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

Disclaimer:"The paper only reflects the ideas and positions of the European Civil Society Forum on drugs which are not expressed on behalf of the European Institutions"

Table of Contents

Introduction

This document has been prepared by the EU Civil Society Forum on Drugs (CSF) in order to feed the perspectives of civil society organisations into the development of the new EU Drug Strategy and Action Plan, as well as into national drug policies. The CSF represents a diverse group of European organisations that provide health and social services, advocate for more effective drug policies and represent affected communities. This document was produced on the basis of a one-year consultative process, the idea being that **civil society can add value and should have a strong voice in helping to formulate drug policy** at all levels—local, national and EU-wide. This paper therefore aims to present the consensus position of the CSF with regard to the new EU Strategy on Drugs.

The CSF calls on the European Commission and the Danish and forthcoming Cypriot EU Presidencies, along with the Member States, to draw on the recommendations contained in this report when preparing the next EU Drugs Strategy and Action Plan.

What is the Civil Society Forum on Drugs (CSF)?

The EU Civil Society Forum on Drugs (CSF) serves as a platform for an informal exchange of views and information between the European Commission and civil society organisations with the following objectives:

- feed grass-roots experience into Commission proposals:
- contribute to the work on monitoring the EU Drugs Action Plan (2009-12);
- support the Commission's work to prepare the new EU drugs policy framework.

The Forum was originally established in response to the 'Green Paper on the Role of Civil Society in Drugs Policy in the European Union', in which the European Commission expressed a desire to 'place the specific experience and knowledge of civil society at the disposal of the policy making process at EU level in a practical and sustainable form'.[1]

All European Union decision-making bodies (including the Council of the European Union, the European Commission, the European Parliament and the EU agencies) have committed to a process of public consultation, including civil society, through the Lisbon Treaty and the White Paper on European Governance.

[1] http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006_0316en01.pdf .

In 2011, 35 organisations became CSF members for a two-year period.[2] They have a variety of perspectives and experiences which influence how they perceive and interact with drug policy issues. Hence, on each subject the Forum conducts a thorough consultation process in order to reach a consensus position. The CSF is organised and administrated by the European Commission.

Why Involve Civil Society?

The meaningful involvement of civil society and particularly affected groups has become the central principle for the shaping of policies in the field of health and social care. Members of civil society have specialised knowledge that enriches the policy debate. They have access to information, experiences and perspectives that are different from those that governments bring to the discussion.

1. The involvement of civil society increases the legitimacy of European processes. Civil society members represent unique EU-wide and Member State constituencies, and their inclusion enhances democratic and transparent decision-making. Civil society can also help to disseminate information, thereby leading to a broader public understanding of policy issues.
2. Engaging civil society in policy making ensures that different aspects of the drugs problem are raised by the groups concerned. [3]
3. Civil society is best placed to advocate for and serve the interests of vulnerable and socially excluded groups, including those most affected by drug policies. Moreover, in formulating and implementing EU and Member State drug policy, certain functions can only be fulfilled effectively through involvement with civil society organisations.
4. Civil society organisations can play a significant role in the independent monitoring and evaluation of policies and programmes, conceptualising and initiating innovative solutions to social problems, mobilising communities, implementing programmes, delivering services, representing and advocating for the interests of affective communities and consulting with affected groups.
5. Civil society involvement can improve the allocation of financial and human resources in priority areas to ensure equal and effective distribution.

Recommendations for EU and National Drug Policies

We recommend that the following general principles and specific recommendations be reflected in the new EU Strategy on drugs, as well as in national drug strategies and their action plans:

General Principles for Drug Policies

1. Drug policies and practices must be balanced, integrated, evidence-based and focused on public health.
2. Human rights must be fully respected in drug policies and practices and all drug control activities that are undertaken or promoted should be in line with human rights obligations, including those that fall under the relevant EU and UN Charters, in particular the EU Charter of Fundamental Rights.
3. Drug policies should refocus their attention on the needs of vulnerable groups. These include people who use drugs, young people and children, as well as

[2] Further details on the Civil Society Drugs Forum (including a full list of membership) can be found at the European Commission's Drug Control Policy Website: http://ec.europa.eu/justice/anti-drugs/civil-society/index_en.htm .

[3] Adapted from S. Ripinsky and P. Van Den Bossche (2007) NGO Involvement in International Organisations: A Legal Analysis London: British Institute of International and Comparative Law: 11–12.

women, migrants and mobile populations, prisoners, sex workers, LGBT people (Lesbian, Gay, Bisexual and Transgender) exposed to environments where drug use occurs and members of vulnerable social-economic communities who may be disproportionately affected by drugs and drug policies.

