



Austerity

Athens Declaration on protecting public health by ensuring essential services in drug policy under austerity budgets – and explanatory memorandum –

*Adopted at the 73th meeting of Permanent Correspondent
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The Pompidou Group

The Pompidou Group's core mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its member states.

It seeks to link Policy, Practice and Science and focuses especially on the realities of local implementation of drug programmes.

The shifting, dynamic nature of the drug phenomenon has required the Group to adapt its role in order to deal with emerging problems and changes in the drug situation. Flexibility and capacity for innovation are two key attributes that have assisted the Group in meeting this challenge.

Against an international background characterized by the presence of many European and international bodies working on drugs, the Pompidou Group provides a multidisciplinary forum of open debate at the wider European level where it is possible for policy-makers, professionals and researchers to discuss and exchange information and ideas on the whole range of drug misuse and trafficking problems. In order to carry out this mission, it adopts a multidisciplinary, integrated approach to all drug problems and employs a variety of working methods.

In addition, the Pompidou Group undertakes a bridging role both between EU and non-EU European countries and towards neighbouring countries in the Mediterranean region.

Because of its links with the Council of Europe it also ensures that policy recommendations are consistent with public policy as elaborated in other fields of Council work, such as public health, social cohesion and penal policy, with particular emphasis on ethical issues and respect of Human Rights.



The 'Athens Declaration'

« Declaration on protecting public health by ensuring essential services in drug policy under austerity budgets (Athens Declaration) »

We the representatives of States participating in the 73rd meeting of Permanent Correspondents of the Pompidou Group,

Noting that the global financial and economic crisis in Europe and the related austerity measures have already brought about and may imminently exacerbate challenges related to the health of the individual and of the population as a whole, as well as the cohesion of our societies;

Noting with great concern the changing patterns of drug use under circumstances of strict austerity measures, such as the possible risk of an earlier onset of drug use, the increasing prevalence of injecting use, relapses, risk taking, overdosing, particularly among vulnerable groups; the increasing incidence of poly-drug use, involving illicit and licit substances, the impact of such behaviours on public health as well as on criminality;

Concerned that the effects of economic crisis possibly result in discriminatory attitudes of society towards drug use and people who use drugs that undermine risk and harm reduction, drug treatment, social re-integration and the potential for recovery;

Recognising the need to better understand the effects of economic crises on overall drug use and drug policies, notably:

- The asymmetric impact of the crisis on certain population groups and societies ;

- The impact of the crisis on drug use, drug consumption patterns and related risks and harms, including drug dependence, overdose, infectious and other blood borne diseases;
- The impact of austerity measures and restructuring efforts on the overall health budgets and on drug related public expenditure;
- The consequences of resulting constraints on budgets of law enforcement agencies and overall drug supply reduction efforts, thus risking a potential increase in the availability of drugs;
- The impact of reduced demand reduction resources, which may affect availability of risk and harm reduction policies and measures and coverage for overall treatment and rehabilitation and reintegration services;

Recalling the obligations of States under the Council of Europe and United Nations Conventions to protect fundamental rights and freedoms, in particular the right to life and human dignity, the right to protection of health, the right to equitable access to quality health care services for all, the prohibition of any type of discrimination as well as the right of children to be protected from narcotic drugs and psychoactive substances;

Recalling the obligations of States under Art. 2 of the International Covenant on Economic, Social and Cultural Rights, and under Art. 4 of the UN Convention on the Rights of the Child, to progressively realise the right to the highest attainable standard of health to the maximum of available resources.

Bearing in mind Resolution 1884 (2012) on Austerity measures – a danger for democracy and social rights, and Resolution 1946 (2013) on Equal access to health care of the Parliamentary Assembly of the Council of Europe;

1. Reaffirm our commitment to the following principles even in times of severe resource constraints:

- Drug policy implementation should be guided by fundamental equity and quality standards and utmost respect for human rights;
- A balanced approach in drug policy should also be reflected in budgets available for supply reduction and demand reduction measures;

- Mutual assistance and cooperation at national and international levels are essential elements of drug policy implementation;
- Immediate action should be taken or intensified in cooperation with NGOs and civil society to ensure integrated quality care (from prevention through to recovery) is made available to vulnerable populations, thus protecting the individual and the society at large.

2. Where necessary, appeal to all actors in drug policy to initiate and support immediate political action to mitigate the impact of economic crises, particularly on the most vulnerable, and to guarantee broad coverage, accessibility and quality of essential services, despite budgetary constraints.

