.2% (2003). Nevertheless, there are continued strong increases with availability and use of ecstasy, especially amongst young people. The highest lifetime prevalence of ecstasy use among 16-year-olds in accession countries is in Czech Republic (8.3%: 2003 data), followed by Latvia (6%), Lithuania and Slovenia (4% in each) [latest data 1999]; with the exception of UK and Ireland, these are the highest prevalences in Europe. Most young people start to use ecstasy at an early age.

Historically, the control on chemicals have been much tighter in Eastern European countries, than in the West. There are some justifiable concerns now in accession countries that joining the EU may lead to a weakening of their existing import/export controls for precursor chemicals (this as a result of the requirement under EC law to harmonize all controls throughout the region). For example, after 1 May, accession states will not be allowed to exercise any stronger controls than those laid down in EC regulations, even though such controls exist now in domestic legislations (national chemical controls will cease to exist after 1 May). EC is acting on those concerns, and has taken steps to strengthen import controls throughout EU, however weak as they are at present. New EU legislation, however, will only enter force in August 2005.

There are new challenges in countries to the east of the enlarged European Union. In Belarus and Russia, for example, ATS are problematic, but the extent and dynamics of the problem are little known/uncertain. In the Ukraine, ATS and precursors are manufactured illicitly, but also new synthetic drugs, including fentanyl, extremely potent drugs that act like heroin. It is not known where the main market for such drugs is, but already fatalities have been reported in western Europe.

The move of amphetamine manufacture from West to East European countries, namely Poland, and later to the Baltic States, is well-documented, and a result of increased enforcement efforts in Western Europe. More recently, however, the first ever ATS laboratory seizure has been reported from Serbia and Montenegro. That laboratory, one of Europe's largest, was dismantled at numerous locations in and around Belgrade. Other Balkan countries may yet emerge as new sources for clandestine amphetamine and/or ecstasy manufacture; ATS precursors have been seized in, or smuggled through, the region in the past. Bulgaria continues to report clandestine manufacture of ATS.

The approach to tackling the pan-European problem of production and supply of ATS/synthetic drugs should focus not only on where drugs are manufactured, or on cross-border interdiction activities, but also on the broader aspects of organized crime, money laundering and chemical control and drug enforcement as a whole.

HIV/AIDS: ALARMING TRENDS

In almost all of the EU accession countries, a dramatic change over the last decade, with the dismantling of old social and health structure, has led to new social problems, including a sharp increase in drug use, trafficking in persons, as well as an increase in the prison population.

