

**Civil Society Forum on Drugs
Expert Group of the European Commission**

To
Irish Presidency
Horizontal Drug Group at the
European Council
Brussels
Belgium

Brussels, 07. March 2013

Subject: Comments to the draft Action Plan on Drugs

Sirs,

We are writing to you on behalf of the Civil Society Forum on Drugs (CSF) which represents a diverse group of European organisations that provide health and social services, advocate for evidence-based drug policies and represent affected communities. We appreciate the possibility to contribute to the discussion on the drug action plan 2013 - 2016, currently under development by the Horizontal Drug Group.

As you know, the CSF already provided proposals, at the HDG meeting of 25th February, for actions of member states, the Commission, the Council and Civil Society. These proposals were based on needs that civil society organisations have identified as necessary in the upcoming period. HDG has meanwhile worked on a comprehensive action plan, a draft of which was published at the end of February. The CSF would like in this letter to comment on this current draft and asks the Presidency and HDG to take these suggestions, together with the final version of our actions matrix (attached) into account in the final version of the paper.

Our comments address two main areas of the envisaged action plan: drug demand reduction, in particular prevention, recovery and harm reduction measures and supply reduction.

Drug demand reduction/ prevention

We think that prevention intervention should be much more present in the current action plan and member states should promote a comprehensive set of responses including universal, targeted and environmental interventions, which are supported by appropriate resources. The EU has a clear role in investing in drug prevention research and in its subsequent dissemination throughout Europe through best practice forums and drug prevention research, whilst Member States should be investing in evidence-based programmes for the general public, for at risk groups and for at risk individuals.

Specifically, we call on the presidency to include the following indicators:

- The extent to which onset of drug use is delayed or avoided where drug prevention 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
- Structures developed to support those working in drug prevention to keep up to date with information, research, policy and practice

Drug demand reduction/recovery

Members of the Forum warmly welcome the focus on long term support and recovery within the EU strategy. Member States should provide residential rehabilitation support, education, employment and resocialisation programmes as well as housing support to enable people to recover fully from drug use. Member States should also evaluate the real outcomes and consequences of the services which they provide, ensuring that those services do in fact support people to stop using drugs as well as reducing harm for current users.

We also strongly encourage Member States to look into our suggestion on strengthening alternative sentencing options to imprisonment and foster treatment programmes in prison settings, securing access to drug programme to overcome addiction and facilitate social reinsertion of former drug users.

We commend the emphasis on protecting vulnerable groups (including women) and we hope to see further emphasis on the needs of children particularly emphasised in this and the next Action Plan, to ensure young people have the opportunity to live in environments free from the harms of drug use.

Drug demand reduction/ harm reduction

Members of the Forum are concerned, that harm reduction interventions are not sufficiently addressed in the current draft.

Member States were recommended to implement *the Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence* of 18 June 2003. In the last Action Plan, the Commission was asked to prepare a report on the implementation of the Council recommendation. In the light of the findings of this report to strengthen effective harm reduction responses as essential component of the European balanced approach to drugs, our members feel that promotion of effective harm reduction measures, in EU member states and externally, should have a higher profile in the Action Plan.

Specifically, we have the following remarks:

1. Objective 2, all actions: This is the only mention of ensuring harm reduction provision; and even then under an indicator which integrates harm reduction services as a part of treatment and rehabilitation services. It is accepted best practice that harm reduction interventions are most effective when part of a comprehensive drug treatment system, but also important to remember that services such as needle exchange and substitute prescribing operate as standalone low threshold services. In the 2009 – 2012 Action Plan harm reduction was separated into a specific indicator:

Ensure access to harm reduction services, in order to reduce the spread of HIV/AIDS, hepatitis C and other drug-related blood-borne infectious diseases and to reduce the number of drug-related deaths in the EU.

We highly recommend that the 2013-2016 action plan ensures a separate and specific indicator for harm reduction interventions.

2. Objective 2, action 6: The emphasis on viral hepatitis is welcome. However it is strongly recommended that the indicators around drug related deaths, HIV and TB are added back in. Opioid overdoses are a major cause of mortality among PWID, accounting for up to 23% of all

drug related deaths in the 15-49 age group in Europe. While HIV rates among PWID continue to remain relatively low within many parts of Europe, rapid rises such as those seen in Greece and Romania in 2011 demonstrate that a sustained indicator around HIV continues to be necessary. Access to TB services and data on TB prevalence across Europe is scarce, therefore an indicator to ensure MS's report on service availability and access as well as increased data collection is strongly recommended.