4. Drug policies should renew their focus on approaches involving evidence-based demand reduction, including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration.
5. There should be greater consistency between drug policies and practices. This means that drug policies should be fully implemented in practice, and practice should be routinely monitored and evaluated, with lessons learnt incorporated into policy as needed.
6. Drug policies should incorporate learning and sharing of knowledge and experience across local, national, EU and international levels in order to improve drug policies in line with evolving practices and understanding.
7. There should be greater emphasis on providing drug-related services within the criminal justice system, with services and interventions continuing during the post-release period.
8. Drug policies should be developed and implemented at EU level through better coordination among all relevant stakeholders, including Member States, relevant Directorates-General, the European Parliament and civil society.
9. Evaluation should be considered as an essential element of effective drug policy.

Civil Society Engagement

1. Civil society should be meaningfully involved in national and EU drug policy planning, implementation, monitoring and evaluation.

Rationale: Public consultation is a basic principle of democratic societies and participatory democracy.[4] All European Union decisions are submitted to this process through the adoption of the Lisbon Treaty and the White Paper on European Governance,[5] which outlined the principle of involving citizens, including organised groups of citizens, in public dialogue.[6]

The European Commission Green Paper on the role of civil society in drugs policy[7] stated: 'The aims of involving civil society are to support policy formulation and implementation through practical advice, to ensure an effective two-way information flow and to stimulate networking among the various organisations.'. Similarly, the UN also emphasises the importance of involving civil society, outlining the need to strengthen the role of civil society, invest in partnerships and focus on country levels.[8]

If government organisations and EU structures can work effectively with civil society, drug policies are more likely to be grounded in the 'real world' experience and therefore have a greater chance of being implemented effectively.

Implementation

[4] Treaty of Lisbon http://europa.eu/lisbon_treaty/full_text/index_en.htm .
[5] European Commission, 2007 WHITE PAPER Together for Health: A Strategic Approach for the EU 2008-2013 http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf .
[6] Treaty of Lisbon http://europa.eu/lisbon_treaty/full_text/index_en.htm .
[7] European Commission, 2007 Green paper on the role of civil society in drug policy.
[8] We the peoples: civil society, the United Nations and global governance. Report of the Panel of Eminent Persons on United Nations–Civil Society Relations. United Nations General Assembly. A/58/817. 11 June 2004.

- The European Commission should continue supporting, facilitating and ensuring the accountability of civil society involvement including the EU Civil Society Forum on Drugs (CSF). It should facilitate the building of a direct linkage between the CSF and the Horizontal Group on Drugs.
- The Member States should directly involve civil society representatives in national drug policy bodies and, where relevant, support the creation and ongoing work of national civil society forums on drugs.
- All EU bodies should promote and support the meaningful involvement of civil society in drug policy outside the EU and in international drug policy.

2. Funding and other support should be provided for civil society initiatives in a range of drug policy issues, including involvement in policy, its implementation, networking and capacity building.

Rationale: Civil society engagement and involvement enhance policy and inform practice. However, much of civil society is poorly funded, which means that organising civil society at national and European levels is challenging. Hence, the engagement of civil society needs the support of statutory authorities.

This support could take the form of enabling networks of civil society groups to come together or enabling civil society members to organise themselves. Funding through the Drug Prevention and Information Programme has made this possible to a certain extent, with the objective of 'involving civil society in the implementation and development of the European Union Strategy on Drugs'.

The challenge, however, is how to resource civil society groupings which currently have little or no funding and lack the infrastructure to bid for this and similar funding streams.

Implementation
The European Commission should strengthen the EU Drug Prevention Programme and ensure that civil society has access to other financial mechanisms, specifically by:

- financing civil society organisations to strengthen national networks and advocacy mechanisms in the EU and the neighbouring countries;
- ensuring that bottom-up local and national experiences are included via EU, regional and international networks;
- stimulating and funding research on the effectiveness of empowerment and civil society strategies;
- supporting the engagement of civil society in drug policy outside the EU and at global level.

A Comprehensive and Balanced Approach

3. Drug policy working structures at EU and Member State levels should reflect the multi-disciplinary nature of the drugs issue. Sectors such as justice, social affairs, health, education, law enforcement, drug-related service providers, academia, local communities, and other sectors should be engaged, including civil society and people affected by drugs.

Rationale: The World Health Organisation defines health as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'. In applying this definition to a multifactorial, health-based approach to drug policy, the complex and myriad issues surrounding drugs must be recognised and

addressed, safeguarding the health and wellbeing of all those affected by the problem.

Furthermore, there is often a gap between the knowledge and experience of local and community-based practitioners and national and regional level policy-making processes. More 'bottom up' communication between law enforcement, health, treatment and social reintegration facilities could help ensure the physical and mental health and rights of people affected by drug policy, thus maximising limited human and economic resources. Moreover, effective drug policies should be derived from a combination of real-life experience and approaches based on scientific evidence, alongside a clear definition of goals and an emphasis on accountability.

