

EU Civil Society Forum for Drugs: Recommendations for the EU Drug Action Plan

Drug Strategy Objective	Proposed Action	Body Responsible	Indicators	Civil Society Group(s) Involved
Co-ordination	Meaningfully engage civil society in national and EU drug policy planning, implementation, monitoring and evaluation	Council, COM, MS, CSF	<ul style="list-style-type: none"> The EC should support, facilitate and ensure the accountability of civil society involvement including the EU Civil Society Forum on Drugs (CSF) Creation of a direct link between the CSF and the HGD MS should support the creation and work of national civil society forums on drugs 	APDES, EATG, EURAD, Correlation Network, HRI,
Co-ordination	Directly involve organisations and representatives of people who use drugs in national drug policy planning, implementation, monitoring and evaluation	MS, CSF, EMCDDA	<ul style="list-style-type: none"> Formal national structures to involve organisations and representatives of people who use drugs in the development, implementation, monitoring and evaluation of drug policy Formal national structures to involve organisations and representatives of people affected by drugs and former drug users in the development, implementation, monitoring and evaluation of drug policy Increased engagement of people who use drugs in service design, delivery, monitoring and evaluation The allocation of appropriate resources to allow civil society engagement in national and regional policy development The allocation and management of appropriate financial resources to facilitate the sharing of best practice models The allocation and management of 	Correlation Network, EATG, HRI, INPUD

			appropriate financial resources to enable drug related research, particularly in the area of drug demand reduction (<u>including</u> drug prevention, harm reduction, treatment and social integration services)	
Co-ordination & Information, research, monitoring and evaluation	Study models of drug policies, including a model of regulation	MS COM CSF	<ul style="list-style-type: none"> ■ Establishment of study group ■ Recommendations produced and discussed 	ENCOD
Drug Demand Reduction	<p>MS's should provide a comprehensive set of prevention responses which include universal, selected and indicated prevention measures, including:</p> <ul style="list-style-type: none"> • Provide comprehensive evidence-based and outcome evaluated universal drug prevention measures, which address different patterns of drug use • Provide comprehensive evidence-based and outcome-evaluated selective prevention measures which target groups who are vulnerable to drug use, such as young men, youth offenders, sex workers, young people outside of formal education or with low academic performance and those from deprived communities • Provide comprehensive evidence-based and outcome-evaluated 	MS COM EMCDDA CSF	<ul style="list-style-type: none"> ■ The evaluation of programmes ■ The extent to which onset of drug use is delayed or avoided <u>where</u> such programmes have been implemented ■ The sharing of best practice models which show reductions in drug use, a delay to the age of onset of drug use or reduced harms to the target populations ■ An increase in the research-base of what prevention measures are most effective ■ Both MS and COM should continue to invest in developing the evidence base of drug prevention research and invest in its dissemination, including the extension of the EMCDDA prevention portal ■ COM should develop structures to support those working in drug prevention to keep up to date with information, research, policy and practice which combines civil society, EMCDDA and other appropriate organisations 	EURAD, De Hoop, IREFREA, Itaca, Mentor, UTRIP, WOCAD

	<p>indicated prevention measures, targeting individuals who may be vulnerable to drug use, such as people with neuro-behavioural problems, mental health problems and those with susceptibility to a risk-taking lifestyle.</p> <ul style="list-style-type: none"> • Provide comprehensive programmes to people and families affected by drug use, specifically which support the partners of people who use drugs and their children 		<p>such as UNODC and ESPR</p> <ul style="list-style-type: none"> ▪ A review should be carried out to assess how MS economic, youth and social policies influence the uptake of drug use in young people, with particular attention to the impact of the current financial crisis on drug prevalence rates and associated harm ▪ MS should develop a joint action group for drug prevention, including civil society, which has the aim of assessing MS provision of drug prevention activities and which responds appropriately to these. A pan-European platform should be established to share best practice across MS's ▪ MS should embed and support the role of civil society organisations in the planning, provision and evaluation of drug prevention, treatment, harm reduction, rehabilitation and reintegration programmes at a local level ▪ The EMCDDA drug prevention quality standards and UNODC International Quality Standards for Prevention should be disseminated, accessible and implemented at a MS level as a means of promoting evaluation and evidence based practice ▪ A mapping exercise to assess how MS's are monitoring the outcomes of the drug treatment services they are providing 	
Drug Demand Reduction	MS's should provide a comprehensive set of environmental drug prevention responses and assess how effectively they are targeting environments which facilitate drug and other substance use, including:	MS CSF COM	<ul style="list-style-type: none"> ▪ MS should implement the tools from the EU Club Health Programme ▪ Numbers of local and integrated partnerships implementing health promotion among partygoers and measures for safer 	ARF, Mentor, IREFREA, UTRIP

