

ECOS-011

Brussels, 16 December 2002

**OPINION**

of the Committee of the Regions

of 20 November 2002

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 Committee of the Regions**

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

**HAVING REGARD TO** the Decision of the Council of 10 June 2002 to consult it on this matter, under Article 152 of the Treaty establishing the European Community;

**HAVING REGARD TO** the Decision of its Bureau of 6 February 2002 to instruct Commission for Economic and Social Policy to draw up an opinion on this subject;

**HAVING REGARD TO** the Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the European Union action plan to combat drugs (2000-2004) COM(1999) 239 final;

**HAVING REGARD TO** its opinion on the Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the European Union action plan to combat drugs (2000-2004), CdR 292/1999 fin<sup>1</sup>;

**HAVING REGARD TO** its opinion on the Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community and the Proposal for a Decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2001-2006), CdR 236/2000 fin<sup>2</sup>;

**HAVING REGARD TO** its draft opinion (CDR 225/2002 rev. 1) adopted on 25 September 2002 by the Commission for Economic and Social Policy (rapporteur: **Mrs Paz Fernández Felgueroso**, Mayoress and Chairman of the Council of Gijón, E/PES);

**adopted the following opinion at its 47<sup>th</sup> plenary session on 20 and 21 November 2002 (meeting of 20 November).**

### **The Committee of the Regions' views and recommendations**

#### **1. General comments**

1. Human beings have used drugs since time immemorial. Social, cultural, religious and other factors have all played a part in influencing their use.
2. Drugs have always been a source of conflict in society, which tends to be ambivalent towards them. The various means of tackling the problems caused by drug use, and even the definition of the term "drug", are heavily influenced by the social constructs and cultural representations that operate in different political and socio-economic contexts.
3. The drugs phenomenon brings with it a raft of problems related to highly diverse and complex factors such as culture, fashion, new social behaviour patterns, changes in traditional social values, the breaking down of borders and globalisation – a whole range of influences which help to explain a situation which concerns and poses a major challenge for the whole of European society.
4. Attempts to tackle the problem must be based on a recognition that the phenomenon we are facing is universal and growing. Intervention must thus be planned and tailored to suit the specific context.
5. It is for this reason that the Committee welcomes with great interest the Commission's request to draw up an opinion. It wishes to highlight a number of areas of particular relevance from the perspective of local and regional authorities.
6. The Committee wishes to draw attention to several of the proposed areas for action, which it considers essential for any strategy to combat and prevent drug dependence, with a key role for local and regional authorities.

#### **2. The community**

1. The creation of structures for the prevention and reduction of risks associated with drug addiction is important. Community measures can support measures in the Member States.
2. The most important actions are set out below:
  - Information and distribution of targeted and non-targeted resources in the community of both a preventative and therapeutic or rehabilitation nature; such information must be adapted linguistically and culturally to the different groupings and bodies to which it is addressed.
  - Raising the awareness of the various groups in the Community in order to optimise social and public participation, and thereby manage to lower the current level of disapproval for

installing therapeutic resources in cities.

- Training of different actors such as teachers, parents, family and youth associations, etc., in order to gain an awareness of the problem and tackle it from an educational/preventive angle.
- Actions aimed at reducing alcohol and drug use: implementation of the law banning sales of tobacco and alcohol to minors, information campaigns, educational workshops, health weeks, courses open to the public, ...
- Generating funds for the integration of drug addicts in rehabilitation programmes into society and employment.
- Coordination of all resources available in the area concerned for the implementation of programmes and the creation of a community social framework to enable prevention and integration activities to be compared and improved.

### 3. Education

1. The educational sphere is an ideal arena in which to implement programmes and preventive or health promotion actions. Preventive work in schools requires programmes which impart knowledge and transmit values, attitudes and behaviour that discourage drug taking.
2. Drug education can be taught as part of health education. This approach enables children and teenagers to act responsibly and adopt lifestyles which are as healthy as possible by teaching them the necessary life skills and abilities.
3. Drug education programmes thus involve teachers, students and parents – i.e. the entire educational community. They should also seek to involve other groups in the wider community.

### 4. Youth

1. Information, education, the development of talents and the use of social skills all play a key role in providing young people with resources which promote healthy habits and behaviour in a society in which drugs are a reality.
2. Action must be organised through youth associations and youth mediators who are able to connect with young people and influence them in adopting lifestyles which are both healthy and appealing.
3. Specific and exclusive Youth Information Areas could act as a preventive resource at the service of young people, making information more accessible to them.
4. Action worthy of note that has been taken at local and regional level includes:
  - Prevention training for youth mediators.
  - Actions carried out by mediators to make information more accessible to young people.
  - Information campaigns and materials designed to appeal to young people, including comics, audio-visual materials and music CDs.
  - Alcohol free areas at parties and social events.
  - Development of alternative leisure and free time programmes.
  - Risk reduction programmes that act directly in places where stimulant synthetic substances are normally consumed.
  - Workshops on the prevention of alcohol and tobacco abuse and prevention of HIV/AIDS.