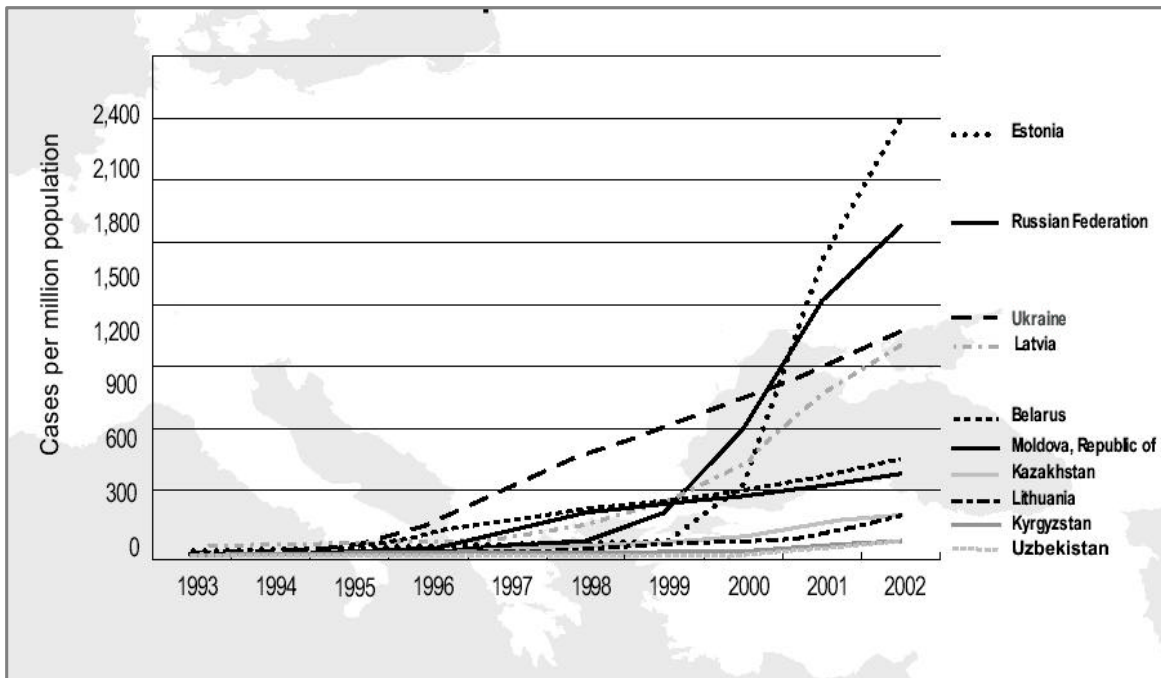
This has opened up new routes of transmission for HIV throughout the population. HIV/AIDS prevalence among injecting drug users in the accession countries is as follows: Czech Republic: 0,1%; Cyprus: n/a; Estonia: 13%; Hungary: 1%; Latvia: 19%; Lithuania: 3%; Malta: n/a; Poland: 16,9%; Slovakia: n/a; Slovenia: n/a. Population of injecting drug users (IDUs) in terms of thousand of persons correspondently comes to: Czech Republic: 26,000; Cyprus: n/a; Estonia: 20,000; Hungary: 25,000; Latvia: 11,000; Lithuania: 8,000; Malta: n/a; Poland: 43,000; Slovakia: 13,000; Slovenia: n/a. An upwards trend is visible in both accession and neighbouring countries (Figure 14). The tendency is even more notable in the Baltic Region (Figure 15). In recent years, significant declines have been achieved in Poland with an increased civil society involvement.

A large number of HIV infections in prisons has also been reported. In Lithuania in 2002 in a single prison 299 inmates were found HIV-positive, up to 23%, and 6% prison inmates in Estonia and Latvia were found to be HIV infected. Trafficking in women and young girls for the purpose of sexual exploitation has increased in recent years in parallel to the development of the sex industry. The criminal organisations involved in trafficking in women and girls are often linked to other forms of criminality, such as money laundering.

One of the biggest problems facing the prevention and treatment of HIV/AIDS in these countries is the stigma, prejudice and discrimination against the common vulnerable groups to HIV/AIDS e.g. sex workers, injecting drug users, and homosexuals. Due to limited resources and a poor infrastructure, prevention and care strategies are still poorly developed. The result is that even though HIV/AIDS prevalence has increased substantially, awareness about the disease itself, prevention, and treatment are still very low.

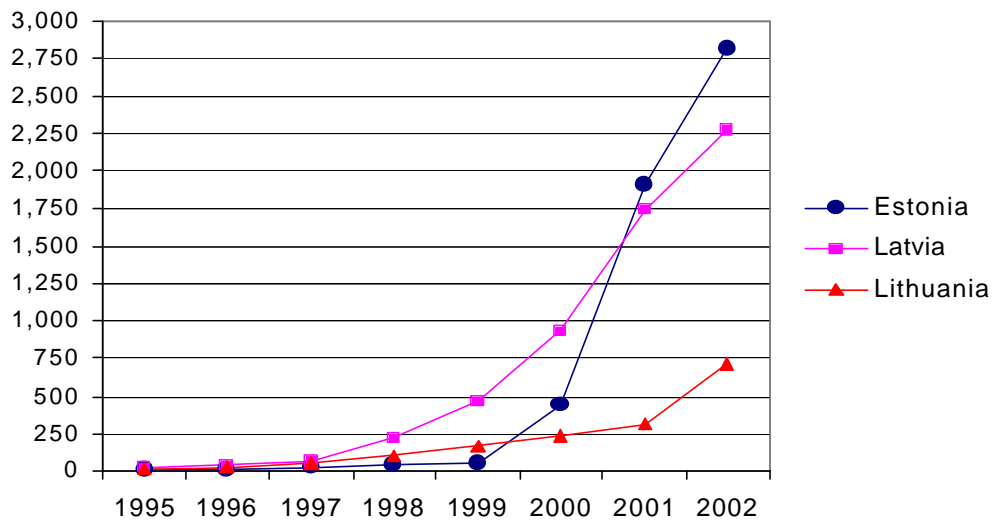
Figure 13. HIV/AIDS in Europe and the CIS