	<ul style="list-style-type: none"> Improving the availability, accessibility, coverage and effectiveness of drug demand reduction measures in recreational settings 		<p>recreational settings through the development of training opportunities for staff of recreational venues, safer party labels and peer education approaches</p> <ul style="list-style-type: none"> Increase of drug checking programmes and level of exchange of the results among field stakeholders at the European level Level of 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) 	
Drug Demand Reduction	Specific gender sensitive programmes to be offered (for example, pregnant women, women with children, sex workers) to women, their children and others	MS CSF	<ul style="list-style-type: none"> Extend the availability of gender oriented options for treatment and rehabilitation programmes, targeting vulnerable groups such as young men, women, pregnant women, sex workers Measure the uptake of vulnerable and underserved groups of drug using populations into drug demand reduction programmes 	San Patrignano, ECAD, UNAD, ENLACE, WOCAD
Drug Demand Reduction	Scale up the development, availability and coverage of drug demand reduction measures in prison settings, ensuring that the quality of the services provided are at the same high level as those provided in other settings	MS EMCDDA CSF COM	<ul style="list-style-type: none"> Needs assessment of prison drug treatment Proportion of prisoners receiving drug treatment and rehabilitation Research on the outcomes from prison drug treatment and rehabilitation services 	ECAD, ENLACE, San Patrignano, UNAD
Drug Demand Reduction	Research effective alternatives to prison for drug using offenders and develop effective, evidence-based alternatives to prison	MS COM CSF	<ul style="list-style-type: none"> Resources made available for such research Based on evidence, consider reforming MS level laws to facilitate alternatives to prison if required Research and create a range of effective alternatives to prison, such as residential, semi-residential programmes which 	ECAD, ENLACE, San Patrignano, UNAD

			<p>encourage employment, self-efficacy and social integration</p> <ul style="list-style-type: none"> ▪ Support the sharing of best practice at EU level 	
Drug Demand Reduction	<p>Improve the availability and effectiveness of drug demand reduction services with specific reference to harm reduction services, ensuring a high level of coverage in light of new trends in stimulant injecting.</p>	<p>COM MS CSF EMCDDA</p>	<ul style="list-style-type: none"> ▪ Number of services offering low threshold, outreach focused services through provision of training and development opportunities, increased funding for such services and peer educational approaches. ▪ Review of outcomes of services at national and EU level ▪ Development of and support for implementation of quality standards for harm reduction utilizing service standards from the EQUS project, WHO/UNODC/UNAIDS target setting guidance and ECDC/EMCDDA guidance on prevention and control of infection diseases ▪ Increased availability of evidence-based evaluated programmes and comprehensive strategies for harm reduction programmes for stimulant injectors ▪ Increased number of MS's reaching high coverage of needle and syringe programming as per UNAIDS/WHO/UNODC standard setting guidelines ▪ Increase the availability of data and information on stimulant injecting 	<p>Correlation Network, EATG, HCLU, HRI, INPUD</p>
Drug Demand Reduction	<p>Ensure harm reduction services are appropriately resourced in order to maintain current service levels and scale up where appropriate to meet need as set out by WHO/UNODC/UNAIDS target setting guide</p>	<p>COM MS CSF</p>	<ul style="list-style-type: none"> ▪ Review of national and EU level consequences of decrease in funding of harm reduction including any impact upon number of services operational, coverage and quality of harm reduction interventions (in particular needle 	<p>Correlation Network, EATG, HCLU, HRI,</p>

			<p>and syringe programming and opioid substitution therapy), prevalence of blood-borne viruses among people who use drugs and impact upon overdose and drug related deaths</p> <ul style="list-style-type: none"> ▪ Engagement at national and regional level of civil society groups undertaking monitoring and evaluation of the impact of reduced funding ▪ Progress in resourcing of harm reduction services reported by COM 	INPUD
Supply Reduction	Articulate three key indicators (for supply reduction, drug markets, and drug related crime) that will be used to assess whether the EU drug strategy objective is being met. To create a mechanism for reporting against these indicators in each Annual Report to HDG.	COM EUROPOL EMCDDA HDG	<ul style="list-style-type: none"> ▪ Agreement by HDG of the three indicators to be used (June 2013) ▪ Agreement by HDG of the reporting mechanism ▪ Number of countries reporting the three indicators (ongoing - Annual Reports) 	AFEW, EURAD, IDPC
International Co-operation	Review the EU public health threat arising from increasing HIV and Hepatitis potential and actual outbreaks in EECA countries.	COM EMCDDA CSF EEAS, MS	<ul style="list-style-type: none"> ▪ Review conducted and submitted to HDG, EEAS, and SANCO by end of 2013 ▪ Actions undertaken through SANCO, Neighbourhood Policy and Programmes, Europaïd, and EEAS to improve infection control strategies in key EECA countries. ▪ Record of engagement with EECA authorities and governments to discuss public health threats (ongoing – annual report) ▪ Funded activities through accession, neighbourhood and Europaïd programme designed to reduce the public health threat (ongoing – annual report) 	AFEW, EURAD, IDPC, EATG
International Co-operation	Support pre- accession and candidate countries with EU experience and expertise	COM MS	<ul style="list-style-type: none"> ▪ Agreement of terms of reference, and funding streams, for the initiative (2014) 	AFEW, EURAD,

	<p>in drug dependence treatment and harm reduction, by offering and providing resources for the provision of policy and technical support.</p> <p>[NB –This should be broadened to include countries in Africa, Asia and Latin America]</p>	<p>CSF EEAS EMCDDA</p>	<ul style="list-style-type: none"> ▪ Number of countries receiving policy and technical support provided 	<p>IDPC, EATG</p>
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