

Annexes to the recommendations of the Civil Society Forum on Drugs

“Proposal to the EU Member States and the European Commission for

Inclusion in the new EU Drugs Strategy and Action Plan”

March 2012

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Annex I

Prevention and harm reduction in recreational settings

Rationale:

“High prevalence levels of polydrug use in recreational settings, such as clubs, festivals or raves, make them important environments for implementing prevention and harm-reduction measures”¹.

"A healthy settings approach to nightclubs allows environmental issues and substance use to be tackled together. Growth in international travel associated with nightlife and the additional risks posed by nightclubbing in an unfamiliar country mean that both interventions are now required on an international basis"².

"The emergence of new substances and trends force us to develop new responses rapidly. Drug checking programs allow to detect unexpected adulterants or new synthetic drugs, facilitate the contact with drug users and gives more credibility to Harm Reduction messages"³.

The Council of the European Union invites the Member States⁴:

- to consider the introduction of mandatory safety features and recommended or mandatory hygienic measures in recreational settings such as ensuring unlimited and free access to water, the availability of cool-down/ chill-out rooms, the availability of alternative transportation, the limitation of access to clubs for the under aged, etc;
- to ensure the effectiveness and proper implementation of these interventions, by basing them on an inclusive and transversal approach which involves full participation of key stakeholders, including – inter alia - nightlife industry, emergency and prevention services, the police and participants in recreational settings ;
- to facilitate and encourage the collaboration at local level of emergency services, health and social services, the police and the recreational sector, by developing cooperation protocols and procedures in case of incidents;
- promoting and encouraging the development of training opportunities for personnel from public health and law enforcement services, as well as for staff in recreational establishments, targeting specifically preventive and risk reduction measures in recreational settings, including in the case of acute health problems;

Implementation:

- The Member States should support at the local level the integrated partnerships implementing health promotion among partygoers and measures for safer recreational settings through the development of training opportunities for staff in recreational venues, safer party labels and peer education approaches;
- The European Commission, the EMCDDA and Member States should support the development of drug checking programmes and the exchange of results among field stakeholders at the European level;
- The European Commission and the Member States should support practice sharing at the European level among stakeholders involved in safer nightlife activities in order to improve their practices and adapt their responses to partygoers' mobility (nightlife tourism).

Association Française pour la Réduction des Risques

Signatories: ITACA, INPUD, AIDS Foundation East-West, HOPS-Healthy Options Project Skopje, International Harm Reduction, European Forum for Urban Security, Parsec Consortium, APDES, Euro-TC, ENLACE

¹ Selected issues (2009) Polydrug use: patterns and responses. Lisbon: EMCDDA

² B.A. Miller, H.D. Holder & R.B. Voas. (2009). Environmental strategies for prevention of drug use and risks in clubs. Journal of Substance Use.

³ Benshop A, Rabes, M. and Korf, D.J.(2003) Pill testing, ecstasy and prevention : a scientific evaluation in three european cities. Amsterdam.

⁴ Conclusions on the prevention and reduction of health and social risks associated with the use of illicit drugs in recreational settings - 3043rd JUSTICE and HOME AFFAIRS Council meeting Brussels, 8 and 9 November 2010

Annex II

ENCOD's Statement to the Civil Society Forum on Drugs and the European Commission about the current situation in international drug policy and the need for regulation, based on Human Rights and protection of Public Health

The European Union is in the process of drawing up a new strategy on drugs. For the first time a joint declaration issued by the Civil Society Forum will be taken into account. In this short statement, ENCOD assumes the responsibility to counter a false consensus that will prolong the current situation.

In order to break the persisting abdication of responsibility by national governments and supranational organizations, ENCOD wishes to express its view :

1 – Based on scientific evidence, EU policies on drugs should adopt the global framework on drugs as suggested in June 2011 by the Global Commission on Drug Policy.

Of the changes, proposed by the GCDP, these are the most concrete and important:

** National authorities and the UN need to review the scheduling of different substances.*

The current schedules, designed to represent the relative risks and harms of various drugs, were set in place 50 years ago when there was little scientific evidence on which to base these decisions. This has resulted in some obvious anomalies – cannabis and coca leaf, in particular, now seem to be incorrectly scheduled and this needs to be addressed.

