



**EUROPEAN COMMISSION**  
*Directorate General Freedom, Security and  
Justice*



# **Civil Society Forum on Drugs in the European Union**

**Brussels 20-21 May 2008**

FINAL REPORT

*The content of this document does not necessarily reflect the opinions and views of the European Commission*



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## Executive Summary

On the 20<sup>th</sup> and 21<sup>st</sup> of May 2008, the Directorate General for Freedom, Justice, and Security (DG JLS) hosted the second meeting of the Civil Society Forum on Drugs in the EU, where 35 representatives of the civil society came together with representatives of the Commission to discuss the role of the civil society in EU drugs policy.

### ***Key points***

- The EU Drug policy must be based on the principles of public health and human rights. The principles of non stigmatisation and non discrimination need to be emphasised.
- Coordination between civil society, EU institutions as well as Member States should be strengthened and encouraged.
- Specific attention should be paid to the needs of particularly vulnerable groups, gender differences, parents, youth and adolescents, migrants, ethnic minorities and drug users.
- New Action Plan should promote the development of quality standards in demand reduction, including prevention, treatment, harm reduction and social rehabilitation and reintegration.
- Improving the quantity and quality of data collection.
- Poly drug use need to be strengthened and the links between drugs, alcohol and prescription drugs should further explored.
- The Action plan should also pay attention to the relationship between drug use and mental health problems
- In cooperation with 3<sup>rd</sup> countries, the new Action Plan should advocate alternative development, while taking into account poverty and social deprivation.
- The Action plan should try to improve the situation in prisons as they are important places for prevention, education and rehabilitation programmes and the support to drug users after release from prison.
- Reducing drug-related deaths by making available treatment or harm reduction. Improving coverage of, access to and effectiveness of drug demand reduction measures.
- Improving the effectiveness of substitution programmes, and the need to integrate them with other programmes.

## **Opening Session – Introduction by the Commission**

Opening remarks were made by Carel Edwards, Head of the Anti-drugs Policy Coordination Unit of DG JLS. The purpose of the 2nd Civil Society Forum on Drugs in the EU was to give the European Commission constructive feedback for the new EU Action Plan on drugs 2009-2012. The current EU Treaty gives the Commission only a limited formal legal basis on drug policy and its chief role is to represent and defend the European interest. The Commission works through consensus building and consultation, acting mainly as a facilitator between Member States.

Civil society representatives have direct knowledge of the reality in their countries and they can provide the Commission with realistic and useful expertise to feed into the work on the new Action Plan on Drugs 2009-2012.

## **Presentation on the Final Evaluation of the Action Plan**

The Commission evaluates the current Action Plan on drugs, which covers the years 2005-2008. The evaluation started in January 2008 and about 60 to 70 percent has now been completed. The Commission is also looking at new Action Plan objectives to make the link between the information received, general developments in the field over the last four years, and views on the new Action Plan. The evaluation report will be summarised in, and attached in full to, the Commission Communication on the new Action Plan.

### **Sources**

Sources of information include the following:

- Within the Commission itself, information is provided mainly by the Directorates General for External Relations (DG RELEX), Health and Consumer Protection (DG SANCO), Taxation and Customs Union (DG TAXUD) and Research (DG RTD). The Commission has also sent out questionnaires to Member States to ascertain their views on the added value of the Action Plan. A survey is also taking place on coordination within the Commission.
- The European Monitoring Centre's for Drugs and Drug Addiction (EMCDDA) key epidemiological indicators are going to be used, which contribute towards a better view on the drug situation and responses to drugs. The EMCDDA has produced an evaluation report, which considers key trends and provides information on prevention activities in Member States.
- Europol will provide the Commission with reports on the drug related crime situation in Europe.

### **Evaluation questions**

The Commission has asked the following question in order to evaluate what the Action Plan has achieved:

- 1) What has been done with the actions in the Action Plan?
- 2) How have actions been implemented in the past three to four years?
- 3) What have been the outputs (what is the final result)?
- 4) There is a drug strategy overarching the Action Plan – have the specific priorities of the strategy been integrated by Member States into national policy?
- 5) What were the changes in the overall situation (what can we say about changes, what is relevant for the future of drug policy)?
- 6) To what extent is it possible to link changes in the drugs situation to the Action Plan (impact)?
- 7) What is the added value of having an Action Plan – how can synergies and improvement of the situation can be achieved?
- 8) What conclusions can we draw, what lessons can we learn, and how does this translate to the new Action Plan?