## 5. **Employment**

1. The social dimension of work and its importance in peoples' lives make this an area of prime importance in preventing drug abuse and promoting healthy behaviour.
2. Action should be based on shared responsibility and the involvement of all stakeholders in the firm: management, medical services, trade unions and workers.

Such action must form part of health promotion in general and comprise preventive measures that are aimed at reducing demand, tailored to individual situations and take account of working conditions. Trade union representatives have a key role to play in such programmes as mediators.

3. The following are important actions:

- Training of trade union representatives.
- Training of middle and senior management.
- Advice to firms.
- Dissemination of information through magazines and leaflets aimed at workers.
- Information and individual guidance.

## 6. **Illegal trafficking and money laundering**

1. A further cause for concern, to which the Committee wishes to draw particular attention, is the problem of drug trafficking and the closely linked phenomenon of money laundering, which is essential to trafficking operations. Drugs trafficking and money laundering are two (although not the only) ways in which organised crime is becoming more powerful across the world, helping it to extend its influence and operate in ever larger spheres with impunity, undermining the very structure of democratic States, in an unseen, but nonetheless constant manner.
2. A good drugs policy must take a global view of the problem as a whole, and must involve coordination of the different kinds of action planned. Clearly, prevention is crucial. But it is not enough to simply inform people of the dangers – the dangers themselves must be tackled. Attempts to wipe out trafficking must focus not only on investigating, pursuing and punishing those involved, but also on investigating how the illegal profit is moved and laundered and the earnings recycled and reinvested in the legal financial market.
3. There is an urgent need for a general framework for action, comprising various elements: a solid national system, extensive regional cooperation mechanisms involving different legal systems, mutual legal assistance, joint investigations, the definition of operational criteria and coordinated police action. The first priority should be to establish this system at EU level, and then to extend it on the basis of coordination.
4. The EU must remain mindful of the situation of the working classes in countries which produce illegal drugs. It must support the consolidation of democratic structures and sustainable development, thus enabling the millions of people who have hitherto relied for their survival on the production of the raw ingredients of illegal substances to live in dignity.

5. Combating organised crime must be seen not as an isolated task for individual States or for the different groups in society involved, but as a shared task that requires dialogue, joint effort and a uniform perspective with clear, pre-defined objectives. In this regard, the Committee believes that particular attention should be devoted to achieving progress in the following areas:

- Promoting legislative harmonisation, both in definitions of offences and procedures for pursuit and investigation.
- Working for an end to tax havens.
- Continuing work on framing a policy for criminal investigation and police assistance within the EU and communicating this need to the United Nations with a view to the creation of an organisational structure capable of responding to this new challenge.
- Commitment to a single judicial area in this field.
- Reinvestment of funds from the confiscation of assets obtained from the profits of illegal drugs trafficking in policies aimed at reducing demand and risk and in support for drug addicts.

6. The Committee feels that it is important to include a number of new elements in recognition of their particular impact on certain areas and on the lives of the people affected and on this note would stress the vital role of local and regional authorities in these spheres:

- Set up damage limitation programmes for new drugs or patterns of consumption of products such as alcohol and synthetic drugs.
- Extend such programmes to reducing the damage caused by drugs at work and their impact on integration in the labour market, thereby helping to improve occupational health and the prevention of occupational risk.
- Promote recovery and rehabilitation programmes providing opiate substitutes to prisoners and access thereto, distribution of syringes, other items connected with drug use and condoms.
- Work with female prostitutes and/or drug addicts with a view to halting the spread of diseases related to drug consumption and helping to alleviate the abuse suffered by many at the hands of third parties, including partners, pimps and networks trafficking in women.
- Plan and support programmes designed to minimise the harm suffered by the children of drug addicts and problems caused in both institutions and families.
- Outline social and health strategies designed to increase take-up of anti-retroviral drugs to avoid the progression of the physical consequences of HIV.
- Increase the number of general health programmes for drug addicts, including oral health programmes, regular gynaecological check-ups, regular hepatitis check-ups, etc.
- Design programmes for the prevention, follow-up and controlled treatment of hepatitis C, which is very common among drug users, in order to halt the spread, progression and future consequences of the disease, in particular the probability of chronic illness and progression to cirrhosis and carcinomas.
- Promotion of measures in line with the "therapy not punishment" approach.
- Promotion of measures to prevent or minimise the physical, psychological and social problems encountered by drug addicts unable to give up drug use, e.g. use of opiate substitutes, easier access to substitutes, distribution of syringes and condoms.
- Promotion of regional studies and research.

Brussels, 20 November 2002.

The President

of the

Committee of the Regions

The Secretary-General

of the

Committee of the Regions

**Albert Bore**

**Vincenzo Falcone**

<sup>1</sup> OJ C 189, 7.7.2000, p. 256

<sup>2</sup> OJ C 144, 16.5.2001, p. 43

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CdR 225/2002 fin EN/o .../...

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