3. Objective 2, action 7: The action on prisons contains no mention of harm reduction, either within the action or the indicators. As only 6 countries in Europe provide NSPs in prison settings it is clear that further promotion of these services is required at EU level. In particular it is strongly recommended the indicator on continuation of care upon release specifically mentions opioid related overdose as this is the most likely period for overdose for PWID.

Supply Reduction:

We warmly welcome the inclusion of a set of indicators as an Annex to the Action Plan – these indicators will serve as a useful basis for future evaluations of the impact of the strategy.

- We particularly welcome the inclusion of supply reduction indicators as part of this process, but strongly request that the chosen indicators in this domain are amended.
- The references to seizures and drug law offences need to be removed as indicators – these do not give a picture of whether supply is being reduced, and will skew law enforcement priorities towards ineffective activities.
- The reference to tracking price and purity of the main drug groups should be retained (the objective is to raise price and reduce purity).
- An indicator on the number and type of new substances that become widely used in Europe (the objective is to reduce the number), and the ease of availability of drugs to young people, should be added.
- An indicator on the level of violence associated with drug markets should be added.
- In the area of international co-operation, add an indicator that tracks the scale of EU funding programmes that support the development of balanced strategies and activities in third countries, and their consistency with the EU drug strategy objectives.

We respectfully offer the expertise of CSF members to work with HDG and EMCDDA to refine these indicators.

Conclusion

We ask the Irish Presidency, the Horizontal Drug Group at the European Council and the European Commission to consider our arguments and to take them into account in the final version of the working plan, and to provide us with a written response on which of our proposals have been accepted, and areas where we can work together on specific actions.

Furthermore, we again would like to ask the Irish Presidency to organise a common meeting HDG – CSF in order to discuss these issues directly.

Looking forward to your reply.

Sincerely yours,



Eberhard Schatz
on behalf of the Civil Society Forum on Drugs

< current members 2011/12/13>

1. Association Française pour la Réduction des risques, AFR, France
2. Eurasian Harm Reduction Network (EHRN), Lithuania
3. Europe Against Drugs (EURAD), Belgium
4. European Association of Professionals working in the Drug Field, Itaca, Italy
5. European Treatment Centres for Drug Addiction(Euro TC), Austria
6. European Cities Against Drugs, ECAD, Sweden
7. European Coalition for Just An Effective Drug Policy (ENCOD), Belgium
8. European Institute of Studies of Prevention, IREFREA, Spain
9. Scottish Drug Forum (SDF);UK
10. Forum Européen pour la Sécurité Urbaine, FESU, France
11. Foundation Regenboog Group, (Correlation Network), NL
12. Harmreduction International (HRI), UK
13. PARSEC Consortium, Italy
14. Romanian Harm Reduction Network, Romania
15. UNAD - Unión de Asociaciones y Entidades de Atención al Drogodependiente
16. WOCAD, Women's Organisations Committee on Alcohol and Drug Issues, Sweden
17. AIDS Foundation East West, AFEW, NL
18. Andalusian Federation ENLACE (SP)
19. De Hoop Foundation, NL
20. Drug Abuse Prevention Centre (RU)
21. Eurocare; The European Alcohol Policy Alliance
22. European AIDS Treatment Group (EATG), Belgium
23. Healthy Options Project Skopje (HOPS), Macedonia
24. Hungarian Civil Liberties Union, Hungary
25. Institute for Research and Development (UTRIP), Slovenia

26. International Council for Security and Development (ICOS)
Alias ASBL Mercator Fund Europe (M.F.E)
27. International Drug Policy Consortium (IDPC), UK
28. International Network of People who Use Drugs, INPUD, UK
29. Mentor Foundation, UK
30. Placet Agency for Development (APDES), Portugal
31. Polish Drug Policy Network (PSPN), Poland
32. Prev Centrum, CZ
33. San Patrignano Community, Italy
34. Spanish Scientific Society for Research on Alcohol, Alcoholism and other drug addictions
(Sociodrogalcohol), Spain
35. Stop AIDS, Albania