

7th Civil Society Forum on Drugs: 19-20 April 2012, Brussels

The Civil Society Forum on Drugs (CSF) met on 19th and 20th April in Brussels, Belgium, to exchange views on different approaches to drug policies.

This 7th CSF paved the way forward to a new CSF structure and working methods, establishing working groups and a way to best combine strengths to make the voice of civil society heard on drug issues in the EU and international fora, all the while recognising different ideologies.

Background

The Civil Society Forum on Drugs (CSF) meets at least once a year and serves as a platform for informal exchanges of views and information between the Commission and civil society organisations.

In 2011, 35 organisations became members of the Civil Society Forum for a two-year period. The first plenary meeting took place on 12-13 April 2011.

European Commission, Directorate-General for Justice:

http://ec.europa.eu/justice/anti-drugs/civil-society/index_en.htm

DAY 1 - Thursday, 19 April 2012

“We have an interesting agenda, which will bring us forward and pave the way to the next meeting”, said Mrs Paola Tardioli-Schiavo, Deputy Head of Unit of the Anti-Drugs Policy Unit at the European Commission, as she opened the meeting. She outlined the European Commission's ambitious plans to provide a stronger response to challenges posed by illicit drugs in the following years. In particular, the Commission will **focus on proposing new legislation** on new psychoactive substances and on drug trafficking.

“To tackle new psychoactive substances, we need something more reactive, a new legislative mechanism”, said Tardioli-Schiavo, adding that a legislative proposal from the European Commission is planned in 2012. New legislative proposals to tackle drug trafficking will probably come in 2013. Tardioli-Schiavo mentioned other aspects to consider in tackling drug issues such as minimum quality standards in drug-demand reduction [a relevant study was presented during the CSF meeting, see page 15] and international cooperation (increasing dialogue with drug transit countries and neighbouring countries).

“The Civil Society Forum on Drugs could add to the work of the European Commission”, said the moderator Ton Coenen (Aids Fonds & Soa Aids Nederland).

Developments since the last Civil Society Forum meeting

Eberhard Schatz (FRG) and Fay Watson (EURAD) took the floor. “It was an exhausting process drafting the paper, but we finished it”, he commented in reference to the process of drafting a common position paper for all CSF members. CSF members agreed on the content of the paper at the last meeting, while an editorial group fine-tuned the statement. The paper reflects the opinion of civil society organisations active at grassroots level on how to best approach drug issues. The paper targets policy and decision makers in view of a new EU Strategy on Drugs.

Fay Watson and Eberhard Schatz presented the CSF paper to the **Horizontal Drugs Group (HDG)** which met on 18 April in Brussels. The HDG is a working group of the [Council of the European Union](#), responsible for drug issues. “We received very good feedback from Member States, and the Danish Presidency especially thanked civil society for its contribution”, said Fay Watson. “It was a successful presentation, we hope that we did a good job for you”, she added. “We did not speak about our own organisations, only about the Civil Society Forum”, she underlined.

Getting the message across national channels

“The feedback we received was good”, highlighted Schatz. “We need to discuss how to approach our national stakeholders”, he added, as this is not an automatic process. “Dana Spinant [European Commission/Head of the Drugs Policy Unit] suggested that we should use part of the paper to approach national bodies”, said Watson. She offered to send a copy of the presentation given at the HDG to those interested. European

Commission Policy Officer Maurice Galla pointed out the positive feedback received from EU Member States. “It was mentioned that the Civil Society Forum is a good example of bringing civil society together”, he said. “However, the question is now how to get the message through national channels”, Galla added. Using existing channels at national level and approaching national bodies might be aspects to consider.

Evaluating EU drugs policy

The EU Drugs Strategy 2005-2012 and its Action Plans were subject to an evaluation. The assessment of the EU drugs policy’s implementation was carried out by RAND Europe. (Full document/summary available at: http://www.rand.org/pubs/technical_reports/TR1228.html). “The European Commission has provided various input data, and the study was based on a wide range of information – European Commission documents, online surveys, and in-depth interviews, including questionnaires to EC delegations”, Maurice Galla said. He presented the main outcomes of the evaluation. According to the study, the EU Drugs Strategy document is “a coherent, well structured but lengthy document” recognising the “extensive development process”.