### **Initial findings**

Initial findings were presented, with the caution that trends may or may not continue and may not be directly linked to the Action Plan:

- No significant reduction of drug prevalence; prevalence is still high.

- There has been a stabilisation and slight decrease in drug use with the exception of cocaine.
- Reduction of drug related infectious diseases (in some member states) these remain high.
- Drug-related deaths: downward trend is levelling off (may be related to new types of drug use).
- Supply reduction perspective: the price of drugs is stable to declining, purity has stabilised or decreased, availability has not decreased.
- Law enforcement has made more arrests on drug related crimes. There are still many cannabis possession arrests (in some Member States this is changing as focus is more on dealing and trafficking).
- Supply reduction in Member States is tackled through a two-way strategy: personal drug consumption is punished less severely (there has been a trend towards decriminalising cannabis use in the last ten years), but penalties for drug dealing and trafficking have increased.
- Diversification of drugs entering the EU.
- New trafficking routes (e.g. through West-Africa).
- Positive trend in drug demand reduction: almost all Member States have prevention programmes, but only a few have introduced benchmark quality standards. Programmes need to be more focused and selective in whom they target. Treatment for different types of drugs e.g. cannabis and heroine is often taking place in the same setting. There are still only a few cocaine or amphetamine treatment programmes. All Member States provide substitution treatment.
- Social rehabilitation programmes are still inadequate in terms of quality, accessibility and availability. Much remains to be done still on prison demand reduction and harm reduction.
- Member States are working more closely together: there is greater willingness to share know-how and resources.

According to Member States, the added value of the Action Plan has been the following:

- Although it is not a binding document it sets out a clear framework for objectives and guidance, and also for setting national priorities.
- The EU has acquired a clearer identity in the international arena on drug policy: the Action Plan represents the EU model and speaks for 27 countries.
- Local NGOs use the plan as a basis for dialogue with their own governments.

### ***Towards a new Action Plan***

The new Action Plan is still a work in progress, but some likely outcomes include the following:

- It will ask Member States to set more quality benchmarks in order to improve effectiveness of prevention and treatment.
- Information (e.g. studies) about treatment and prevention is currently not shared and it would be important to raise the standards.
- It is necessary to disseminate information on effective interventions.
- One goal will be to try to stop the trend of infectious diseases and deaths from going up again – hopefully, civil society will come up with ideas on how to achieve this on the ground.
- Data quality in supply and demand reduction: the Commission will continue to discuss with providers of these data.
- Promoting the balanced approach in the international arena.
- Promotion of alternative developments in producing countries.

# Question & Answer Session (Final Evaluation of the Action Plan)

## ***Human rights***

**Question:** Does the EU set any guidelines or monitoring provisions when providing law enforcement or technical assistance to other countries since the Commission is currently funding projects in countries with questionable human rights records?

**Answer:** A distinction has to be made between the Commission and the EU. Member States do not always have human rights clauses governing their bilateral relations. The Commission has clauses on human rights which are applied when it comes to giving certain types of support and cooperation. Local culture is important as it is very difficult to dictate to a country changes to its policies.

## ***Data collection***

**Question:** Would it be possible to suspend the current process, which is hindered by a lack of data and tools for data collection, and insert a one year evaluation?

**Answer:** The Commission indeed suggested having an evaluative break when discussing the process of evaluation of UNGASS 1998 with the Member States. There is a process of reflection on the multilateral drugs control issue at the CND. The Commission finding on the issue of data provision, which was already brought up in the 2004 evaluation process, is getting better in some areas. Clear data on supply reduction is sometimes unavailable due to the relative fragmentation in jurisdiction among law enforcement agencies.

## ***Prison policy***

**Question:** How does the Commission observe the situation in prisons, particularly in regards to its recommendations about harm reduction programmes?