Multidisciplinary approaches, therefore, help address the barriers which prevent the full implementation of existing policy and the translation of good practice into policy reform. Guidelines from social, health, education and justice bodies and NGOs should be concordant so as to reinforce the principle of partnerships. Moreover, a range of approaches, based on evidence of effectiveness, should be integrated with a view to identifying and resolving drug-related problems experienced by individuals, families and communities.

Implementation

- All Member States and the EU Council, with the support of the European Commission, should establish national and EU drug policy working structures that engage policymakers with representatives from the fields of justice, social affairs, health, education, law enforcement and other sectors, including groups of people affected by drugs and civil society.
- To support those working structures, Member States and the European Commission should promote cooperation among policymakers, practitioners and other stakeholders in sharing knowledge and expertise-based needs and challenges, thereby ensuring a practical and sustainable drug policy design and implementation strategy. The European Commission should support methods such as open coordination to help Member States develop drug policies in the areas of drug demand reduction, in order to learn from each other's evolving policies and practices.

4. Poverty, deprivation, social inequality, discrimination and stigma must be given their full and proper place in all considerations of drug demand reduction policies, at local, Member State and European levels.

Rationale

There is a substantial body of evidence which highlights links between problem drug use poverty and deprivation and social inequality.[9]

As far as adults are concerned, while 'recreational' drug use is not necessarily more prevalent among socially excluded groups, more harmful patterns of drug use are typically reported by people who are unemployed, unqualified, in financial difficulties and homeless or living in rented or unstable accommodation.[10][11] Socio-economic deprivation is associated with drug dependence, but not drug use.[12]

[9] Scottish Drug Forum. Poverty and drug use — a literature review, 2007.
[10] Coulthard M, Farrell M, Singleton N, Meltzer H. Tobacco, alcohol and drug use and mental health. Report based on the analysis of the ONS Survey of Psychiatric Morbidity among Adults in Great Britain carried out in 2000 for the Department of Health, the Scottish Executive Health Department and the National Assembly. London: TSO, 2002.
[11] Wadsworth EJK, Moss SC, Simpson SA, Smith AP. Factors associated with recreational drug use. Journal of Psychopharmacology, 2004;18:2:238-248.

It is also clear that countries with a lower level of social inequality and greater social cohesion have smaller populations of problem drug users per head of population. Thus, addressing poverty and social inequality over the long term will have a significant impact on levels of problem drug use.

Social inequality and poverty will also be issues in many people's rehabilitation and social reintegration, including long-term recovery. Recovery and social reintegration may be understood differently across and within Member States.[13] However, the recovery process often involves maximising health and wellbeing and participation in the rights, roles and responsibilities of society. [14] In addition to medical services, social reintegration should also entail addressing the wider social needs of people affected by drugs (employment, housing and civil participation). This might lead to greater control over the drug problem, including relapse prevention. Linked to this, evidence is also emerging of current recession's impact on the scale of drug problems and related harms, along with inequalities in society.

Implementation

- The EU Council and the Member States should take specific measures and provide funding to address the social/health/economic inequalities, stigma and discrimination surrounding problem drug use in the new EU drug strategy and national strategies. Special attention would be required in communities where poverty and social deprivation are more prevalent and where people affected by drugs have special needs, such as children, young people, women and others in vulnerable situations.
- The EU Council and the Member States should address drug prevention and problem drug use issues in EU and national programmes on social, economic, education and health policies to reduce inequalities within and across Member States.

5. The EU and national drugs strategies should renew their focus on drug demand reduction and integrate a balanced demand reduction approach, including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration.

Rationale: Drug policies and strategies that have only focused on supply reduction have not been able to curb the global illicit drug market. Indeed, as demand has remained high, successful supply reduction approaches to the production and trafficking of a drug in a particular region has led to an increase in production and/or trafficking of this drug in another region of the world (the "balloon" effect).[15] Drug policies should therefore seek to tackle the illicit drug market by adopting a balanced approach targeting demand and supply, as well as focusing on how demand and supply interact with each other. The EMCDDA (European Monitoring Centre for Drugs and Drug Addiction), in collaboration with national focal points, publishes country reports and other analyses detailing patterns of drug use and national responses. National and EU drug demand reduction policy should be better tailored and responsive to identified trends and challenges.

---

[12] Von Sydow, K., Lieb, R., Pfister, H. et al. (2002), 'What predicts incident use of cannabis and progression to abuse and dependence? A 4-year prospective examination of risk factors in a community sample of adolescents and young adults', Drug and alcohol dependence 68(1), pp. 49–64.

[13] Journal of Substance Abuse Treatment (2007). Special Section: Defining and Measuring Recovery. 2007 (33) 221-228.

[14] UK Drug Policy Commission (2008). Recovery Consensus Group. A vision of recovery. .

