SOC/120
Drug dependence

Brussels, 24 October 2002

**OPINION**

of the

European Economic and Social Committee

on the

**Proposal for a Council Recommendation on the prevention and reduction of risks associated with drug dependence**

(COM(2002) 201 final – 2002/0098 CNS)

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On 10 June 2002 the Council decided to consult the European Economic and Social Committee, under Article 262 of the Treaty establishing the European Community on the

*Proposal for a Council Recommendation on the prevention and reduction of risks associated with drug dependence*
(COM(2002) 201 final – 2002/0098 CNS).

The Section for Employment, Social Affairs and Citizenship was responsible for preparing the Committee's work on the subject and appointed **Ms Le Nouail-Marliere** as rapporteur-general.

At its 394th plenary session (meeting of 24 October 2002) the Committee appointed **Ms Le Nouail-Marliere** as general rapporteur and adopted the following opinion by 93 votes to one, with three abstentions:

## 1. Summary of the draft recommendation of the Council proposed by the Commission

1.1 The EU Member States have adopted common measures for combating drug addiction since the mid 1980's. In 1990 the Rome European Council adopted the first European Plan to Combat Drugs. It was then revised and updated by the Edinburgh European Council in 1992.

The 1995-1999 EU Action Plan stressed the need for a multidisciplinary and integrated response, centred on demand reduction, supply reduction, the fight against illicit trafficking and international co-operation and co-ordination.

1.2 **The Amsterdam Treaty** singles out drugs as a major scourge and danger to public health; drugs clearly remain a priority subject for Community Action in the field of Public Health. The third paragraph of Article 152(1), states that "The Community shall complement the Member States' actions in reducing drugs-related health damage, including information and prevention." The **reduction of drug-related health damage** appears here as a new objective of the co-operation between Member States, alongside the traditional co-operation in the prevention field.

1.3 The EU Drugs Strategy (2000-2004)[1], endorsed by the European Council in December 1999, has three main public health targets:

- to reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age;
- **to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, tuberculosis, etc.) and the number of drug-related deaths;**
- to increase substantially the number of successfully treated addicts.

1 EESC opinion on a European action plan to combat drugs (2000-2004) – OJ C51 of 23/2/2000

1.4 The main goal of the proposed Council recommendation, based on Treaty Article 152, is to facilitate the achievement of the second public health target by the Member States.

1.5 The proposal includes measures aiming to further integration between health and social care, while improving methods of training health care professionals in such matters and the prevention of drug-related infections.

1.6 The Member States are recommended to make drugs prevention and the prevention of drug-related health risks a public health goal, to introduce comprehensive prevention and treatment policies and to increase the effectiveness and efficiency of their efforts in drug prevention by establishing an appropriate means of assessment, including use of scientific evidence and more appropriate data collection.

1.7 Special emphasis is placed on the appropriate exchange of information within the European Union, which must be stepped up.

2. **General observations**

2.1 Why is this a recommendation and not a more binding legal instrument?

The rule of subsidiarity does not allow stronger legal actions in the field of public health. Article 152 of the Treaty reads: "The council, acting by a qualified majority on a proposal from the Commission, may also adopt recommendations for the purposes set out in this article". This is the only recommendation in the field of public health, but there are recommendations that are more connected to law enforcement etc. (i.e. the supply side).

2.2 The Committee notes that other instruments are currently being prepared:

– Proposal for a Council framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of drug trafficking.
– Initiative by the Kingdom of Spain for the conclusion of a Convention on the suppression by customs administrations of illicit drug trafficking on the high seas.
– Draft Council Resolution on treatment of criminal drug abusers as part of service of sentence.
– Draft Council Resolution on generic classification of new synthetic drugs.
– Draft Council Recommendation drawing up an implementing protocol on taking samples of seized drugs.

3. This recommendation seeks to implement **preventive programmes** based on the tested evidence of projects already tried out in some Member States, and to extend the scope of possible schemes by involving the parties concerned in such prevention.

3.1 **The aims of the drug programme are to encourage co-operation between Member States**, provide support for their action and to promote co-ordination of their policies with a

view to preventing addiction to illegal drugs. The programme was initially for the period 1996 - 2000, but it was later extended to the end of the year 2002.

3.2 The activities have focused on:

– improving knowledge of drug dependence and its consequences;
– the methods of prevention of drug dependence;
– improving information, education and training in the field, especially for young people and among vulnerable groups.

3.3 The programme also strived to enhance co-operation with other countries and international organisations active in the field of drug prevention. The actions have been implemented in close co-operation with Member States.

3.4 In order to ensure cost-effectiveness and added value of the Community's involvement, priority has been given to projects carried out on a large scale, projects that are relevant from the methodological point of view, innovative where applicable and likely to have a real impact on achieving the aims of the programme. They shall bring together public sector and non-governmental organisations offering sufficient proof of competence in the field and likely to encourage multidisciplinary co-operation.

3.5 Most of the projects funded are in the field of public health intervention rather than pure science, but with emphasis on evaluation. The number of funded projects during the whole period is approximately 180 and the total amount granted is 38 million Euro. The candidate countries have participated in some of these projects.