Cumulative reported HIV infections per million population in Eastern European countries



Source: National AIDS Programmes (2002). HIV/AIDS surveillance in Europe. End-of-year report. Data compiled by the European Centre for the Epidemiological Monitoring of AIDS.

Figure 14. Cumulative number of HIV infections in the Baltic states



Source: EuroHIV (2003) and UNDP

Population (in millions)

Estonia: 1.4, Latvia: 2.4, Lithuania: 3.5

UNODC along with its UNAIDS partners can play an important role in (i) intensifying collaboration between the EU and non-EU countries; (ii) helping countries develop norms and standards relating to health issues in prison settings and among victims in trafficking; (iii) assisting countries in implementing the Palermo protocol on trafficking in human beings; (iv) adopting a comprehensive approach to those who are already HIV infected and addressing injecting drug use and HIV/AIDS; (v) harmonizing drug and HIV/AIDS policies among the EU and non-EU countries.

ORGANIZED CRIME: LOOKING FOR 'NEW MARKETS'

EU enlargement is likely to increase the activities of organised crime groups, attracted by the new markets. There is already the evidence of the growing degree and geographic reach of western European organised crime networks, with increased focus on accession states.

In crime, East will meet West. Organised syndicates from Poland and the Baltic States have been active beyond national borders. In Germany, Polish organized crime groups are the second largest non-German organized crime group after Turkish groups. Most EU and accession organized crime groups engage in a range of criminal activities, from commodity smuggling, counterfeiting of currency and other goods. Drug trafficking continues to be one of the most lucrative activities, originally in Western EU but progressively so in the accession countries. Money laundering, credit card and other financial fraud, human trafficking and the facilitation of illegal immigration have been known in pre-accession States, with organised crime groups in Bulgaria and Romania extremely active.

The activities of organised crime groups, along with their increasing professionalism, create a continuing challenge for European law enforcement agencies.

While Hungary and Slovenia are the only accession states that have not ratified the UN Convention against Transnational Organised Crime, overall, the legislative framework for countering organised crime in these states, may be less problematic than actual implementation. Strengthening of judicial and cross-border law enforcement cooperation is essential.

The use of corruption by organised crime and their influence on the judicial and executive branches is perhaps the gravest challenge, particularly in pre-accession states.

TRAFFICKING IN HUMAN BEINGS: ALL COUNTRIES AFFECTED

All of the countries, rich and poor alike, are affected by the crime of trafficking in human beings. Some countries are countries of origin, others transit or destination countries and some are origin, transit and destination at the same time. As far as the region of Eastern and Central Europe is concerned, the region as a whole is very much a transit region and a region of origin, and to some extent also a destination for victims of human trafficking. Victims are predominantly women and girls, who are trafficked mainly for the purpose of sexual exploitation. Victims are, though, also forced to work as domestics or in agriculture.

It is true for all of the ten acceding countries that victims are primarily women and children and that the primary purpose of trafficking from and through these countries is the sexual exploitation of the victims.