[15] Trimbos Institute and RAND. A Report on Global Illicit Drugs Markets 1998-2007. Full Report. Commissioned by the Commission of the European Communities (contract JLS/2007/C4/005). Available at: http://ec.europa.eu/justice/anti-drugs/files/report-drug-markets-full_en.pdf .

In terms of demand reduction, drug strategies and approaches need to address the underlying social and economic determinants of health, including drug dependence. The harmful effects of drug use can be compounded where communities have problems, such as poverty, socio-economic deprivation and homelessness, or where sections of the population such as women or minority communities experience disadvantage. Reducing social and economic inequalities and building social cohesion have the potential to reduce the demand for drugs, and the related harms done to individuals, communities and society at large. For those who use drugs, services should be available to address a range of needs, from harm reduction to drug dependence treatment, rehabilitation and social reintegration.

Implementation

- The Member States, with the support of the European Commission, should ensure that the national and EU drugs action plans and budgets strike a balance within their drug demand reduction strategy in terms of prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration.
- In designing and implementing national drug policies, Member States should strike a balance between reducing drug supply and demand, allocating appropriate resources to ensure that demand reduction is given appropriate weight in national drug policies.
- The European Commission should track investment and gaps in drug demand reduction and share this information to help improve existing drug policy.
- The European Parliament, the Council and the European Commission should continue supporting drug demand reduction through the EU Drug Prevention and Information Programme as a separate programme or under the Rights and Citizenship Programme (2014-2020), The Health for Growth Programme and other programmes.[16]

Criminal Justice

6. Diversion from prosecution should be provided for possession of small amounts of drugs for personal use.[17]

Rationale: While criminal justice systems vary considerably across Europe, a likely early outcome for a personal-use drug-law offender is dismissal. However, some Member States are more likely than others to issue suspended or prison sentences.[18] Criminal records for drug users can lead to reduced social and employment prospects and increased social exclusion. Engagement with the criminal justice system is not only costly for individuals but also for wider society with significant legal and police resources devoted to processing such cases.

Implementation

- The Member States should consult national stakeholders, including civil society, on how best to introduce policies promoting diversion from prosecution for small amounts of drugs for personal use. On the basis of this consultation, action should be taken to change the legislation and other policy where needed, and to ensure that the new policy is supported within the national drug policy framework.

[16] Further details on the recommendation are available in the CSF letter of January 2012 concerning the European Commission's proposals in regard to the upcoming 'Health for Growth' programme (DG SANCO), and the re-organisation of DG JUST's programmes and other funding opportunities for drug demand reduction.

[17]16 members of the CSF (Civil Society Forum on Drugs) recommend that the decriminalisation of possession of small amounts should be considered. Their position is explained in Annex IV

[18] EMCDDA. Drug offences: sentencing and other outcomes. Selected Issue. Lisbon, November 2009. .

- The European Commission should promote good practices and share lessons learnt by Member States, civil society and other stakeholders, on progress towards diversion from the criminal justice system.

7. A range of alternatives to custody should be put in place for people with drug dependency.

Rationale: According to the EMCDDA Annual Report 2011, in the European Union the proportion of sentenced prisoners convicted for drug law offences (including possession, production, trafficking and dealing) ranges from 3% to 53 %. This is costly for Member States and it is questionable whether it is effective in rehabilitating people with drug problems. For example, according to the 2005 EMCDDA report on the issue, the average cost of keeping someone in the UK prison system is EUR 145 per day, compared to less than EUR 60 for community-based drug treatment.[19] There is also evidence that alternatives to imprisonment lead to greater improvements in health and social wellbeing, and also reduce drug-related crime.

Implementation

- The Member States should develop alternatives to custody and, where necessary, amend their penal codes, allocate relevant funding and introduce policies to ensure that such systems function as intended.
- The European Commission should fund and assist in the development of alternatives to custody and share good practice across Europe.
- The European Commission should prepare and share with the Member States, including policy makers responsible for drug policy and those responsible for justice systems, evidence outlining the benefits, challenges and good practices in the implementation of alternatives to custody.

8. Services for problem drug users in custody, detention and prison should be evidence-based and mirror, as well as work with, those available in the community.

Rationale: While there is a lack of comparable data on prison inmates with drug problems, we know that drug use is consistently higher among this population than it is in the general population.[20] WHO/Europe reports that illicit drug use varies widely from 22% to 86 % in prisons in the European Union.[21] According to the EMCDDA, the harmful practices of drug use (such as needle sharing) are more prevalent within the prison population.

It is therefore necessary to provide drug demand reduction services for problem drug users in prison in order to respond to the risks that this population faces while within the prison setting. The evaluation of the EU Council's Recommendation 2003/488/EC of 18 June 2003 *on the Prevention and Reduction of Health-Related Harm Associated with Drug Dependence* found major gaps in drug-related services in closed settings compared with those in the community across the EU Member States.