**Answer:** The intention is to propose a broad perspective when looking at the present setting. Emphasis should not be only put on drug addiction in prisons but also focus on the continuity of care after release from prisons, the quality and safety in prisons for both staff and drug users. The collection of information is also to be streamlined and monitored better. The effort to reduce drug related harm outside and inside prisons is one of the main principles of the upcoming recommendation from the Commission on Drugs and Prisons.

## ***Cannabis treatment***

**Question:** Could the Commission elaborate on the treatment of cannabis which tends to be treated in settings designed for other drugs that do not necessarily require the same approach?

**Answer:** The main concern is that the "traditional" treatment programmes and settings are not always suited to the people concerned, for example young cannabis users. In most Member States treatment settings reflect the needs of the intravenous opiate using population. Cannabis users often hesitate to attend this kind of settings or programmes.

## ***Psychiatric patients***

**Question:** Will the Action Plan include and emphasize the reduction of drug related deaths and infectious diseases among psychiatric patients with drug problems?

**Answer:** It is indeed a growing concern and the objective to integrate mental health and social services could be emphasized.

### ***Drugs and alcohol***

**Question:** Will poly-drug use, e.g. the use of prescription drugs and alcohol, be emphasised in the Action Plan?

**Answer:** Alcohol abuse is a growing concern in the Member States, and poly-drug use will be emphasised in the new Action Plan.

### ***'War on Drugs'***

**Question:** What is the Commission's line on the 'war on drugs' in Europe? It is argued that not only is there a 'war on drugs', but also a tendency for a morally repressive security approach to take over the health approach in Europe.

**Answer:** There is definitely no 'war on drugs' in Europe. Consultation and debate is taking place openly, for example through this forum. Another example is that European user organisations are allowed to exist (and represented on the forum).

### ***Percentages***

**Question:** Will the new Action Plan be able to present changes and goals in percentages in order to raise public awareness? How will the Action Plan catch up with new trends and help new groups that are affected by drugs?

**Answer:** The approach using percentages has been used in many Member States for over ten to fifteen years, but when a percentage is not reached it reduces the discussion to the policy having been unsuccessful, which oversimplifies the drug problem and the efforts which have been undertaken to tackle it. The Action Plan has made some modest progress (e.g. on drug related harm and drug related crime), however the progress is still very important. Regarding new trends, existing elements will continue to be used, such as the early warning system and the Council Decision system providing for coordinated alerts on new drugs.

### ***Additional suggestions***

Psycho-social problems such as mental illness and domestic violence, especially from the perspective of children in families with drug use could perhaps be treated in a more integrated manner in the new plan. The Action Plan could focus on how internet and mobile phone services can help in projects related to demand reduction for young people. It was suggested that more coordination of projects using these kinds of services could be beneficial.



## **Working groups: “Messages to the Commission on conclusions to be drawn from the current Action Plan”**

The civil society representatives were asked to split up into two working groups with the same subject matter, in order to facilitate discussion. The two working groups were chaired by the Commission with a rapporteur from the civil society.

During the discussion participants reviewed key issues at stake and discussed the strategy’s general approach as well as the specific issues to be included and emphasized in the new Action Plan.

### ***Working Group A***

For the general approach of the EU's drug policy, civil society representatives concluded that it should be based on principles of public health and human rights, providing a holistic, comprehensive and balanced framework to foster the individual’s right to health and overall well-being, social development and social empowerment. It was felt that all areas covered by the Action Plan (demand reduction, supply reduction and international cooperation) must hinge on public health and human rights concerns. Also, coordination between civil society, EU institutions and Member States has to be strengthened and encouraged. Civil society organisations, including those representing drug users, should contribute to the development of policy both on national and European level as well as to the evaluation of this policy.

Moreover, the principles of non-stigmatisation and non-discrimination need to be emphasized in the policy as well as in concrete actions. With regards to this, the working group stressed the importance of having consistency of terminology throughout all EU policy documents. This should be done particularly in reference to the term drug users, drug abusers, etc. It was suggested that one specific term to be adopted, which responds to the principles of non-stigmatisation and non-discrimination.