The **findings on demand reduction** set out the following:

- There are a number of clear successes in the area of demand reduction consistent with the objectives in the Strategy.
- The relevance of demand reduction objectives and actions lies in their wide scope.
- Prevention and treatment objectives have been influential at Member State level.
- There is some evidence of the positive impact of harm reduction measures.
- There is a need to consider drug use in a broader policy framework of addiction and licit drugs.

The **findings on supply reduction** included:

- There are few visible indications that trends on the supply side are moving in a desirable direction.
- Joint operations in the field of supply reduction have yielded good results.
- Supply reduction initiatives now face new challenges from ‘legal highs’.
- There remain serious limitations to measuring the effectiveness of supply reduction initiatives and understanding ‘what works’.
- The supply reduction objectives described in the Strategy and Action Plans are relevant to addressing the drugs challenges faced in the EU.

Furthermore, the “Strategy seems to have been relatively effective in its contribution to a more collaborative and informed drafting of national drug policies”, according to the

report. The **Horizontal Drugs Group (HDG)** is seen as unique and innovative, embodying the balanced approach of the EU Drugs Strategy, but “some challenges to the functioning of the HDG exist”. Furthermore, findings on international cooperation state that “the objectives included under international cooperation are considered crucial to the added value of the EU Strategy” and that “international cooperation is considered to be particularly important with respect to integrating candidate and new accession countries into the EU acquis” amongst other aspects.

The **evaluation report** identified the following **recommendations**:

1. The EU should undertake the development and implementation of a future EU drugs strategy.
 2. In order to maintain the balanced approach, the HDG could further align its activities with other EU initiatives touching on drugs policy, and with COSI in particular.
 3. Some logistical and structural changes in the HDG could create greater efficiency, coherence and effectiveness in the coordination of drugs policies at EU level.
 4. Information, research and evaluation in the field of illicit drugs should continue to be supported as a strong example of where working together can add value to many Member States and aspiring Member States, as well as third countries and international bodies.
 5. International cooperation should continue to be a strong theme for any future EU drugs strategy, which should build on the existing international reputation of the EU in this field and continue to promote a balanced approach.
 6. An EU drugs strategy should continue to play an important role in helping to understand the effectiveness of interventions and approaches to reducing demand for illicit drugs, and therefore can help in prioritising actions to this end.
 7. More emphasis needs to be placed on the deployment of effective measures in the field of drug supply reduction.
- More progress can and should be made to develop integrated policy approaches across licit and illicit substances (including legal highs) and across different forms of addiction.
9. A future strategy may benefit from being presented as one integrated document that includes objectives and suggested prioritised actions, and covers a shorter period of time.

Full report available at [rand.org](http://www.rand.org)

http://www.rand.org/pubs/technical_reports/TR1228.html

“We expect the first draft/discussion paper of the HDG around July”, said Maurice Galla, referring to the drafting process for a new EU Drugs Strategy. Under the Irish Presidency, the Strategy will be further developed, including Action Plans as of 2013. Chair Ton Coenen questioned the CSF discussion paper that had been drafted to

comment on a future EU Drugs Strategy. Maurice Galla confirmed that the CSF paper had been submitted to the HDG. Nils Garnes (Eurocare) wondered about “no evidence of impact” of the EU Strategy as set out by the evaluation report. “No evidence of impact’ just says that it cannot be proved”, replied Galla. “The fact remains that there *is* evidence in some Member States – though not available in all – thanks to the Strategy”, he added. “There is no proof that it did not work”, he concluded.

Frederik Polak (ENCOD) commented on the “need to consider drug use in a broader policy framework of addiction and illicit drugs” (RAND Technical Report/Assessment of the implementation of the EU Drugs Strategy 2005-2012 and its Action Plan).