---

[19] Similarly, in Italy the daily costs of rehabilitation in the community are 37 EUR per person, as indicated in San Patrignano. Annual Mission Report. 2009, available at: http://www.sanpatrignano.org/pdf/Bilancio_09_en.pdf .

[20] EMCDDA (2011) Annual Report 2011: The State of the Drugs Problem in Europe. Luxembourg: Publications Office of the European Union, 2011.

[21] WHO/Europe. Prisons and health: Facts and Figures. Accessed on 9 March 2012 at: http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/facts-and-figures.

While most problem drug users are better dealt with outside the prison environment, there can be opportunities for those in prison to address their problems. Thus, the help they receive should be equivalent to that provided in the community.

Implementation

- The Member States should establish action plans to address current legislative, social and other challenges and identify concrete mechanisms for ensuring that problem drug users have access to high-quality services which are equivalent to those available in the community.
- The European Commission should facilitate and support the adoption and dissemination of quality standards for drug demand services in closed settings in the EU.

9. Continuity of drug demand reduction services must be provided for people dependent on drugs on entering detention and prison from the community, and on their release.

Rationale: When problem drug users are imprisoned, community treatment and care are often discontinued. This leads to increased health and social harms (blood-borne viruses, overdoses, self-harming, suicide and breakdown of family contacts). The same lack of continuity of care can be seen when people leave prison and return to the community. Poor continuity of care and insufficient preparation for release result in greater harms to individuals (for example an increased risk of overdose on release from prison) as well as less efficient and less cost-effective services. Programmes for building life skills which are focused on preparation for release have proven to reduce those harms and improve the social reintegration of individuals.

Implementation

- The Member States should oversee and implement mechanisms that ensure that well-coordinated health, social and other services are in place. They should also , provide continuity of care and support to problem drug users on admission to custody, during detention and imprisonment, and upon release.
- The European Commission should assess and promote good practice models of continuum of care for people entering closed settings from the community and vice versa across the Member States.

Human Rights

10. Drug policies should reinforce Europeans' rights as outlined in the EU Charter on Fundamental Rights, particularly the right to health care.

Rationale: As a general rule, EU and national drug policies outline respect for equality, citizens' rights and justice as fundamental principles, without specifying how these principles should be translated into practice. The EU Charter of Fundamental Rights explicitly outlines a series of rights that are particularly relevant to drug policy: the right to non-discrimination; the right to health; the rights of the child to protection; the right to justice and legal support; as well as the rights to education and to fair and just working conditions; the right to social security and social assistance; the right to a fair trial and standards of due process; the right to avoid torture, cruel, inhumane or degrading treatment, punishment or arbitrary detention; as well as cultural or indigenous rights, among others.

On the other hand, problem drug users belong to a marginalised group of society and often face stigma and discrimination, as do their children and families. Inadequate enjoyment of their rights deepens not only their economic and social and other exclusion but increases inequality in society. Stigma and discrimination are in part the result of drug control policies. According to the United Nations Office on Drugs and Crime (UNODC),[22] 'while drug addiction, organised crime and terrorism undermine a host of human rights, responses to these problems can only be effective where they respect and restore the rights of those who are most vulnerable'.

There are no systematic reviews of the implementation of the rights of people with drug problems or those affected by drugs that are outlined in the international human rights documents, including the EU Charter on Fundamental Rights. CSF members were able to list several examples, identified in at least one or a few EU Member States, that suggest the need to strengthen human rights mechanisms and their implementation:

- discrimination against drug users by medical personnel, and non-evidence-based criteria that exclude drug users from some kinds of healthcare;[23]
- defunding of low threshold services once international donors cease operating in a country;[24] harm reduction services remain geographically inaccessible in some parts of EU Member States in community settings[25] and is generally not available in prison settings in most EU Member States[26] despite the evidence base;
- poor economic and social protection for people dependent on drugs following rehabilitation, and counterproductive measures such as the imposition of accumulated fines for drug use that undermine the ability of individuals to support themselves;[27]
-
- poor access to healthcare and drug demand reduction for communities who are badly affected by drugs and face serious discrimination in society, such

[22] Drug control, crime prevention and criminal justice: A Human Rights perspective. Note by UNODC Executive Director to the Commission on Narcotic Drugs & the Commission on Crime Prevention and Criminal Justice. E/CN.7/2010/CRP.6–E/CN.15/2010/CRP.1. 3 March 2010.

[23] For example, see Reimer, J, Schulte, B et al. Guidelines for the Treatment of Hepatitis C Virus Infection in Injection Drug Users: Status Quo in the European Union Countries. *Clinical Infectious Diseases*. 2005:40 (Suppl 5) S373-8. .