Finally, specific attention should be paid to the needs of particularly vulnerable groups, including women, parents, youth and adolescents, immigrants, ethnic minorities and non-injecting drug users.

### ***Specific issues***

As for specific issues in the next Action Plan, the working group wanted to draw the Commission’s attention to the quantity and quality of data collection. This, it was suggested, could be achieved through the use of new technologies, cross-examination of hard and soft data, involvement of users in data collection, and through the creation of a directory of treatment facilities in the EU.

Secondly, the group discussed improving the quality of services by providing ongoing training for practitioners, improving the conditions for front-line practitioners, and involving both practitioners and users in planning delivery and evaluation of current drug strategies. Peer to peer approaches were identified as particularly attractive and also the need to listen to drug users’ needs and perspectives was underlined throughout the working group discussion.

In addition, it was pointed out that the EU needs to provide leadership in demand-reduction training and certification, which countries are doing at the moment. Cooperation and development of common standards and benchmarks should be emphasized in the new policy.

Since the well-being and health of individuals in society are the core principles of the EU strategy, poly-drug use needs to be prioritised and the links between drugs, alcohol and prescription drugs and other addiction problems need to be further explored.

Hepatitis C is currently a major health hazard in drug use in Europe. Access to diagnosis and treatment throughout the EU should be a priority in the new Action Plan. In particular, attention should also be devoted to tuberculosis among drug users.

Finally, demand reduction should be differentiated to encompass specific needs of the current consumption landscape. Specific harm reduction and treatment measures for cocaine, amphetamine type stimulants, and marijuana should be further explored and implemented. The specific needs of groups such as young women, youth, and ethnic minorities should also be taken into account in the planning and delivery of specific harm reduction and treatment centres.

### ***Working group B***

Four presentations were followed by a group discussion on the issues raised in the presentation as well as various other issues.

IREFREA presented its concerns regarding the current status of prevention. Prevention initiatives are not evaluated closely enough and rarely succeed. There appears to be a difference between what is expected to be effective and what is really effective. The Action Plan should protect the prevention programmes, which should be evidence-based and have quality standards. In the discussion that followed the presentation, a suggestion was raised to include measures to fight poverty and social exclusion inside prevention programmes.

The following discussion focused on the possibilities and effectiveness of establishing a prevention programme. Participants discussed what parameters should be used in research, what limitations they are, and whether or not longitudinal follow up is a realistic possibility. It was pointed out that a discussion on prevention should be linked with poverty and social conditions.

The conclusion was that the Action Plan should include standards on quality and good practice.

WOCAD presented its concerns regarding the lack of attention paid to gender in prevention. The organisation suggested research should be undertaken for the specific needs of women and young girls. The psychological profile of women and men is different, and therefore the new Action Plan should include gender specific actions. In the discussion, examples were given of specific problems like binge drinking among young girls, sexual violence and abuse of women in treatment centres, and women who are afraid to seek help out of fear of losing custody of their children. The link to the social broader policy was again mentioned.

The following discussion brought up examples of gender specific issues with drugs, including the risk of abuse when taking part in prevention programmes and possible consequences for custody of children. The link between drug use social and economic factors was underlined, and suggested as a cause for the increase of drug use among young female users in Sweden, and also drug and alcohol use during pregnancy.

In conclusion, the Action Plan should include gender specific actions, specify data according to gender, age, etc., have more information that is specifically geared to women, and generally consider a women's perspective.

**FTCCEE** presented its concerns over the issue of dual diagnoses – a combination of drug use and mental disorders – and the importance of treatment facilities for these disorders. The organisation called for the Action Plan to include support for conferences to facilitate the exchange of information such as the experiences between institutions and working out an EU model for these cases. During the discussion it was pointed out that this proposal could better be done under the Drug Prevention and Information Programme 2007-2013. Also the need to segregate treatment based on the specific mental diseases was acknowledged. A suggestion for the Action Plan to guarantee access to treatment and address people wants and needs and to stimulate a national debate of quality standards for treatment.