** Replace the criminalization and punishment of people who use drugs with the offer of health and treatment services to those who need them.*

** Encourage experimentation by governments with models of legal regulation of drugs (with cannabis, for example) that are designed to undermine the power of organized crime and safeguard the health and security of their citizens.*

See <http://www.globalcommissionondrugs.org>

2 – The EU should honestly confront the failure of 100 years of drug prohibition; study and analyse the results of this failed policy; and propose new alternatives such as (including but not limited to):

* Legal regulation of drugs (to match the legal status of currently illegal drugs with that of alcohol and tobacco)

* Increased access to opium-derived pain medications and medicinal cannabis

* Adoption of the Cannabis Social Club model to facilitate and regulate availability of cannabis to medical and recreational users, and to reduce criminality associated with unregulated, illicit cannabis growing and consumption

* Approve the "Friends of the Coca Leaf" model as a harm reduction measure.

3 – The European Union should join the leadership of Latin American countries to put legal regulation of drugs on the table for a rational, science-based debate.

4 – By listening to the voices of the voiceless, by giving interest to millions of drug users and producers, patients and recreational homegrowers in these five recommendations, the European Union should improve its democratic functioning.

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ENCOD, established in 1993, is a broad network of NGOs and individual members from 27 countries, experts on the real, daily life situation, and engaged for just and effective drug policies.

Annex III

An integrated approach to EU drug policy

This paper argues for a holistic EU Strategy and Action Plan on Drugs, which requires member states to not only address societal risk factors which contribute to drug problems but also requires them to influence individual behaviours. Such risk factors include social and economic problems, increased availability of drugs, including alcohol and tobacco, and increased social acceptability or condoning of their misuse⁵⁶, even by minors. This paper argues that prevention, rehabilitation and recovery-oriented actions deserve a far stronger emphasis in the next EU Drugs Strategy.

A More Comprehensive Approach to Drugs Policy

The EU Drugs Strategy needs to encourage member states to develop more holistic approaches to prevent and deal with drug-related problems. Health, social welfare, education and criminal justice agencies need to work together to develop appropriate, effective and humane service interventions, in line with guidance from UNODC which has stated that drug policy needs to be based at the “intersection of health, security, development and justice”⁷⁸. We believe these issues need to be addressed not only in policy documents but also in the working structures of member states. Moreover, the structure of the EU Drugs Strategy should ensure that, at both the EU and Member State level, we **sufficiently address the entire drug journey**, from cultivation, production, trafficking and organised criminal activity to local level crime, the impact of drug use on local communities, drug consumption, treatment and recovery. The purpose of this would be to move away from an approach based on single interventions and towards an approach where governments focus on how the different phenomena involved in the drug market such as availability and demand interact with each other.

Prevention Oriented Drug Policies

Drugs can cause damage to individuals and communities at all societal levels. Where young people have more money and drugs are available and socially acceptable, the risk for harms is accentuated. However, it is also clear that the harmful effects of drug misuse can be compounded where

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For the purposes of this document, ‘misuse’ is intended to mean “use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications” (World Health Organization 1994).

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UNODC 2010, World Drug Report 2010, Vienna

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McKeganey N. & Barnard M. 1992, AIDS, Drugs and Sexual Risk: Lives in the Balance, Open University Press, Buckingham

communities have other problems, such as poverty, socio-economic deprivation and homelessness^{9,10} or where sections of the population such as women or minority communities experience disadvantage. Nonetheless, although societal problems affect and constrain choice, they do not determine it¹¹. We must guard against simplistic theorising about homogeneous young people and also about homogeneous attitudes towards drug misuse. Even in communities with significant established drug cultures, different sections of a heterogeneous youth population are orientated towards different forms of drug-misusing behaviour, with strong abstainers from drug misuse co-existing alongside others for whom drugs become a normal part of their everyday lives. It is important to remember that many people who are exposed to high levels of risk and low levels of protection still do not get into difficulties with drugs. The converse is also the case. The World Health Organization¹² uses the following broad categories of drug misuse, all of which require appropriate interventions: *Experimental use* that might or might not continue, *Functional use* that serves some purpose, such as recreation, *Dysfunctional use* that leads to impaired psychological or social functioning, *Harmful use* that causes damage to the user's physical or mental health and *Dependent use* that could involve tolerance and/or withdrawal symptoms if use is ceased.

Recovery Oriented Drug Policies

Personal recovery from alcohol and drug problems is a process of change through which an individual works to achieve improved health, wellness, and quality of life. This includes making progress towards abstinence. The recovery model differs from the medical model, on which much of addiction treatment is currently based, in that it emphasises empowerment of the person, the importance of peer support, and involvement of family members in helping the person find recovery. It focuses on strengths and assets of a person, not their weaknesses and deficits, and should go further than symptom management. Recovery is about people (re)building meaningful and valued lives, where they can realise their aspirations, be treated with respect and dignity, and contribute to society.