[24] For example, see Romania case study in *ITPC & ICASO. Global Fund Country Coordinating Mechanisms: A Prescription for Change in a Time of Promise … and Peril. March 2012 (in print*).

[25] For example, in the 2011 Annual report the EMCDDA indicates that several Central and Eastern European states and Sweden report no access to clean needles in some parts of the countries. .

[26] For example, see *Report from the Commission to the European Parliament and the Council on the implementation of the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence. Brussels, 18.4.2007 COM(2007) 199 final*, which says: 'harm reduction interventions in prisons within the European Union are still not in accordance with the principle of equivalence adopted by UN General Assembly, UNAIDS/ WHO and UNODC, which calls for equivalence between health services and care (including harm reduction) inside prison and those available to society outside prison. Therefore, it is important for the countries to adapt prison-based harm reduction activities to meet the needs of drug users and staff in prisons and improve access to services.'

[27] I Can Live Coalition. Letter No 2007-045 to Ministry of Justice, Law and Enforcement Committee of the Parliament of the Republic of Lithuania & Lithuanian Chamber of Private Enforcement Agents Regarding Legal Regulation of Enforcement Process (in Lithuanian). 05 October 2007.

as street-based sex workers throughout Europe[28] and Roma in Central and Eastern European states;[29]

-
- a lack of intensive support services for children and adolescents who have parents with a drug problem and who are at risk of developing drug and other problems of their own.[30]

Implementation

- The Member States should establish mechanisms to protect the rights of people affected by drugs, including but not limited to the revision of legislation on ensuring universal primary care for all, and raising awareness in settings where people affected by drugs face discrimination.
- Resources should be allocated to incorporating such measures into drug action plans.
- Civil society, including people affected by drugs and human rights groups, should be involved in identifying and prioritising mechanisms for rights protection.
- The Commission should support the Member States and civil society with respect to the exchange of good practice and the collection of evidence in the field.

11. The human rights of people affected by drugs in the Member States should be monitored systematically and regularly, and should inform changes in drug policy and practices.

Rationale: There is a need for systematic monitoring of the human rights of people affected by drugs. Based on the explicit assessment of the rights most affected, monitoring and evaluation could include focusing on: the rights of people who are affected by drugs to have the highest attainable standard of physical and mental health; the rights of the child to protection; the right to justice and legal support as well as the rights to education and to fair and just working conditions; the right to social security and social assistance; the right to a fair trial and standards of due process; the right to avoid torture, cruel, inhumane or degrading treatment, punishment or arbitrary detention; the right to non-discrimination; as well as cultural or indigenous rights. Civil society has vast experience in monitoring fundamental rights in other fields and in the field of drug policy in other regions.

Implementation

- The Member States should integrate mechanisms and indicators for fundamental rights monitoring in the EU and national drug strategies, including their evaluation.
- The European Commission should support the Member States by recommending mechanisms and indicators and assessing progress in the integration of fundamental rights monitoring mechanisms in national legislation, as well as by providing support for independent fundamental rights initiatives led by civil society and researchers.
- Civil society groups should be involved in defining mechanisms and unified indicators, as well as evaluating human rights mechanisms with independent data.

---

[28] Mellor, R and Lovell, A (2011). Health Promotion International. The lived experience of UK street-based sex workers and the health consequences: an exploratory study. Accessed at: http://heapro.oxfordjournals.org/content/early/2011/07/03/heapro.dar040.abstract .

[29] For example, see European Roma Rights Centre. Ambulance not on the way. The disgrace of healthcare for Roma in Europe, September 2006.

[30] Pagano et al (2007). Impact of parental history of substance use disorders on the clinical course of anxiety disorders. Substance Abuse Treatment, Prevention, and Policy 2007, **2**:13 .

- The European Commission should conduct a human rights assessment of drug policies at EU level consult the Member States, the European Parliament, civil society and other stakeholders to determine specific measures aimed at improving fundamental rights in the drugs field.

Children and Young People

12. Special attention should be given to the design, implementation and evaluation of services and policies benefiting children and young people.

Rationale: All EU Member States have ratified the UN Convention on the Rights of the Child, which in Article 33 requires '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'.

Children's services across the EU should ensure children's right to harmonious development (including support for learning, housing, family problems) and address the root causes of drug problems related to poverty and social exclusion.[31] The current level of services for children and young people affected by drugs remains inadequate — available services do not always seek to respond to the specific needs of children and young people, while children and young people face barriers to accessing these services.