The discussion focused on the health problem posed by the increase of mental illness and drug use. Acknowledgement that this problem requires specialised attention and it is necessary to segregate treatment due to the specifics of the situation of the mental disease. The guarantee of access to treatment was discussed as well, pointing out the difficulty patients have with a disorder to receive adequate treatment.

In conclusion, the Action Plan should keep in mind the need to segregate treatment based on specific mental diseases, undertake efforts to stimulate a national debate about quality standards for treatment, and pay more attention to mental health in the context of harm reduction.

**ENCOD** then presented its concerns regarding the lack of proper insight into the impact of policies, that available data do not indicate any success on the supply reduction side, and that Action Plans are repeating themselves without addressing the crucial question of whether or not prohibiting drugs is the right approach. The organisation feels that the Action Plan should include a serious evaluation of the effectiveness of current policies, primary intervention on best practices, and ensure coherence between drug policies and human rights conventions. During the discussion the Commission made clear that it could not endorse such a suggestion because these decisions ought to be taken at the member state level.

The discussion questioned the effectiveness of the Action Plan. The Action Plan is an umbrella policy, used by Member States to build their appropriate national policies and results across nations are different. The Drugs Action Plan is a guiding document, and national policies are beyond the remit of the Commission.

In conclusion, the group considered that the Action Plan should include an evaluation of the effectiveness of current policies, set minimum standards for treatment and focus intervention programmes on best practices and, finally, ensure coherence between policies and individual rights.

## ***General Discussion***

The discussion began with some remarks on the suggestion to comment the levelling off of drug related deaths. The group explained this phenomenon in a number of ways: the inadequate roll out of harm reduction services to those who need it and a reduction in the use of harm reduction services due to tighter policy which scares drug users away from asking for help. It was suggested that the overall presence of adequate treatment and harm reduction services have been instrumental in the reduction of drug related deaths.

A number of experimental and pilot projects were suggested, including special services for older drug users, attention to the reintegration of drug addicts, specific focus on the characteristics of the substance and the user, and specific programmes for younger users. Specific attention to the social and cultural background of users was also mentioned. Special attention should be given to countries where there are limited means to finance these kinds of programmes.

The discussion covered the effectiveness of prevention and education on safer ways of taking drugs, like advising people not to inject. The need to create a legal margin around harm reduction on low threshold premises such as health interventions at rave parties were mentioned, though it was also noted that law enforcement agencies in some countries do not allow this.

Some expressed concerns with the effectiveness of substitution programmes and pointed out the need to integrate them with other policies. As a suggestion for the new Action Plan it was mentioned that the various needs for harm reduction intervention should be highlighted so these needs are met accordingly in each country.

The situation in prisons was discussed, and civil society looked into ways to improve the situation as prisons can be important places for prevention, education and rehabilitation. Many fatal overdoses occur to people just after they have left prison and many users start their drug habit in prison. While it is probably impossible to obtain drug free prisons in Europe, at least an effort should be made to offer the possibilities mentioned to those who want to make use of them.

It was also suggested to include alcohol into the discussion. The recommendation of the Action Plan should be to make the alcohol industry responsible for the harm alcohol abuse is doing, especially among the young. All representatives agreed that people should not have easy access to either alcohol or drugs. The Commission explained that it would not be realistic to include alcohol at this point as this is a legal substance subject to national and EU law.

Enforcing objective 7 of the current Action Plan was mentioned as a further recommendation for the new plan. The goal would be to ensure wide coverage of access to demand reduction programmes and to support innovation in this area. In some areas of Europe it is still very difficult to find these kinds of programmes. In addition, the involvement of municipal authorities should be strengthened.

It was mentioned that objective 3.2 on the involvement of civil society in national drug policies should also be strengthened as these consultations exist in very few countries only. Where they do exist, it is not known what the experience with them is.

Finally the suggestion was made to include in alternative development programmes the possibility to use plants like opium, coca, and cannabis for legal purposes, thereby establishing durable prospects for

local farmers and to reflect this in the Action Plan. The working group then agreed that the forum should be able to discuss complex issues (like the one just mentioned) in the future, regardless of whether Member States would endorse a conclusion of this forum or whether the members of the forum could reach a conclusion or a consensus.

