

Report working group B

Messages to the Commission on conclusions to be drawn from the current Action Plan

The session started off with 4 presentations:

IREFREA presented its concerns with regards to the current status of prevention. Prevention initiatives are not evaluated closely enough and rarely succeeds. There seems to be a difference between what is expected to be effective and really is effective. The Action Plan should insist on the fact that prevention programmes should be evidence based and have quality standards. In the subsequent discussion, the proposal was raised to include measures to fight poverty and social exclusion inside prevention measures.

WOCAD presented its concerns to the lack of the gender perspective in drug policies, and suggested more attention in drug services, prevention and research for the specific needs of girls and women. The psychological profile of women are different then that of men. The Action Plan should therefore include gender-specific actions. In the following discussions, some examples were named of specific problems like binge drinking among young girls, sexual abuse and violence against women in treatment centers, women who are afraid to seek help out of fear to loose the custody on their children, again the link with the broader social policy was mentioned.

FFTCCEE presented its concerns with regards to the growing phenomenon of dual diagnosis (a combination of drug use and mental disorders) and the importance of specific treatment facilities for these patients. . The Action Plan should include support for conferences to exchange experiences between institutions and working out a EU model for these patients. In the following discussion it was pointed out that this proposal could better be done to the work programme of the Drug prevention and Information programme 2007-2013. Also the need to segregate treatment based on specific mental diseases was acknowledged in a suggestion for the Action Plan to guarantee the access to the treatment they want and need, and that a national debate should start in introducing quality standards.

ENCOD presented its concerns to the lack of proper insight on the impact of policies, that the available data do not indicate any success on the supply reduction side, that the action plans were repeating themselves without addressing the crucial question: whether or not prohibiting drugs is the right approach. The Action Plan should include a serious evaluation on the effectiveness of current policies, base interventions on best practice and ensure coherence between drug policies and human rights conventions. In the following discussion, the Commission stated it could not endorse this suggestion, as these decisions should be taken at the level of Member States.

After lunch, the discussion started off with some remarks on the suggestion to comment the levelling off in the downward trend in drug related deaths. One of these comments was to re-strengthen the overall presence of adequate treatment and harm reduction services (as these have been instrumental in the reduction of drug related deaths), including experimental and pilot projects. Special services for elderly users, attention for reintegration trajects, specific focus on the characteristics of the substance and the user, his or her age, social and cultural background were mentioned. Specific attention should be given to countries with limited means.

This discussion was followed by another one on the effectiveness of prevention and education on safer ways of taking drugs (non-injection). The need to create a legal margin around harm reduction on low threshold premises, such as health interventions at rave parties, was mentioned, although it was expected to law enforcement agencies in some countries would pose problems. Some people expressed concerns with the effectiveness of substitution programmes, and the need to integrate them with other programmes. As a suggestion to the Action Plan, it was mentioned that the various needs for harm reduction interventions should be highlighted, so that these are met accordingly in each country.

Afterwards we discussed on ways to improve the situation in prisons, as they can be important places for prevention, education and rehabilitation programmes. Many fatal overdoses occur to people just after they left prison. Many users start their drug use in prison. It is probably impossible to obtain drug free prisons in Europe, but at least part of the facilities should offer this possibility.

One person then suggested to include alcohol in the discussions, and that one of the recommendations of the Action Plan could be to responsabilise the alcohol industry, specifically at young age alcohol has a higher risk. All actors agree on the fact that young people should not have access to alcohol or drugs, and that it could also be possible to responsabilise the drugs industry if drugs were legal, but the Commission explained that the possibility to include alcohol is again a responsibility of the Member States.

As further recommendations to the Action Plan were mentioned the need to enforce objective 7 on ensuring the coverage of an access to drug demand reduction programmes, and to support innovation in this area. In some areas of Europe, it is difficult to find programmes, and to strengthen the involvement of municipal authorities.

Also it was mentioned that objective 3, action 3.2. on the involvement of civil society in national drug policies should also be strengthened, as in very few countries do these consultations exist and where they do exist, experiences are not known.

And the suggestion was made to include in alternative development programme the possibility to use plants like cannabis, opium and coca for legal purposes, therewith establishing sustainable development perspectives for local farmers. The Commission could however not endorse this recommendation, as it will not be accepted by Member States.