Raminta Stuikyte (EATG) deplored the fact that there seems to be nothing related to [drug users in] prisons. Maurice Galla said that the points studied had to be limited to a selection of main objectives.

Money

Andrzej Kosnikowski (European Commission) set out the EU’s funding possibilities, a major point of interest for civil society organisations in times of tight budgets. Kosnikowski informed about 2012 DPIP and ISEC calls.

The **main EU funding programmes** in relation to drug issues are the following:

- [Drug Prevention and Information Programme](#)
- [7th Framework Programme on Research and Technological Development 2007-13](#)
- [Prevention of and Fight Against Crime Programme \(ISEC\)](#)
- [Health Programme](#)

“Money is a worrying question. The future, notably 2013, is not very clear for our field”, said Amador Calafat (IREFREA), voicing the concerns of all civil society organisations. “The European Commission prepares and proposes a budget, while the Council of the European Union and the European Parliament decide on the budget”, said Kosnikowski, briefly explaining the [European Union budget procedure](#). ““Can the Civil Society Forum advocate?” wondered Calafat. “Advocating the CSF may prove to have an impact, if done through the appropriate channels”, Kosnikowski said. Thierry Charlois (AFR) mentioned that it would be difficult to hold discussions at national level if the funding from EU sources were not confirmed. “After 2013, the Commission has proposed two main programmes to be managed by DG Justice- “The Justice Programme” and “The Rights and Citizenship Programme”. The dossier is still open, and the European Parliament and the Council are the decision makers”, said Paola Tardioli-Schiavo. “We all have interest in that civil society’s activities find appropriate support”, she added. “All budgets are going to be tightened. Advocacy of the CSF is welcomed by the institutions, and other interest groups will do the same”, Maurice Galla added.

Shaping the future work of the Civil Society Forum

“We are not discussing the formal aspects of the CSF, but rather the working methods”, said Ton Coenen when opening the following plenary. Various bodies in which civil society organisations work together with each other and with international institutions were set out:

The [EU HIV/AIDS Group](#) was established in 2004 as a “consultative body to the European Commission, Directorate-General Health and Consumer (SANCO) on HIV issues”, explained Raminta Stuikyte. This working group brings together and aims to facilitate the dialogue between civil society and political decision-makers, namely the European Commission, representatives from national government or United Nations agencies. “We always start with a presentation of civil society”, said Stuikyte. “Civil society representatives are European networks or local groups working on prevention, treatment, care or advocacy, as well as human right groups”, she said, underlining that “we always include people living with HIV”.

Examples where **civil society influenced political decision-makers**:

- EU Communication on HIV: focused on the most affected populations.
- Influenced new guidelines (ECDC guidance on HIV testing, EMCDDA/ECDC guidelines on preventing infection in people who inject drugs, etc.).
- Reactions to national problems (helping a Ukrainian member).
- Preparation of a joint reaction to a public consultation. Stuikyte recognised that “in AIDS/HIV issues it is easier to find a common position”.

Challenges in this policy field are that “more needs to be done to achieve universal access (to treatment)” and to “intensify efforts to ensure that EU presidencies give high priority to HIV and provide effective leadership”, Stuikyte said.

NGOs united in the group set up a website: <http://www.aidsactioneurope.org/>

Ton Coenen mentioned some aspects of the HIV/AIDS group, such as being strong together, a direct link to co-chairs/easy to access, and working together for declarations submitted to EU presidencies, to ensure civil society’s influence in that policy field.

Eberhard Schatz asked about the decision-making process within the HIV/AIDS group. “There is hardly any issue where we do not agree”, answered Raminta Stuikyte. “We allocate time for decision-making, have clear guidelines about what has to be decided, have smaller groups, more decision-making processes (four co-chairs), more discussions and follow-up to ensure effectiveness”, she said. Ton Coenen added that the HIV/AIDS Group “became visible”: “To become visible, we needed first a position to

defend”, he said. “That goes both ways: more visibility with a (strong) opinion; and that opinion makes you visible”, he said. “There are more different opinions in the CSF on Drugs but you need to come together to be visible, to have an opinion”, Coenen added.