Figure 15. Trafficking in human beings in the accession countries¹:



Four of the ten countries are parties to Convention against Transnational Organised Crime and Trafficking Protocol²: Cyprus, Lithuania, Malta and Poland have signed and ratified the Convention and the Protocol. Estonia, Latvia and Slovakia have signed and ratified the Convention and signed and not yet ratified the Protocol. The

¹ Cyprus is a country of destination and to some extent also a transit country for victims of human trafficking. Main countries of origin are Ukraine and Bulgaria. The Czech Republic, due to its geographical location, is mainly a transit country, but also a country of origin and destination to a very large extent. Countries of origin for victims trafficked to the Czech Republic are often Ukraine and Bulgaria. Victims are often trafficked from the Czech Republic to Germany, Austria and the Netherlands. Estonia is primarily a country of origin. Victims are often trafficked to Finland, Sweden, Germany and Denmark. Hungary is first of all a transit country for victims, but also a country of origin and a destination to a large extent. Victims are often trafficked to Hungary from Ukraine, Russia and Rumania. They are very often trafficked out of the country to Austria and Germany. Latvia is largely a country of origin. The main destination countries are Denmark and Germany, but also the United Kingdom. Lithuania is also a country of origin. The main destination appears to be Germany, but also the United Kingdom and the Netherlands are often reported. Little is known as regards the human trafficking situation of Malta. The country, however, is referred to as a transit country. More information on Poland is available. The country is to a very large extent used for transit purposes. However, it is also appears to a country of origin and destination. Victims are trafficked to Poland from Ukraine, Belarus and Bulgaria, and from Poland largely to Germany, but also often to the Netherlands. Slovakia is an important origin and a transit country. Many victims are trafficked to and exploited in the neighbouring Austria. Slovenia is first of all a country of origin, though to a lesser extent than many of the countries in the region. A main destination cannot be noticed. Spain, however, is often mentioned.

² See: United Nations Treaty Collections, <http://untreaty.un.org>, accessed on 23 April 2004

Czech Republic, Hungary and Slovenia have signed but not yet ratified both the Convention and the Protocol.

UNODC initiated technical cooperation projects in some of the countries, i.e. in Slovakia, Poland and the Czech Republic. In some of the countries UNODC has established partnerships for its anti-human trafficking Public Service Announcements, to add national victim-hotlines to the video spots and for the cooperation in further awareness-raising campaigns.

CORRUPTION: PREVENTIVE ACTION NEEDED

The adoption of the United Nations Convention against Corruption late last year provides the opportunity to strengthen both national and global responses to the problem. A key focus of the Convention is prevention – providing the institutional and regulatory framework to reduce the likelihood of corrupt practices in the first instance. UNODC technical assistance in this area, through Global Programme against Corruption (GPAC), will aim at promoting this preventive framework in four critical areas of intervention: (1) National anti-corruption policies and mechanisms; (2) Strengthening judicial integrity; (3) Promoting integrity in the public and private sectors; and (4) Denying the proceeds of corruption.

UNODC has already assisted some of the accession states in tackling corruption. It has supported Hungary in a study of corruption and, based on the findings, in the conduct of a National Integrity Conference, triggering concrete anti-corruption initiatives and technical projects such as the procurement workshop UNODC helped organize. The project's duration from 1999 to 2003 coincided with the most intense stage of Hungary's legal harmonisation with the European Union with UNODC's role in the development of two important packages of anti-corruption legislation in 2001 and in 2003 being generally acknowledged as an important contribution. Particularly positive has been the assessment of UNODC's contribution to the drafting of the 27 point anti-corruption strategy in 2001 and of the National Action Plan against corruption that took shape at the National Integrity Conference organised by the Hungarian Government and UNODC in 2003.