## **Reporting – Conclusions from the Workshops**

### ***Working group A***

#### ***Human rights***

**Question:** During the discussion that followed, a question was raised whether human rights are a basic principle of EU strategy and if data on human rights should be collected?

**Answer:** The Commission will examine this when drafting the New Action Plan.

**Suggestion:** In a follow-up question, another participant noted that once a year the UN adopts a resolution on international cooperation against the drug trade and the world drug problem, stating that drug control must be carried out in full conformity with protection of human rights and fundamental freedoms. It was suggested that the new Action Plan could adopt the language used in the UN General Assembly. Mechanisms for measuring impact on human rights, the participant noted that the International Harm Reduction Association is currently cooperating with the UNODC on measuring models which focus on the impact on human rights of law enforcement. The suggestion was that this could be usefully shared with the Commission.

#### ***Hepatitis C***

**Question:** On the matter of hepatitis C, one participant pointed out the importance of looking at the distribution of equipment and paraphernalia. The participant noted further that there is a shortfall between the quantity of injecting equipment distributed in comparison to the total number of injectors and asked whether needle exchange provision could be referred to in the new Action Plan. Another participant asked for the new Action Plan to emphasize that in regards to HIV and hepatitis C infection, the approach of voluntary counselling and testing should be used instead.

**Answer:** The Commission acknowledged that needle exchange and providing paraphernalia is a current practice in many Member States; however it tends to be locally or regionally organised and managed.

#### ***Other suggestions***

A participant inquired whether data collection on services, like prevention treatment and harm reduction, could be included among the goals of the new Action Plan. In the context of new information and communications technology, the programme ‘e-health’ should be included.

## **Working Group B**

### **Prevention**

**Question:** Has primary prevention been discussed and why it is not clear in the Action Plan on how students are reached by primary prevention?

**Answer:** The rapporteur explained that it was a misunderstanding and the workshop was not about prevention – the subject was only mentioned because there had been a presentation on the effectiveness of prevention. It is difficult to ensure that a prevention programme is indeed working as this requires in-depth, long-term research.

The group had also discussed the issue of quality in prevention, suggesting that due to many programmes in Europe not being evaluated, their effectiveness is unclear. The main discussion focused on quality guidelines, and having prevention programmes that are individually attuned to the cultural context within which they will be employed. What could be included in the Action Plan is a minimum of quality guidelines, and an encouragement towards Member States to develop culturally attuned prevention programmes.

### **Law enforcement and 'zero tolerance'**

**Question:** After a brief discussion of guidelines, the session went into a debate on the role of law enforcement and the effectiveness of 'zero tolerance' policies. A participant suggested that the mere presence of policemen at raves, for example, is not very efficient and noted that there are many programmes that could be set up that may not exclusively focus on "repression". In reply to this, another participant thought it is unfortunate to think law enforcement and drug prevention are mutually exclusive, an opinion he felt was present among many of the civil society representatives participating in the forum.

**Answer:** The Commission noted that Member States do not have the capacity to police drug consumption to a level where use would be at zero percent, but this does not imply that one cannot have a fundamental moral and philosophical preference for a drug free world.

Finally, two suggestions were made with regard to other issues. First, more attention ought to be paid across the EU to users over the age of 35, as this is where drug related deaths are most prevalent. One of the participants represented a European funded project led by Germany in cooperation with Austria and Poland, which focuses specifically on this issue. Secondly, it was noted that people leaving prison are at an increased risk of overdose due to reduced tolerance. The participant had observed that there is a big issue with people being discharged from services through non-compliance with treatment, and then overdosing. This, he suggested, links to the point on accessing harm reduction services and to the way people are being treated in the services.

### ***Commission comments***

Regarding the idea on prevention and education with safer ways of drug use, the Commission noted that this is an ongoing debate which is gathering interest. The number of drug related deaths and accidents, as suggested by statistics, mainly concern younger drug users.

The situation in prisons is something the Commission is working on and there will be a proposal for a Council Recommendation on drugs and prisons later this year. The Commission is well aware of the fact that people who have received treatment in prison in many cases continue to use drugs after release from prison.