Monica Luppi presented the [Vienna NGO Committee on Drugs](#), a group created in the 1980s for an informal dialogue with UN representatives and civil society. “Civil society needs to give a voice. We are seen as a facilitator, not as an advocate”, she said, setting out the advantages of this group that meets four times per year. “There is a strong drive for membership”, Luppi said, outlining communication activities such as a Twitter account, a newsletter and a website. “We could also apply that to the CSF on Drugs”, she added. Through a strategy plan, “one can see results. However, the questions of funding remain”, Luppi said.

Justyna Glodowska-Wernert (European Commission) asked how this works in practice, giving a voice – through a report, for example? “Advocacy is done day to day; the Forum allows people to provide expertise”, Luppi said, adding that some general remarks are made, rather than a precise political statement such as within the HIV/AIDS Group.

Nils Garnes (Eurocare) explained the [EU Alcohol and Health Forum](#), which is part of the EU Alcohol Strategy 2006. “This is a Forum for the whole alcohol field – not only civil society but also the industry”, he said. “Membership is open, everyone can apply. A meeting of one day, chaired by the European Commission, takes place twice per year, and members present commitments related to what they are working on”, he explained.

“Is there controversy? How is this addressed?” asked Raminta Stuikyte. “Yes, there is controversy – for instance, when it comes to marketing, the industry does not want to have legislation, while civil society representatives do not want to have marketing”, he said. There are scientific committee conclusions and NGO conclusions – but no Forum conclusion as such.

Ton Coenen took the floor, asking the audience – sitting at round tables of ca. 10 people each – to write on the “post it” left on the table “five lessons learnt from the presentations”.

The **lessons learnt** mentioned by the participants included:

- Operational grant for the CSF
- Concrete action plan to ensure visibility
- Combine meetings with more educational material (to learn)
- Missing: youth, focus on women
- Drug issues reflect a lot of ideologies, and we have to deal with our differences

- More scientific issues, more evidence (beyond ideologies, more evidence than ideology-based)
- More structured form of the Forum, more organisation, maybe a statute
- Involve more people directly affected by drug use
- Active plan, covering 2-3 years, concrete actions
- Disseminate reports etc. that we produced
- Activity-based working groups, monitoring, evaluation for instance of EC documents
- Sending representative to the HDG
- Action plan, grants important
- Newsletter, website etc. to ensure more transparency for other civil society members

During a discussion, the question of ideologies came up: “Everyone has an ideology here, that is important”, said Luppi. “We should not push any ideology forward, but instead provide a platform, experts of different ideologies, as facilitators”, she said, referring to her experience within the Vienna NGO Committee on Drugs. David Liddell mentioned the usefulness of having co-chairs to cross the divide in ideologies. Another aspect raised concerned using time more efficiently. Kerstin Moll (European Commission) mentioned that it is “one thing to have a message, but another to get the message through”. Frederik Polak wondered whether it was ideological to address alternative drug policies, other than the current prohibition.

Coming back to the “lessons learnt”, moderator Coenen set out the most common ones heard where agreement seemed to exist:

Structure:

- Ensure more visibility of the CSF, better representation
- Action plan
- Structure the Forum, option of co-chairs, more involvement of key population
- Operating grants

Content:

- More monitoring of EU decisions
- More health issues
- More scientific evidence
- Addressing differences/ideologies (to foster exchange, scientific arguments, etc.)
- Stronger focus on specific target groups, such as women
- More civil society involvement

The following discussion examined the question of whether or not CSF members would agree on adding two co-chairs, elected by the core group. Monica Luppi asked about the expectations, the mandate of the chair and a statute, underlining the need for a clear

mandate when the “core group” set up as a “secretarial body” becomes a kind of “executive body”, with power to elect a chair, draft a statute, etc. Coenen recognised this legitimate question. “The core group could for instance come up with a proposal for a statute, which is then decided at the next meeting”, he suggested. Monica Luppi agreed in terms of democratic values.