We believe that all prevention and recovery activities must incorporate a social understanding of a drug centred lifestyle. They must acknowledge the links between problematic drug misuse and the impacts of disrupted childhoods, relationship breakdowns, educational under achievement, low self-esteem, unemployment, physical and sexual abuse. They should also recognise that many of the risk factors for drug and alcohol misuse can also indicate a range of other anti-social behaviours. Therefore, interventions that can influence multiple risk factors in individuals and their environments, including influencing socio-economic causes of inequalities should be encouraged. Whilst treatment can play an important role in recovery initiation, a chronic (or continued) care model is needed to help

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Buchanan J. 2004, "Missing links? Problem drug use and social exclusion." *Probation Journal*, vol. 51, no. 4, pp. 387-397

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Scottish Drugs Forum 2007, *Drugs and Poverty: A Literature Review*, Glasgow

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Seddon T. 2006, "Drugs, Crime and Social Exclusion: Social Context and Social Theory in British Drugs-Crime Research." *British Journal of Criminology*, vol. 46, pp. 680-703.

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World Health Organization 1994, *Lexicon of alcohol and drug terms*, Geneva.

people with serious substance use problems find long-term recovery. Recovery-oriented systems of care (ROSC), networks of formal (e.g. treatment) and informal (e.g. peer support) services in the community, are needed to support people meet changing needs as recovery unfolds. One important aim of ROSC is to enhance recovery capital, internal (e.g. mental health, self-esteem, resilience), and external resources (e.g. family support, peer support network) that a person can bring to bear on the initiation and maintenance of recovery.

Recommendations for the EU and Member State Drug Strategies

- ☐ Drug Strategies should support and fund activities which change personal, social or environmental factors to delaying or avoid the onset of drug misuse and its progression to harmful misuse
- ☐ Drug Strategies should support and fund activities which change the personal, social and environmental circumstances which facilitate people becoming involved in the drug trade market (i.e. production, trafficking or street level dealing).
- ☐ Drug Strategies should include actions and allocate funding to prevent drug use and involvement in drug production and trafficking in young people and children¹³, vulnerable families, specifically challenged groups, such as women¹⁴, families where there are mental health problems, Roma and travelling communities as well as refugees, lesbian, gay, bisexual and transgender people.
- ☐ Member States should review, report and publish how effectively they are addressing factors associated with the WHO broad categories of Experimental, Functional, Dysfunctional, Harmful and Dependent Use within their own strategies, policies, funding priorities and working structures
- ☐ Drug Strategies should actively support recovery-oriented systems of care, including prevention, treatment and harm reduction interventions and the development of formal and informal support systems for (re)integration for recovering drug misusers.
- ☐ Member States should investigate the nature of how their formal and informal services facilitate the journey of recovery.
- ☐ Member States should ensure that health and social care commissioners clearly define roles for NGOs and informal providers of support as well as encouraging functional integration of drug service provision across agencies and sectors.
- ☐ The European Commission should provide drug prevention funding in order to help develop the evidence base and practice sharing of drug prevention programmes across Europe

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Article 33 of the UN Convention on the Rights of the Child states that “States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances”.

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Including adherence to the UN Convention on the Elimination of All Forms of Discrimination Against Women

- Member States should fund programmes which re-integrate recovering drug users into society, such as programmes which aim to improve employment, housing and education opportunities
- The European Commission and Member States should invest in effective mechanisms to share research, learning and experience of prevention and recovery oriented services¹⁵¹⁶

Signatories

De Hoop Foundation

Drug Abuse Prevention Centre

Europe Against Drugs

European Cities Against Drugs

Mentor Foundation

San Patrignano, Italy

Women's Organisations Committee on Alcohol and Drug Issues

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For example, the EU Drug Strategy should include a commitment to disseminating the EU wide Minimum Quality Standards for Drug Prevention, Treatment and Harm Reduction

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Annex IV

Depenalisation and Decriminalisation of drug possession for personal use

There is recognition from around the world that the incarceration of high numbers of people for drug use or possession for personal use is ineffective in reducing the overall scale of the drug market and in deterring drug use.¹⁷ In addition, the incarceration of people who use drugs causes a number of negative health and social consequences and puts a vast burden on the state budgets with no positive outcome.¹⁸ Many governments have therefore turned to various alternative strategies to ensure that people who use drugs are no longer sent to prison and are able to access life-saving social, harm reduction and general health care services. Two main types of policies were developed over the years:

Depenalisation

Depenalisation involves reducing the level of penalties associated with drug offences, but these penalties remain within the framework of criminal law and the offender will usually retain a criminal record. In the UK, for example, a person arrested for drug possession for personal use is given a warning, rather than a prison sentence.¹⁹

Decriminalisation

Decriminalisation entails that drug use and/or possession, production and cultivation for personal use are no longer dealt with through criminal sanctions, but drug trafficking offences remain a criminal offence. Under this legal regime, sanctions may be administrative or may be abolished completely. Decriminalisation presents a major advantage over depenalisation – the individual caught in possession of drugs will not have a criminal record, which is an important barrier to access to education, employment and social services.

About 30 countries and states have moved towards decriminalisation of drug possession for personal use, including countries as different as Portugal (2001), Brazil (2006) and the Czech Republic (2010). Argentina is also currently revising its drug laws to decriminalise drug possession for personal use. In the USA, 14 states have now decriminalised cannabis possession for personal use.²⁰

Having been developed and extensively evaluated for more than 10 years, the Portuguese decriminalisation model shows encouraging trends. Under the Portuguese law adopted in 2001, although drug possession for personal use is still legally prohibited, violations of the prohibition are exclusively administrative rather than criminal. The decriminalisation process is coupled with a comprehensive public health approach. Evidence demonstrates that the policy has led to a significant reduction in drug-related health problems (including HIV infections and drug-related deaths), improved attendance at programmes treating drug dependence, reduced prison and criminal justice overload, a decrease in drug-related crime, an increase in law-enforcement actions focused on large-scale drug trafficking with a consequent improvement in public safety, and no significant increase in the prevalence of drug use.²¹

¹⁷ Global Commission on Drug Policy (2011), *War on Drugs*, http://idpc.net/sites/default/files/library/Global_Commission_Report_English.pdf

¹⁸ Merkinaitė, S. (2012), *A war against people who use drugs: the costs* (Vilnius: Eurasian Harm Reduction Network)

¹⁹ Department of Health (2011), *United Kingdom drug situation, 2011 Edition – Annual report to the European Monitoring Centre for Drugs and Drug Addiction* (London: Department of Health), <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/UKFocalPoint2011.pdf>

²⁰ Rosmarin, A. & Eastwood, N. (2012), *A quiet revolution: drug decriminalisation policies in practice across the globe* (London: Release), to be published in 2012

²¹ Hughes, C.E. & Stevens, A. (2012), 'A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs', *Drug and Alcohol Review*, 31: 101-113; Artur Domostawski (2011), *Drug policy in Portugal – the benefits of decriminalising drug use* (Warsaw: Open Society Foundations) <http://idpc.net/sites/default/files/library/drug-policy-in-portugal-benefits-of-decriminalising.pdf>; European Monitoring Centre on Drugs and Drug Addiction (2011), *Drug policy profiles – Portugal* (Lisbon: European Monitoring Centre on Drugs and Drug Addiction), <http://idpc.net/sites/default/files/library/EMCDDA-drug-policy-profile-Portugal.pdf>

We call on Member States to consider depenalising and/or decriminalising the possession of drugs for personal use. The European Commission should facilitate exchanges of information on national experiences and how to differentiate possession for personal use and for intent to supply others.

International Drug Policy Consortium, United Kingdom

Additional signatory organisations from the Civil Society Forum on Drugs:

AIDS Foundation East-West, The Netherlands

Andalusian Federation ENLACE, Spain

APDES & Portuguese Harm Réduction Network, Portugal

Association Française de Réduction des Risques, France

ENCOD, The Netherlands

Eurasian Harm Reduction Network, Lithuania

European AIDS Treatment Group, Belgium

European Treatment Centers for Drug Addiction, Austria

Foundation De Regenboog Groep, The Netherlands

Harm Reduction International, United Kingdom

Healthy Options Project Skopje, Former Yugoslav Republic of Macedonia

Hungarian Civil Liberties Union, Hungary

Institute for Research and Development “Utrip”, Slovenia

International Network of People Who Use Drugs, United Kingdom

ITACA, Italy

Parsec-Consortium, Italy

Romanian Harm Reduction Network, Romania

STOP AIDS NGO, Albania

UNAD, Spain