Regarding alcohol, the Commission clarified that the laws and regulations governing the sale of alcohol tend to be local, regional or national. The Action Plan deals with a subject which is barely mentioned in any of the treaties whereas alcohol is a huge and legally regulated commodity with, inevitably, considerable economic interests behind it. Poly-drug use is however something that is now firmly on the agenda.

## **Drug prevention and information programme – State of Play 2008**

### ***Presentation***

Lina Papamichalopoulou, Head of the financial support for justice, rights and citizenship Unit is responsible for the management and implementation of the Drug Prevention and Information programme. She presented the results of the Operating Grants 2008 and Action Grants 2007 and informed the participants that the Calls have been successful in terms of the high percentage of eligible applications received. Moreover, participants were reminded that the Commission faced difficulties in implementing the 2007 and 2008 Annual Work Programmes as a consequence of the late adoption of the legal base. However despite difficulties all calls were published on time and the Commission assured the participants that all accelerated procedures were used.

### ***Questions & Answers***

***Question:*** Will a Frequently Asked Questions document to be included with the 2008 Call for Proposal for Action Grants?

***Answer:*** All questions that were asked during the 2007 Call will be collected in a FAQ document and will be published on the JLS website with the 2008 Call for Action Grants.

***Question:*** What were the main reasons for applications considered not eligible under the 2007 Calls?

***Answer:*** Some applications lacked the minimum two Member States participation requirement, some were not complete and there was a misinterpretation between action grants and operating grants.

***Question:*** A key problem for organisations with the 2007 Action Grants and 2008 Operating Grants were the short deadlines. For the 2008 Action Grants a longer deadline will be introduced?

***Answer:*** For an existing organisation it should not be a problem to put together an application for an operating grant in four weeks. However with Action Grants the Commission recognizes the problem of short deadlines and encourages prospective applicants to contact the Commission on [JLS-DRUGS-Programme@ec.europa.eu](mailto:JLS-DRUGS-Programme@ec.europa.eu).

***Question:*** Is it possible to achieve changes in procedures and regulations? Regulations and procedures make it extremely difficult for organisations to obtain funding.

***Answer:*** Unfortunately the Commission's is obliged to respect the Financial Regulation and implementing rules which is the financial and legal framework regulating the budget of the European Communities.

***Question:*** Can you please explain the 20% co-financing rule?

***Answer:*** A minimum of 20 % of the total eligible costs must be provided as a cash contribution, either from the applicant organisation and/or partners (co-beneficiaries), or from another donor source. This complementary funding must be secured and demonstrated in the application.



# Looking to the future: 2009 Annual Work programme

## ***Presentation***

The thematic priorities for 2007 and 2008 are a direct reflection of the objectives establishing the Legal Base of the Drug Prevention and Information Programme and the Action Plan 2005-2008. The general programme objectives are (1) to prevent and reduce drug use dependence and drug related harm; (2) to contribute to the improvement of information on drug use; (3) to support the implementation of the EU Drugs Strategy.

The target groups of the programme are youth, women, vulnerable groups and, people living in socially disadvantaged areas and, teachers, educational staff, parents, social workers, local and national authorities, medical and paramedical staff, judicial staff, law enforcement and penitentiary authorities, non-governmental organisations, trade unions and religious communities.

## ***2007-2008 Annual Priorities***

Last year the Commission and the Programme Committee (composed of representatives from Member States) decided to set very broad priorities for 2007 and 2008 in order to attract a wide range of applications, and also to see where the interest lay.

A number of priorities were set out, including (1) Projects aimed at the creation of multidisciplinary networks, the expansion of the knowledge base, raising awareness of the social and health problems caused by drug use, and the prevention of drug use (2) Projects aimed at preventing drug use, including the reduction of drug-related harm and treatment methods, taking into account the latest state of scientific knowledge (3) Projects aimed at the involvement of civil society in the implementation and development of the European Union's Drug Strategy and Action Plans. (4) Projects aimed at the monitoring, implementation and evaluation of specific actions under the Drugs Action Plans 2005-2008 and 2009-2012.