Several aspects concerning the co-chairs/core group were mentioned during the following discussion:

- facilitating the role of the core group
- intermediary leader, then proceed to vote
- co-chairs should represent different ideologies, need to overcome them
- establish co-chairs before terms of reference, to move forward (otherwise draft statute might not be approved)
- core group not to question, they should focus on doing their work (other working methods might be decided in one year’s time)

The European Commission reminded that the current biannual membership of CSF members expires at the end of 2012. “We need an agreement on the structure”, said Ton Coenen, suggesting that the core group takes care to:

- draft the mission/mandate of the core group and co-chair
- elect the person who will lead the process
- make decisions at the next Forum, which will elect the chairs.

Leena Harake (WOCAD) mentioned that the core group excludes women (gender balance not respected). No other comment came from the audience. “We got it”, said Coenen, concluding the plenary.

Better visibility of the CSF

“How to improve the visibility of the Forum?” asked moderator Coenen. One comment included taking into account the EU decision-making process (three tools to shape policy: strategies, legislation and financial policy). Comments on harmonisation of EU penal law, lack of instruments and allocations to ensure evaluation of drug policy were aspects mentioned in the draft opinion of the European Economic and Social Committee ([EESC](#)), Section for Employment, Social Affairs and Citizenship on the Communication from the Commission to the European Parliament and the Council – Towards a stronger European response to drugs [COM(2011) 689 final] of March 2012, according to rapporteur Ákos Topolánszky. Paola Tardioli-Schiavo questioned how the Committee works together with civil society (the Committee includes 344 members representing all aspects of civil society, all elected from the civil society field, and

working in study groups; more see <http://www.eesc.europa.eu/?i=portal.en.about-the-committee>). Coenen suggested that the core group discuss further practical aspects.

What is legally/practically possible was the next basis for discussion: “The HDG is an institutional Council Working Group. Granting a position as observers to the CSF is not possible. Civil society organisations could only be invited on ad hoc basis, for instance to contribute within thematic debates, programmed in advance with the EU presidency, on a given debate”, said Kosnikowski. “So there is a need for the CSF to link with the presidencies”, suggested Coenen. “The Council applies strict rules”, said Tardioli-Schiavo, adding that the rotating EU presidencies have a major role to play.

Coenen concluded that there is no way for the CSF to become part of the HDG, but linking the Forum more to EU presidencies might be an option.

Content of the CSF

“When drafting the agenda, we need to discuss how to approach scientific issues or ideologies”, said moderator Coenen when starting the discussion on how to concentrate on the CSF content. According to him, two pieces of work need to be done:

- Draft an action plan
- Examine how the CSF can monitor EU policy/legislation

He came up with the idea to create two working groups to avoid a plenary discussion. Comments and questions from the audience included:

- Request for clarification on the second aspect (Coenen mentioned a new drugs policy as an example: how to influence and to monitor EU policies, and how best to advocate).
- Request for clarification on the working group (Coenen : working group connected with core group, presentation of outcomes at the next meeting).
- Does the action plan include communication aspects (newsletter, website, etc.)? (Coenen : yes, but also content).
- Financial aspects/new mandate of the CSF: is there a limit to the number of members? (Kosnikowski: the construction of the current budget for the CSF is based on two meetings per year).
- Selection criteria to become a CSF member; will they change in the future and will they be communicated? (Galla: CSF needs to remain a workable body / Coenen : Even in the light of a renewed forum, it is likely that current members will also be members of the next Forum; an action plan for one year should be possible).
- What institutions to approach, where to spread certain information; maybe a group of 3-4 people could work on the CSF recommendation to move

- forward (Coenen : better not to combine the document drafted and the action plan).
- How to best influence, for instance the new EU Drugs Strategy; prioritise evaluation and influence (Galla called on CSF members to use their own channels, and also to look at different individual topics as different stakeholders might be behind them).
 - Moll (European Commission) mentioned new procedures/legislative aspects under the Lisbon Treaty for the involvement of Civil Society: the possibility of a reasoned opinion; but also possibilities to influence indirectly at a pre-legislative stage, informing the audience about the transparency register held by the European Parliament.