Implementation

- The European Commission should support the exchange of good practice and efforts to monitor the quality of services, as well as advocacy for sustained funding for evidence-based prevention and other drug demand reduction measures for children and young people, particularly those in vulnerable situations.
- The Member States should integrate mechanisms and indicators for Article 33 of the UN Convention on the Rights of the Child in their drug strategies, including evaluation.
- The Member States should identify synergies between drug and youth policies at national and EU levels, encouraging the direct involvement of children and young people in drug policies and in service design and evaluation.
- The Member States should introduce drug legislation that treats children and young people as 'at risk' and in need of support and care rather than as criminals. The European Commission should help to identify such legislation and good practice mechanisms to implement it, as well as to support efforts to share lessons learnt among Member States.[32]

Services

13. EU minimum quality standards for drug demand reduction need to be adopted and effectively implemented.

[31] EMCDDA (2011). Children's Voices. Experiences and perceptions of European children on drug and alcohol issues. Luxembourg: The Publications Office of the European Union, 2010.
[32] EMCDDA (2008). Drugs and vulnerable groups of young people. Selected Issue. Luxembourg: Office for Official Publications of the European Communities, 2008.

Rationale: While there is a wide range of high-quality good practice across Europe, there continues to be practice which falls short of what could be described as a minimum standard, resulting in less than optimum outcomes.

The European Action Plan on Drugs 2009-2012 agreed by the EU Member States asked the European Commission to develop an EU consensus on minimum quality standards in the field of drug demand reduction. A set of recommendations was developed within the project called '*Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction*' (EQUS).

Implementation

- The European Commission should facilitate the adoption of EU minimum quality standards for drug demand reduction.
- The Member States should take steps to implement those standards at national level and fund mechanisms to ensure high quality drug demand reduction programmes.
- The European Commission should support and monitor the implementation of those standards. This should include funding for relevant cross-country capacity strengthening and support initiatives, particularly those taken by civil society.

14. Swift and easy access to a range of evidence-based services for people with drug problems aimed at reducing health-related harms (HIV, hepatitis and overdose) should be guaranteed across Europe. These services should include residential and community rehabilitation, social reintegration, housing support, substitute medication treatment and needle exchange, along with connections to a range of other services.

Rationale: There is strong evidence in support of investment in services for problem drug users. The National Treatment Outcome Research project in the UK found that for each euro spent on services there were savings of ten euros on other costs to society. There is evidence that the economic recession is having an adverse impact on Europe's drug problem; this impact might deepen as the socio-economic situation worsens. It is therefore vital that funding for drug-related services continue: if services are reduced, short-term savings achieved by cutting drug demand reduction are outweighed by long-term costs to society, including major health and social harms such as hepatitis C, HIV and overdose, drug-related crime, or loss of housing. While institution-based and medical services form an important part of drug services, other types of service delivery, such as informal, peer-to-peer or community services are just as important in reducing drug demand. A large share of low-threshold drug services are run by non-governmental organisations, which often depend on national and local funding. Some CSF members have already reported reduced availability of drug-related services in their countries. Moreover, in countries where until recently international funding was made available to support the expansion of cost-effective, evidence-based services, replacement national funding has not been forthcoming.

Implementation

- The Member States should ensure sustainable and adequate funding to support swift access to a range of high-quality services to people with drug problems. Funding from European structural funds could be used if needed and appropriate. Funding for drug demand reduction should not be reduced amid budget cuts caused by current economic difficulties.
- The Member States should support mechanisms used in contracting drug demand reduction services from civil society organisations.

- The European Commission should promote scientific evidence for drug demand reduction services across Europe.
- The European Commission should fund European networks for exchange and knowledge transfer.

Monitoring and Evaluation

15. The European Union should promote the evaluation of progress and impact as an integral element of drug policy at national, EU and international levels.

Rationale: While evaluation is now better integrated into drug policy documents, not all Member States conduct independent evaluations of the implementation of national strategies and even fewer have evaluated their impact. Given the complexity of drugs issues and their correlation with social and other problems, evaluation should address a range of aspects including: law enforcement, human and children's rights, ethics, legislation and rule of law, health, social inequalities, economics, cultural and social aspects, education, international relations and others. Evaluation is beneficial not only at policy level but also at programme and service level, as it helps to establish clear criteria for results and fosters transparency and accountability. Projects that achieve measurable results in line with the objectives of EU and national drug strategies should be encouraged and expanded.

Implementation

- The Member States should commission independent and external evaluations of national drug policies (including impact evaluations) and conduct multi-stakeholder consultations to determine specific steps towards more effective and evidence-based policies.
- The European Commission should support the evaluation of national drug policy progress and impact. It should also commission an evaluation of the impact of EU drugs policy. The European Commission should use the evaluation data to facilitate an open and objective debate on the direction of drug policy, including alternatives to current approaches.
- The Member States and the European Commission should support the evaluation of programmes within their funding schemes and envisage mechanisms to utilise the evaluation results to develop further drug demand reduction.
- The European Commission should support the Member States and cross-country initiatives that promote effectiveness and cost-effectiveness evaluation of interventions, where data are still limited, and promote the results as a means of strengthening policies and programmes.
- The EU Civil Society Forum on drugs as well as national civil society groups should be meaningfully engaged in evaluation initiatives and debates on the future of drug policy.