3. Declare our resolve to continue providing such comprehensive, integrated services as part of our national drug policies and safeguard against any type of discrimination. To achieve this:

- Where necessary, urgent action must be taken on the basis of indicators showing changes in the drug situation and its consequences. In some countries there is already sufficient evidence that justifies action before a serious deterioration of individual and public health indices as well as loss of human lives occurs;
- Evidence based best practices on optimizing cost effectiveness in policy implementation should be used to address pressing budgetary constraints. Innovative solutions to providing essential services at manageable costs should be encouraged and explored;
- Drug policies at the national level should be implemented in cooperation with NGOs and the civil society, which can foster greater service integration, optimise economies of scale and achieve improved cost effectiveness.

4. Commit the Pompidou Group to work on this issue and to works towards its inclusion in the future work programme.

5. Call on other international organisations and non-member States to support the Pompidou Group's in its efforts to mitigate the consequences of economic crises and resulting austerity measures, in particular by joining the Group's efforts to create safeguards against stigmatization and discrimination of people who use drugs.



Explanatory memorandum on the 'Athens Declaration'

by the expert group on drug policy implementation in times of economic crisis (DPEC)

A worrying correlation: economic crisis, worrying public health trends and the risks of discrimination

1. Since the 1930s the study of economic crises and their consequences shows a relation between mortality and morbidity trends and the capacity of health systems to respond to increased demand for care, particularly by the most vulnerable.
2. It has been widely acknowledged that economic crisis affects all determinants of health, such as nutrition, housing, education and employment, further exacerbating existing inequalities and leading to deterioration of physical and mental health as well as stunted growth in children. Such effects have been shown to predominantly impact vulnerable groups, which are also faced with economic and social exclusion. More recent analysis suggests that this impact of the economic crisis on health determinants is also related to increased binge alcohol and problem drug use.
3. The current financial crisis in Europe has led to an ever expanding economic crisis and the adoption of austerity measures in several European countries. Austerity affects all sectors of government spending, including public health and drug policies. Despite frequent national efforts

to ring-fence the public financing of health, austerity has adversely impacted on the levels of coverage in health and social services, including drug treatment provision, in many countries.

Impact of the economic crisis on drug use and drug policies

4. The economic crisis in Europe and the resulting austerity measures applied to address it are already impacting both drug use and drug policies. The following areas of impact have been identified:

1. Drug Use developments

1.1. Trends in drug use

- Increased incidence of new, cheaper and more dangerous drugs;
- Increased incidence of poly – drug use, involving both illicit and licit substances, such as alcohol and prescription medicines;
- Earlier onset of drug use, particularly in connection with increased youth unemployment;
- Increased risk of former drug users relapsing
- Shift to riskier patterns of taking drugs. There is evidence that injecting drug use is spreading in a growing number of European countries, posing grave public health risks.

1.2. Trends in health consequences

5. A joint risk assessment by EMCDDA and ECDC conducted with reference to recent HIV outbreaks amongst IDUs in both Greece and Romania has underlined the need for scaling up responses in the face of the countries' economic hardship. Data analysis suggests that the outbreaks along with the resulting mortality and morbidity were linked to low or reduced levels of HIV preventive services' provision, particularly harm reduction and opioid substitution treatment availability.

6. Safeguarding public health and public safety necessitate rapid responses to scale up HIV and Hep C preventive measures in both countries, especially through wider availability of harm reduction and substitution treatment programmes. High levels of patient mobility across Europe make such responses of urgent and vital importance to all European countries, particularly as some European member states are reporting increases in the prevalence of HIV among IDUs.

7. Overall, recent trends show an increase in the number of HIV infections, alcohol-related deaths, suicides, mental health as well as other health related problems in countries affected by the economic crisis and austerity measures. In addition, preliminary analysis suggests that depression, income reduction, growing healthcare costs and cuts in service provision prevent people from accessing care in time, thus aggravating their individual health and impacting on general population health.

1.3. Trends in crime development

8. Due to rising unemployment rates, particularly among the youth, people are turning to small scale dealership as a means to supplement their (licit) income, if any.

9. Additionally, delinquency related to drug use appears to be on the rise, through both small scale dealership and acquisitive crime. Emerging evidence suggests violent property crime types such as robbery have increased as a consequence of recession and, furthermore, which in turn must be seen as partly attributable to changes drug use patterns, in the way that drug consumption can be an enabling factor to overall crime levels.

1.4. Trends in social exclusion

10. There is an increasing concern amongst policy makers on the social representation and stigmatization of drug dependence and subsequent discrimination of people dependent on drugs.

11. Stigmatization of people dependent on drugs has been increasing in countries implementing austerity measures. In societies where

resources for “legitimate” causes, such as cancer and autoimmune diseases, are scarce, drug dependence may be seen as a moral failure and resources dedicated to treating dependent people as a first target for budget cuts.