As the information and priorities of 2008 are exactly the same as the 2007 and all supporting documents (applications, budget forms) are already available on JLS website, it is recommended for possible applicants to start preparing their projects for the 2008 Call for Proposals for Action Grants.

## ***2009 Annual Work Programme***

The 2009 programme is now being prepared and priorities need to be finalised before summer due to the Commission's internal decision-making procedures. The Commission very much welcomes the input of civil society into ideas for priorities in the future.

The Commission also suggested any ideas or recommendations from the civil society to be send at [JLS-Drugspolicy@ec.europa.eu](mailto:JLS-Drugspolicy@ec.europa.eu)

## **Questions & Answers**

### **Definitions**

**Question:** The first question regarded the way in which the priorities are presented, for example the creation of multidisciplinary networks and the reintegration of problem drug users, which makes the priorities seem not concrete. The participant asked for a clarification of these terms.

**Answer:** The Commission explained that the priorities are presented very broadly in order to allow as much flexibility to the potential applicants as possible on how to interpret or put forward projects. Any suggestions on how to narrow and clarify these priorities are welcome.

### **Ideas**

**Question:** Noting that the working groups came up with a number of suggestions, a participant wanted to know how many new ideas the Commission has.

**Answer:** The Commission noted that the ideas are generated by civil society. For example, gender perspective actions were highlighted in the discussion as were migrant workers. Other suggestions on drug prevention, young users, funding for conferences and so on may have already been put in place, but may need to have something added. These are a collection of ideas from the forum.

### **Capacity building**

**Question:** Another participant suggested that capacity building could be a separate topic or priority for project planning, and wanted to know whether the Commission considers that this might be missing?

**Answer:** The Commission replied that capacity building for countries outside the EU is not considered, as other funding instruments are in place to fund capacity building projects. Moreover, the programme cannot fund projects in third countries. One of the priorities is the exchange of experience with third countries. If a conference would be organised and Russian delegates are invited to come to the EU, the project could receive funding for the payment of their air travel. But projects outside the EU cannot be organised nor can funds be transferred to a participant from a non-EU country. As to capacity building within the EU: the central issue is having a European dimension. Building up the capacity of an agency or organisation in a member state would only be possible if it has a European dimension. The participant then replied that it may be important for organisations to develop their capacity in order to be able to organise activities at a European level. With international partners, there might be organisations that need to build their capacity. While their level is national, they need reinforcement to develop projects at European level.

## **Conclusions by the Commission**

Concluding the forum the Commission noted that the working group discussions have come up with considerably more in terms of exchange of views, ideas and guidance than the previous meeting. The Commission will also report fully to the Horizontal Drugs Group in the Council at their meeting in June 2008. As for suggestions made about possible improvements or changes for the next Civil Society Forum, have been all taken on board. The Commission encouraged participants to communicate with the Anti-Drugs coordination unit, passing on constructive ideas, and criticism to improve the forum. The next forum would be difficult to hold this year and the next forum will probably be held in 2009.

### ***Timetable***

Mr Edwards then moved on to explain what is going to happen in the Commission over the coming months in regards the evaluation of the Action Plan and the new plan:

- Evaluation is an elaborate process, involving stakeholders and drawing on outside consultants and critical advisers.
- A draft EU Action Plan will be outlined by the Commission's services.
- The draft will then be discussed by the College and formally adopted with or without changes.
- The draft EU Action Plan will be published as a formal Commission Communication. This is envisaged to take place in the third week of September.
- In the last week of September the process starts in the Council, where the proposal will be discussed by the Horizontal Drugs Group.
- By the end of the year the plan should be adopted and should be part of the conclusions of the European Council

Last comments were offered by a participant who asked for the next meeting to include more open discussion to enable civil society to speak on difficult but crucial issues. Also, the participant asked whether it would be possible to use an external or independent moderator for the next forum so the Commission does not have to wear two potentially conflicting hats. The Commission replied that indeed more controversial aspects should not be avoided. However, these discussions have to be useful and not end up in ideological mudslinging. As for using an external moderator, the Commission will look into how this could be organised.