3.6 At the end of this year the Action Programme - together with the other 8 specific or vertical public health programmes - is coming to an end and will be replaced by one New Public Health Programme 2003-2008. The total budget for this period is 312 million Euro. The fragmented approach of the old programme will be replaced by a horizontal integrated programme consisting of 3 strands:

1. improving health information;
2. rapid response mechanism;
3. tackling health determinants through prevention and health promotion.

3.7 The drug problems will be an integrated part of the third strand. Nothing indicates that this important field will lose emphasis it enjoys presently, especially as it is stipulated in article 152 of the Treaty that "the Community shall complement the Member States' action in reducing drugs-related health damage, including information and prevention".

## 4. Drug policy in the Member States

4.1 **Drug policies** vary in different Member Sates of the EU. On one end of the spectrum is the most **repressive strategy**. The overriding aim in some Member States is **"drug free society"**. Drug misuse is regarded as unacceptable and should never become an integral part of society. The problem of drug misusers is treated more as a matter for the criminal justice system than a matter of the social services. **Risk reduction methods** are used and accepted to some extent, but are strictly controlled. Methadone maintenance, in one example, is controlled under rules defined by the national Board of Health and Welfare and the number of patients may not exceed a certain number.

4.2 On the other end of the spectrum, the central goal is to reduce the risks experienced by drug misusers, those in their immediate environment and society in general. Some Member States make a clear distinction between **"soft drugs",** such as cannabis and **"hard drugs"** such as opiates and amphetamine. Great effort is made to hinder misusers from ending up in an illegal environment where outreach work can be difficult.

## 5. Risk reduction /harm reduction

5.1 **Risk reduction** is a general concept covering the reduction of any type of harm caused by the behaviour of individuals or by social and/or medical interventions. In the drug field it is particularly used to signify the reduction of **risks for infections** and other types of morbidity in drug users who continue to use drugs.

5.2 There have been arguments over the **morality of harm reduction**. Some people say that it condones or promotes drug use but people who support it say it is realistic and helps keep drug users safe and alive and respects choice and individual freedom. The thrust of policies is moving in the direction of pragmatism, emphasising evaluation. The state of research does not justify extreme positions.

5.3 In using the concept **risk reduction** instead of harm reduction the recommendation is more neutral and risk reduction is in fact almost universally accepted.

5.4 **Methodology.** There exists a variety of **risk reduction methods**. Many of the risk reduction methods mentioned in the present directive are already being used in many or all member states, but to a different degree. It is to be noted that only some of these methods are included in the present recommendation.

*A.* *Methods included in the recommendation.*

Methadone maintenance.
Vaccinations.
Information.
Clean needles and syringes.
Outreach, low threshold services.

*B.* *Risk reduction methods not included in the recommendation*

Medical prescription of heroin.
Injection rooms.
On-the- spot-testing.
Open drug scenes.

## 6. The need for evaluation

**Evaluation** involves clarifying and defining concepts and methods and assessing the impact of interventions. The European Commission has been promoting evaluation in the drug field as a co-organiser of two European conferences on the subject. **The Community Action Programme for the Prevention of Drug Dependence** identifies data, research and evaluation as primary areas for action. The **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** plays a crucial role in this connection. Its main task is to provide objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences.

## 7. Conclusions

7.1 The EESC notes that this recommendation focuses on the aim of reducing drugs-related health damage, in accordance with Treaty Article 152, and in particular encompasses information and risk prevention, as well as specific responses to the need to reduce the demand for drugs; it does not tackle the reduction of supply. The EESC regrets, however, that the aims specified in the recommendation lack an interface dimension which would encourage the pooling of efforts in different fields: health, police, education, social services and employment.

7.2 The EESC is pleased to see, in connection with the reduction and prevention of drug-related risks, that the implementation of specific programmes to prevent AIDS and other infectious diseases is advocated and stepped up.

7.3 The Committee agrees, as already touched on in the opinion referred to above, on the need to include measures focusing on this area of public health at specific levels (schools, health care networks, firms) so as to monitor target groups as closely as possible, both on a local geographical basis and in terms of social patterns. Risk factors are changing all the time and protective measures must keep pace.

7.4 Prevention and forms of action to curb drug dependence can be incorporated into occupational health and safety programmes. The workplace may not necessarily be the source of drug dependence but it can be an environment where such situations become entrenched. The social partners should be mobilized, along with the traditional players in the health and social sectors, in framing combined prevention/reintegration programmes to assist drug-dependent workers where necessary.

7.5 The recommendation could therefore provide under points 2 or 3, in connection with the horizontal occupational health programmes, for preventive programmes (information, awareness-

raising, direction towards care services, action to facilitate access to treatment) which prioritise high risk sectors and involve the social partners.

7.6 The Committee supports the recommendation in the belief that prevention and reduction of the risks associated with drug dependence must be integrated into the Community framework, which provides for exchange of best practices and the protection of persons affected by a centuries-old social scourge which strikes blindly, in constantly shifting shapes and forms.

Brussels, 24 October 2002

| The president<br>of the<br>European Economic and Social Committee | The secretary-general<br>of the<br>European Economic and Social Committee |
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| **Roger Briesch** | **Patrick Venturini** |