12. As a result of such diminishing social tolerance and support, drug users are increasingly faced with social exclusion, thus aggravating their health and undermining their chances of making a full recovery.

13. In such a context policy makers are faced with increasing difficulties when advocating for humane drug treatment policies, which support patient reintegration and recovery.

2. Drug policies

2.1. Impact on availability and funding of services

14. In some countries there is evidence that the availability of treatment and harm reduction services, particularly Needle and Syringe Exchange Programmes, has been seriously affected by budgetary constraints. Among other factors this has contributed to increased incidence of HIV/AIDS and other communicable diseases amongst IDUs (see above 1.2. *Trends in health consequences*).

15. Additionally, in a number of European countries severe economic constraints have undermined efforts to sustainably increase the coverage of treatment and harm reduction services.

16. Global government funding for HIV/AIDS preventative and treatment programmes has also been affected, thus impacting on overall HIV/AIDS incidence and prevalence; most prominent case, the budget cuts in preventive, treatment and counselling services provided by the Global Fund to Fight Aids, Tuberculosis and Malaria.

17. Budget cuts were also imposed on specialized treatment programmes in prisons, implemented by trained health professionals; as a result, dependent prisoners face undue restrictions when accessing treatment and are discriminated against by untrained staff.

2.2. Impact on accessibility of services

18. Even when services are available, they may not be accessible by people in need due to economic and geographic constraints or constraints impacting other areas of public spending, such as social services.

19. For example, the abolition of free transportation for drug users to some treatment facilities may unduly burden or prohibit access to treatment, harm reduction or rehabilitation centres.

Introduction of patient charges in primary specialist care is a particular cause of concern: patients who cannot afford the co-payment for the general practitioner visit will not be able to get a prescription for opioid substitution therapy and will thus undermine their effort to recover and be well.

20. Overall, even though availability of treatment services, mainly substitution programmes, may have been maintained per se, some patient groups may be unable to access such services.

21. An observed decline in numbers of patients recorded in treatment may not be attributable to an actual reduction but rather caused by fear of stigmatisation, reduced availability of services, difficulties in accessing services or closing down of services.

2.3. Impact on quality

22. During such challenging economic times it is crucial that States ensure essential services to be applied across the continuum of service provision, while improving cost effectiveness, fighting stigmatisation and allowing and respecting at the same time patient informed choice and offering diversified, safe treatment options that cater for individual treatment needs.

Needed policy responses

23. The economic crisis is linked with a social and political crisis. However the impact of the economic crises is asymmetric, as it often doesn't affect the whole country or all population groups, but only some regions, towns or sub-populations, even if the most vulnerable. This allows for customized policy responses targeting affected populations or geographic

areas. In that manner, the scale of investment required to rapidly respond to the mounting impact of economic crisis and austerity measures can be both predictable and more realistic and, thus, more feasible to implement. When faced to make choices between investment in more prison places as a response to an increase in drug related crime or retaining expenditure for drug treatment and social support, it should be taken into account the effectiveness of drug treatment outweighs by far the alleged benefits of incarceration.

24. In the light of the fact that availability, accessibility and quality of services are elements affected by economic crisis, and which create inequalities, thus aggravating health indices, immediate political action is called for to mitigate the impact of economic crisis and to provide essential services for drug users under strict budgetary constraints. Such immediate steps would include:

- (i) Review of national action plans and drug strategies to shift emphasis temporarily (for the duration of austerity measures) to wide availability and accessibility of essential services in drug policy;
- (ii) Review of legislation and rules governing pre-conditions and fees to access such services with a view to a temporary (for the duration of austerity measures) suspension of such pre-conditions;
- (iii) Review of standards and procedures governing service provision to increase diversity, flexibility and adaptability, in response to resource constraints, without undermining coverage rates;
- (iv) Development of a framework to bestow national drug policy coordinating bodies with executive and decision making powers in times of acute crisis outbreaks in the drugs field (risk of loss of human life or immediate public health and safety threats) to allow for swift and concerted action;
- (v) Developing and using indicators on harms that different drugs provoke together with a decision making matrix;
- (vi) Definition of a minimum set of services, which should and can be available to and accessible by all in need. Such services should be provided with emphasis on quality and with full respect to basic human and patient rights;

(vii) Efficient management and programme implementation with a view to greater integration of services to the benefit of the individual in need:

- Needs-based prioritization of programmes and activities to be able to rapidly respond to mounting challenges;
- Budget restructuring and reallocation of resources towards the most cost effective solutions, allowing not only for cost but overall budget impact of policies and interventions;
- Pooling of resources to address waste and optimize economies of scale;
- Integration of service provision and cooperation across sectors, involving multiple government agencies;
- Sharing of evidence-based best practices on optimizing cost effectiveness in policy implementation to address pressing budgetary constraints;
- Exploration of possible and feasible innovative solutions to optimize service provision at manageable costs.