UNODC further supported the Government of Romania with project, focusing on raising awareness and skills among senior representatives of the criminal justice system. For this purpose 8 training seminars and 3 study tours were conducted for judges, magistrates and representatives from the Ministry of Interior, financial guard, Custom Administration, Money Laundering National Office and Intelligence Office. The project facilitated the drafting of two important pieces of anti-corruption legislation which have been adopted into law. The last component of the project was a public education and awareness-raising programme consisting of media campaign including TV spots, posters and a round table conference with key stakeholders and a number of citizens' meetings in 15 key cities. An independent evaluation (December 2000) found that the project was a positive step in assisting Romania to combat corruption. New anti-corruption laws have been enacted and measures have been introduced and a new national specialized structure to combat corruption and organized crime is operating in the General Prosecutor's Office. Over two hundred professionals in the Romanian criminal justice system were trained in modern techniques and exposed to international models and approaches. Communication and

cooperation has improved between civil society organizations and state organizations active in the fight against corruption. Most importantly, the project had a catalytic effect, stimulating other international organizations to provide additional support for Romania's efforts to fight corruption.

With such experiences worldwide, UNODC can help both accession states and the EU neighbours in ratification and implementation of the new Convention against Corruption.

While in most of the accession countries' anti-corruption efforts seem on the right track, efforts in some of the neighbouring countries further east need to be supported. The figure below shows the corruption perception index for EU as well as some adjacent countries (with number 1 being the best).

Figure 16.

Corruption Perceptions Index					
Country	Ranking	Country	Ranking	Country	Ranking
Finland	1	France	23	Czech Republic	56
Denmark	3	Spain	24	Latvia	58
Sweden	6	Portugal	25	Slovakia	63
Netherlands	7	Cyprus	28	Poland	65
Luxemburg	12	Slovenia	29	<i>Russian Federation</i>	<i>67</i>
United Kingdom	13	Estonia	33	<i>Armenia</i>	<i>78</i>
Austria	14	Italy	35	<i>Ukraine</i>	<i>111</i>
Germany	16	Hungary	40	<i>Moldova</i>	<i>103</i>
Belgium	17	Lithuania	41	<i>Azerbaijan</i>	<i>125</i>
Ireland	18	Greece	51	<i>Georgia</i>	<i>127</i>

Source: Transparency International 2003, Corruption Perceptions Index (Malta not available)

FINANCIAL INTELLIGENCE: NETWORKS OF COOPERATION

Financial Intelligence links with and among accession states: FIU.NET is an initiative for the automated exchange of information between financial intelligence units (FIUs), designed to connect together participating FIUs and thereby support investigations in money laundering and terrorist financing. It has been operational in some European Union countries since early 2002. A similar network arrangement for FIUs from accession countries has been set up and is now operational for some of the countries. The aim is to link the existing FIU.NET in the EU with the FIU.NET for the accession countries as soon as they join the Union. There is a high level of technical competence and good knowledge of the use of intelligence among the

participating accession states, and their FIUs stand in good shape to join their EU neighbours in the initiative. Bulgaria and Romania have already joined the FIU.NET for the accession countries. Moreover, the Russian Federation has expressed a desire to be included as well at some point.

In general terms, anti money laundering systems and the combating of financing of terrorism in all the accession countries are reasonably sound. Legislative and administrative provisions are for the most part comprehensive, and in some cases even more advanced than the level of the EU Member States. Co-operation between FIUs is well advanced and is widely regarded as very important. That being said, there are some key areas where further development is required:

If effective implementation of the EU Money Laundering Directive is to be a reality, training will be required for non-financial professionals (i.e. lawyers, notaries, accountants, real estate dealers, traders in high value goods, etc.) caught by it.

Judges and prosecutors will require more training in the actual handling of money laundering cases and in understanding the concept of - and combating - money laundering and use of financial evidence in such cases, if they are to achieve successful confiscation of assets. Such training could usefully be expanded to the other candidate countries, such as Bulgaria and Romania.

In many countries there is still considerable work to be done to promote co-operation among anti-money laundering actors, both within the states themselves and with colleagues internationally. Notwithstanding the good progress made in the FIU sphere (see FIU.NET above), in cross-border terms greater co-operation needs to be promoted between law enforcement officials and supervisory authorities.

There is a need to further develop methods of strategic analysis of FIU data, and to have an approach to analysis which is common among FIUs. This is an area in which UNODC's Global Programme against Money Laundering has already been working with the Egmont Group and several FIUs, many of them from EU Member States. This work should continue.