At the end of the discussion, Coenen noted down the names of people volunteering for the implementation of recommendations and which channels to use.

Civil society matters

“We are more interested in differences than in common ground”, said Amador Calafat, chairing the panel ‘The role of civil society in prevention’. “The situation has changed, now we are more creative. Also the paper drafting has been difficult, but it has shown that we are able to work together”, he added.

Gregor Burkhardt of the EMCDDA gave a presentation on “Prevention is socialisation”.

Aspects mentioned during the discussion following the presentation included:

- Relevant objective for prevention
- Vulnerable groups
- Aggression of men/women (boys/girls)

For the question of establishing closer contact with the EMCDDA, the core group will contact the Commission and EMCDDA and may suggest to invite further EMCDDA representatives to the next CSF meeting.

DAY 2 - Friday, 20 April 2012

Moderator Coenen announced some changes in the agenda regarding speakers for the panel “regulation and alternative drug policy - a discussion” and suggested to postpone the plenary scheduled before lunch (and not after) as some participants had to leave earlier.

Frederik Polak (ENCOD) spoke about “**The effort to get alternative drug policies on the agenda**”. He deplored the fact that there was “no structure in the debate, but a tendency to jump from one highly emotional subject to the other” which tended to lead to no outcome. “Both parties [that discussed] are in the end even more convinced about their own opinion”, he added, underlining the need to “sort out arguments, to have a more detailed view on what separates the parties, for instance in terms of scientific arguments”, Polak said. ENCOD decided in 2009 on a main objective, which is to put “regulation” on the agenda. According to Polak, many issues come under this topic, therefore good preparation of the debate is required. Topics covered are:

- Health
- Justice and Crime
- Ethics
- Economics
- Education
- Culture
- International aspects

“When discussing with people, the most pressing topics for discussion are health, justice and crime, ethics and economics”, he said. “Within the CSF, we can have different opinions, but we need to *conduct the debate*”, he concluded. “But we have a debate here in the CSF”, commented a participant. “I mean a debate on the political agenda, where decisions can be made”, replied Polak. Raminta Stuikyte said that it would be good to have more time for debates in the future, as well as inviting speakers with different views.

Urki Goni (European Coalition for Just and Effective Drug Policies), replacing speaker Martin Barriuso, took to the floor to speak about “**Cannabis Social Clubs**” in Spain. Those Clubs “aim to create an environment where users are informed, they have no problems with the police, and a quality control of drugs consumed is carried out”, he said. One aim is to fight the black market of drugs. More than 10 000 people are members of those Clubs.

Goni gave an outline of the formal and practical organisations of the Cannabis Social Clubs:

- legal statute of an association under Spanish law

- collective cultivation agreement (the Clubs grow cannabis plants, as set out in an annual plan forecasting consumer needs), including leasing buildings and land for cultivation
- care provided by volunteers, associations, etc.
- distribution in the Clubs only for immediate consumption (personal use, no one can come to claim for instance 10 kg)
- social activities provided by Club
- secure space for consumption
- medical letter/member invitation needed to become member of the club
- administration/fiscal situation of the Clubs almost normal: legally contracted staff, tax (social security, VAT, etc.).

In addition, he mentioned that a mechanism was proposed to the Basque Parliament in November 2011 on how to control Cannabis Social Clubs. This mechanism would include for instance a “consumption record book” on members and inspections.

Goni presented the Cannabis Social Clubs as an “alternative to the illicit markets”, underlining the advantages of the Clubs in terms of public budget (fiscal impact of social security contributions of employees, etc.). “The Cannabis Social Clubs could be a model Europe can use to lead a change in current drug policies and experiment with new approaches”, he concluded in his presentation.