25. Overall, there should be an understanding about the need to have coordinated policy responses at our national levels emphasizing the following priorities:

1. Ensuring essential services

26. Based on best practice, define those services in drug policies that constitute the core of effective policy implementation, whose budget needs to be safeguarded as a priority. Such process of prioritizing should bear in mind the following aspects:

- Recognising the importance of preventive measures for HIV and other communicable diseases and draw visibility to the need to maintain sufficient funding for their on-going implementation;
- Developing responses to new challenges, such as increasing poly-drug use, misuse of prescribed medicines and abuse of new, more dangerous, drugs;
- Addressing earlier onset of drug use through programmes targeted to young people, particularly those affected by youth unemployment;

- Assessing innovative solutions to optimize outcomes of service provision whilst controlling for costs;
- Ensuring financial impact is measured in terms of overall budget impact rather than cost effectiveness of single interventions;
- Integrate service delivery to streamline provision of services and optimize economies of scale, whilst maintaining wide accessibility and availability;
- Maintain high quality of services through greater integration of service delivery points in response to defined need.

2. Combating stigma, discrimination and social exclusion of drug users and investing in building social support and recovery networks.

27. Serious concerns have been expressed about recent discriminatory behaviours towards drug users, emerging in the wake of global financial and economic crises, resulting to stigma and social exclusion. The political and societal acceptance of dependence as a health condition, no different from other chronic diseases, appears to be severely undermined by the social circumstances following austerity measures in countries in financial crisis.

28. In this context it needs to be recalled that member States have obligations under international and national legal instruments to safeguard fundamental standards of human rights and the rule of law. These include:

- First of all the Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms which guarantees:
 - The right to life
 - The protection of the dignity and identity of all human beings
 - The right to protection of health
 - The right to non-discrimination
 - The prohibition of inhuman or degrading treatment
- Article 38.1 of the UN Single Convention on Narcotic Drugs, which requires States to pay special attention to and take all

measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of persons dependent on drugs;

- Article 33 of the UN Convention on the Rights of the Child (CRC), which calls for all necessary measures to protect children from exposure to narcotic drugs and psychotropic substances;
- Article 25 of the Universal Declaration of Human Rights (UDHR), which guarantees everyone the right to a standard of living adequate for his health and well-being, including medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control; and
- Article 12 of the UN International Covenant on Economic, Social and Cultural Rights (ICESCR), which recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; and in paragraph 2(c) and (d) stipulates the responsibility of the States to take the necessary steps to prevent, provide treatment for and control epidemic, endemic, occupational and other diseases and create those conditions, which would assure medical service and medical attention is available equitably to all in need.
- Article 11 of the Council of Europe European Social Charter (revised), which provides for the right to protection of health and stipulates that, with a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia: to remove as far as possible the causes of ill-health; to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health; to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.
- The WHO Europe Resolution of 2002 to scale up the response to HIV/AIDS in its European Region, Committee for Europe resolution.

29. States should as a matter of policy priority identify and provide equitable medical care and social assistance to all in need, particularly to vulnerable individuals and groups facing exclusion.

3. Strengthening national and international cooperation and assistance to address the impact of austerity measures in countries faced with economic crises

30. To effectively tackle the impact of economic crisis and effectively ensure essential services for drug users close cooperation between the government sector, civil society and NGOs is indispensable. Co-operation and joint action will not only provide new insights and data from the field but will also help to optimise investment and the use of resources, as well as allow for making good use of synergy effects.

31. In this context it may be important rethink and reconfigure relationships between the government sector and civil society stakeholders. The aim of cooperation and joint action in partnerships should be to avoid duplication and waste, create synergies, maintain service quality and wide accessibility, as well as cost control.

4

Appendix

Reference documents:

- European Observatory on Health Systems and Policies et al. in *The Lancet: Financial crisis, austerity, and health in Europe*, March 2013
- ECDC AND EMCDDA GUIDANCE, *Prevention and control of infectious diseases among people who inject drugs*, 2011
- ECDC Technical Report on Risk Assessment on HIV in Greece, 2012
- WHO, EMCDDA, ECDC, *Mission report: joint technical mission on HIV in Greece*, 2012
- UNODC World Drug Report 2012
- UNODC, *Monitoring the impact of economic crisis on crime*, 2012

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