International Cooperation

16. The European Union should actively promote its drug policy principles and approaches at international level.

Rationale: There is also a great wealth of experience and expertise within the EU on the development of drug strategies and the implementation of evidence-based programmes.

The EU drug strategy contains a number of broad principles that set a good example for any national or international policies: coordinated and integrated programmes; investment in developing evidence and research; and a balance of activities between supply reduction, demand reduction and harm reduction, including the constant assessment and review of results and effectiveness.

Implementation:

- The European Union, particularly the European External Action Service (EEAS), should play a greater role in promoting the 'balanced approach' of the agreed EU drug policy in other countries, regional organisations, such as the Organisation of American States and the African Union, and in United Nations discussions.
- The Member States and the EU institutions should make greater efforts to identify the best elements of EU policies and programmes and share these experiences with policy makers and professionals in other countries around the world.
- In particular, the creation of the EEAS provides an opportunity to take this aspect of the strategy forward, through its own delegations, but also through the careful planning of development aid programmes.

Signatories (in alphabetic order):

Anke van Dam	AIDS Foundation East-West
Carmen Martínez Perza	Andalusian Federation ENLACE
José Queiroz	APDES
Thierry Charlois	Association Française de Réduction des risques (AFR)
Frans Koopmans	De Hoop Foundation
Andrei Nevskii	Drug Abuse Prevention Centre
Deniz Uyanik	EATG
Jorgen Svidén	ECAD
Simona Merkinaite	EHRN
Frederik Polak	ENCOD
thomas Legl	euro -tc
Fay Watson	Europe Against Drugs
Raminta Stuikyte	European AIDS Treatment Group (EATG)
Mark BURTON-PAGE	European Forum for Urban Security
Monica Luppi	Fondazione San Patrignano
Eberhard Schatz	Foundation de Regenboog Groep
Maria Phelan	Harm Reduction International
Vlatko Dekov	HOPS
Peter Sarosi	Hungarian Civil Liberties Union
Jane Francis	ICOS
Marie Nougier	International Drug Policy Consortium
eliot albers	International Network of People who Use Drugs
Amador Calafat	Irefrea
Maurizio Coletti	Itaca
Edoardo Polidori	Itaca Italia
Jeff Lee	Mentor Foundation
Ingo Stockel	PARSEC Consortium
Alexandra Roubalova	Prev-Centrum, NGO
Valentin Simionov	Romanian Harm Reduciton Network
David Liddell	SDF
Raquel Munto	Socidrogalcohol
Arian Boci	STOP AIDS NGO in Albania

Pedro Quesada	UNAD - Spain
Matej Košir	UTRIP
Leena Haraké	WOCAD

Annexes and comments to the text by Civil Society Forum Members (in alphabetic order):

AFR and [xx]other organisations provided a statement regarding prevention and harm reduction in recreational settings. See annex I

EATG expressed support to the Statement of the EU HIV/AIDS Civil Society Forum statement on the future drug policies in the EU and beyond: “Putting health and human rights first', also addressing the meaningful involvement of people who use drugs.

ENCOD didn't sign the document, because in ENCOD's view the recommendations are incomplete because they avoid the central and crucial issue in international drug policy, namely the question which regulatory system is best capable of diminishing health risks and social problems connected with drug use. ENCOD's position is explained in annex II

EURAD: Page 7: Point 6: Diversion from prosecution should be provided for possession of small amounts of drugs for personal use Comment “Europe Against Drugs believes that people who use drugs should be offered an effective route to treatment and recovery at every stage of their contact with the criminal justice system” Page 8: "Based on such consultation, action should be taken to change legislation and other policy where needed, and to ensure that new policy is supported within the national drug policy framework" Comment: "Europe Against Drugs supports the piloting and roll out of effective court supervised diversion programmes as well as access to treatment and recovery services" Page 13: Point 14: Swift and easy access to a range of evidence-based services for people with drug problems and for reducing health-related harms (HIV, hepatitis and overdose) should be guaranteed across Europe. These services should etc.. Comment: "Europe Against Drugs supports the use of harm reduction interventions when they are evidence based and when they are placed within a framework of wider health and social support which aim to help people achieve full recovery" Page 9: It is therefore necessary to provide drug demand reduction services for problem drug users in prison Comment: "Europe Against Drugs urges governments to ensure the provision of drug free prisons"

The position of EURAD and 7 other organisations regarding an integrated approach to EU drug policy is explained in annex III.

IDPC:
16 members of the CSF (Civil Society Forum on Drugs) recommend that the decriminalisation of possession of small amounts should be considered. Their position is explained in annex IV.