“Legislation or regulation will not remove the black market, and discussion on health care is needed”, mentioned Fay Watson. “This is a good example of how to jump from the criminalisation aspect to the health aspect”, commented Polak, referring to his presentation given earlier on. Other comments included how to track the consumption of users.

“We have agricultural engineers who have specific knowledge about vegetal aspects, they know about grams per square metre, how many are given to users”, Goni said. For health aspects, he said, “We tell users not to smoke with tobacco, but to vaporise, and we tell them to take less”.

Other comments from the audience:

- Since members have to be 21 or older, young people are left out (risk group: 16-21)
(Goni: on average, members are aged 35 / 30-40% come every day).
- Polak mentioned Cannabis Clubs starting up in other countries; depending on legislation on personal use.
- Harake wondered if pregnant women were members, and referred to the UN Convention on Children’s Rights/children’s right to grow up in a drug-free environment (Goni: no pregnant women in Club, and pregnant women should not consume cannabis).

- One participant mentioned his personal story: “When using cannabis at the age of 14, I never thought I would go for heroin, even though others used it. At 20, this had changed - I started with heroin”, he said. “No one went from alcohol to heroin, but marijuana opens the door”, he said.
- Youth should not be criminalised, but rather educated - “Are the CSC doing something concrete, going to schools, etc?” asked Amador Calafat. (Goni: mentioned a Cannabis Day with presentations on how to minimize risks).

Ensuring quality standards

The second panel, chaired by Matej Kosir, was about “Quality standards in prevention, harm reduction and treatment”, relating to a study supported by the European Commission. Paola Tardioli-Schiavo referred to a [conference in June 2011](#) held to discuss minimum quality standards. “This study will be the basis for further proposals in the field. Most probably a recommendation, not a binding instrument, but a political reasoning”, she said.

Professor Ambros Uchtenhagen presented the main outcomes of the “Minimum Quality Standards in Drug Demand Reduction EQUUS”. He outlined the main tasks of the study:

- To establish an expert group consisting of Commission, EU and international experts with ample experience in the implementation and evaluation of demand reduction interventions as well as the formulation and application of quality standards for interventions and services in this field.
- To identify, map and review existing quality standards and benchmarks in drug prevention, early detection and early intervention, treatment, harm reduction and social rehabilitation and reintegration in EU Member States and/or at European and/or international level, and to provide a gap analysis for those areas where these do not exist so far.
- To propose and help set up a consultation and consensus building mechanism for relevant stakeholders at EU level.
- To develop a design for a framework of quality standards and benchmarks, identifying the structure, key aspects, type and level of specification/detail of these standards and benchmarks. This design should also reflect potential risks, uncertainties and other factors that may be of importance in the design of quality standards at EU level.
- To apply this framework by populating it with options and suggestions for quality standards and benchmarks and which can form the basis for discussions between experts and policy-makers in this area.
- To prepare a set of working papers on each of the relevant areas, which are to be prepared before and discussed during two seminars for experts to be organised in cooperation with the European Commission.

- To draft – on the basis of the feedback received – an overall working document for a European Conference for policy-makers, researchers and professionals.
- To prepare for the Commission a final report consisting of options on EU minimum quality standards and benchmarks in the field of drug demand reduction.

The expert group was composed of 52 experts in 25 countries, while 241 stakeholders from 20 countries participated in surveys. 128 stakeholders from 34 countries finalised the consensus building in a conference. (Those stakeholders reflected various professions active in the field, such as psychologists, civil society workers, social and education workers, researchers/academics, public health workers, etc.). The project gives no information on the benefits of any specific service or intervention in the field of drug demand reduction, or about the acceptability of implementing those, instead only on the **acceptability of minimum quality standards** in case a specific intervention or service is already implemented or will be implemented.

Uchtenhagen set out the minimum standards, such as the structural standards of services which include: accessibility (local service, easy to reach by public transport – with the exception of prisons) and the physical environment (space for activities within the service, such as having separate rooms for private counselling). In terms of treatment/rehabilitation, minimum quality standards would include the staff composition (multidisciplinary teams of at least 3 professionals), assessment procedures (substance use history), individual/tailored treatment, etc. Harm reduction standards included adequate qualification of staff, assessment of risk behaviour, client health, etc. Outcome standards included for instance referrals to other more specific services, and internal/external evaluations. Minimum prevention standards of services include reference to policy and legislation, cooperation with other services, financial aspects, etc.

For detailed information on minimum standards, see the report.



EQUS_final_report.pdf

Uchtenhagen mentioned missing standards (gap analysis) such as ethical/legal aspects of treatment and rehabilitation or economic outcome standards. “Why minimum quality standards? They allow national authorities to determine priorities in service improvement and are a complementary instrument for best practices and an indicator for research priorities”, he concluded.

“NGOs also support minimum quality standards to a large extent. What should CSF members and individuals do in this process”, Chair Matej Kosir asked the audience.

“The Lithuanian Ministry of Health is currently revising standards in national legislation; I will ask it to provide some comments”, said Raminta Stuiyte. As standards have often been mentioned in the EQUS report as “not applying in prisons”, she launched the idea of thinking about (specific) standards in prisons. Uchtenhagen expressed his own personal opinion: “I was impressed with the extent to which prison services have been mentioned as exceptions. Accessibility is understandable, but other standards should apply – in my opinion – to prisons as well. The stakeholders were more reluctant”, he said. Service users have not been nominated by the expert group. “Integration of users is important for a set of standards”, Eberhard Schatz commented.

“The European Commission will hopefully be doing two things”, said Uchtenhagen, that is to” follow up the difficult implementation process at national level and, for the next action plan, to establish which research is a priority: gap analysis/gap in knowledge, scientific evidence for us in the future”, he said.

Leena Harake wondered if the research basis took account of only men, and if women are included in the gap analysis. “The European Commission wanted to have minimum quality standards for women and men”, Uchtenhagen replied.

“How far have we gone in Europe in reality when it comes to quality standards?” asked Amador Calafat. “How easy is it to achieve and implement them?” he added. “Services show big differences in quality. (...) They can only be reached with support from all sides”, replied Uchtenhagen. “Minimum standards focused on services without adequate financial resources is not realistic”, commented one participant; another focused on the question of age limits for accessing services. Uchtenhagen said that it would be a drawback if the financial question is not addressed. For the age limit, this depends on national legislation regarding how parents can decide for their kids (differences in Member States); the stakeholders of the study did not want to have an age limit.

Following the debate, Eberhard Schatz suggested that the CSF “should have an opinion on that, how we should move forward”. He suggested creating a working group to collect comments, and a statement to promote minimum standards. Coenen asked the audience. While the majority of members agreed to create such a group, two members were against it.

During the final plenary session, the following topics for the next agenda were mentioned:

- Gender/women’s issues
- Decriminalisation
- New action plan/new strategy
- Criminal justice, human rights

- Safer nightlife issues
- More workshops
- Prisoners

Moderator Coenen said that people who suggested items would be contacted, as the core group cannot take on all the work. He resumed the main outcome of the meeting; three working areas were established:

- I. Implementation of the CSF's own recommendations (Dave Liddell, Thomas Legl, Arian Boci, Maria Phelan, Fay Watson, Leena Harake, Joan?)
- II. How to influence through national channels (Jose Barbosa, Peter Sarosi, Sergey Votyagov, Valentin Simionov, Thierry Charlois)
- III. Further implementation of minimum quality standards (David Liddell, Eberhard Schatz, Matej Kosir, Ingo Stöckel, Urki Goni)

"This was a very good meeting, as it provided concrete results", said Paola Tardioli-Schiavo. "We have a lot of different opinions in this Forum, but groups are working in a way now that sees less friction, paving the way towards a new Forum", she added. "A lot of what is done in Europe is done at Member State level", she said, recognising again the positive comments from the HDG. "In Europe, we need civil society input", she added, as she ended the meeting.