

## Civil Society Forum on Drugs' response on the EU Drug Agenda 2020-2025

The European Commission has recently published the communication on the EU Drugs Agenda and Action Plan (2021-2025), a proposal for setting out the political framework, priorities and actions for implementing EU drugs policy over the next 5 years.

The CSFD, as an expert group of the European Commission, has been included in the evaluation process of the EU Drug Strategy 2013-2020. It also has been consulted directly once, in early April 2020, to provide input on the new EU Agenda on Drugs, on the top of the possibility for the CSFD members to contribute to the process through the open public consultation (lasting from 10 June to 15 July 2020) regarding the Roadmap for reshaping the EU drug policy with the new Drugs Agenda.

At the time, points raised by the CSFD with respect to the new EU Drugs Agenda included:

- the importance of a balanced, evidence-based and integrated drug policy approach, achievable by specifically addressing all areas of drug demand reduction, including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery;
- the need to address specific needs of vulnerable populations and negative consequences of criminalization of drug use;
- the need to build on previous efforts and lessons learnt, including new developments and challenges in the field, the previous EU Drug Strategy and Action Plan, and their evaluation;
- the opportunity to learn from the COVID-19 pandemic, which has clearly demonstrated the significance of the balanced approach, as well as the importance of further development of and support for innovative practices (in particular, harm reduction and treatment services) which turned out to be essential in the support for vulnerable groups of people who use drugs in Europe;
- the importance of a meaningful dialogue with civil society in developing and implementing drug policy interventions on European, national and local levels;
- the need to link the EU drug policy documents to relevant UN and other international policy and guidance documents, including the [United Nations System Common Position](#) on drug policy of 2018, the [International Guidelines on Human Rights and Drug Policy](#) and the [European Convention on Human Rights](#) and the [EU Charter of Fundamental Rights](#).

We hereby present the CSFD's response to and recommendations on the EU Drugs Agenda.

We remain at your disposal for further discussion and look forward to collaborating in the development of the future EU Drugs Agenda and its Action Plan.

On behalf of the Civil Society Forum on Drugs,

**Iga Kender-Jeziorska**, Chair of the Working Group on EU Drug Policy

**Laurene Collard**, Chair of the CSFD

## The CSFD recommendations on the EU Drugs Agenda 2021-2025

The CSFD welcomes the Commission's initiative of drafting the [Drugs Agenda 2021-2025](#) and starting the policymaking process, continuing the good practice of developing a European framework that can guide drug policies in the EU Member States. We especially value the emphasis on a **multidisciplinary, balanced approach**, and the requirement of **scaling up demand/harm reduction interventions**. We also appreciate that the **CSFD was formally consulted** before the Agenda was published.

In addition to this, the CSFD wants to share critical remarks and comments, addressing different areas and elements within the Drug Agenda:

- **Ensure an integrated approach**, which takes into account the broader socio-economic context in which drug use and drug trade is organised;
- **Ensure a balanced approach**, which highlights the important role of drug demand reduction and acknowledges the efforts of civil society in the area;
- **Ensure a differentiated approach**, which addresses the specific areas in drug demand reduction;
- **Create the framework** for proportional funding;
- **Emphasize the relevance of international human rights** principles and instruments;
- **Restore the cross-cutting themes** on coordination, international cooperation, and information and research, which have been successfully developed since 2013 to materialise the multidisciplinary and integrated approach;
- **Acknowledge the important role of civil society**;
- **Use sensitive language**.

In the remainder of the document, we present more specific suggestions and remarks on the EU Drugs Agenda.

### **The need for an integrated approach, taking into account the socio-economic context**

The Prevention and Awareness Raising section of the Agenda focuses on at-risk groups and wider communities, refers to "a wide range of harms" and **addresses the need for strategies, targeting those who are most vulnerable**. Even though the CSFD welcomes this, it is concerned that no reference is made about the correlation between drug use, vulnerability and poverty. Economically marginalised communities are most likely to be affected by social exclusion and problematic drug use.

In responding to this situation, there is a **need to emphasise 'the importance of situating interventions** (relating to the drugs trade) within the specific socio-economic and environmental context in which drug markets develop and thrive' ([Connolly & Donovan, 2015](#): 257). The drugs problem that has taken root in disadvantaged urban areas cannot be addressed in the long-term without addressing the economic underdevelopment that underlies it and the community deprivation that arises as a consequence of underdevelopment.

The CSFD the inclusion of the following elements in the Agenda:

- **Support the implementation of multi-agency and targeted community development programmes** to address the impact of drug use and drug trade in disadvantaged communities;
- **Promote integration of drug strategies** with local and regional economic development strategies;
- **Identify viable and sustainable forms of economic activity and employment** that can provide alternatives to the local economy of the drugs trade.

### Balanced approach: Urgency and importance of prioritising demand reduction

We appreciate that the European Commission continues its efforts in the area of drug supply and drug demand reduction. The CSFD would like to stress the **importance of a more balanced approach** in the document. The current challenges, e.g. the number of drug-related deaths, prevalence of HIV among people who use drugs and discontinuity of services due to extremely limited or non-existent funding in some countries, clearly show the urgent need for supporting demand reduction measures.

The Agenda gives a clear priority to supply reduction measures (e.g. imbalance in the number of actions in the Action Plan). **Supply control issues are also seeping into other sections of the Agenda** (e.g. Section II.d on evidence-based policy, prevention, treatment). The effectiveness of law enforcement in reducing the size of illegal markets has not been questioned, even after decades of failed efforts, and with the evaluation of the 2013 EU Drugs Strategy noting that increased cooperation in that field has not reduced the availability of illegal drugs. At the same time, there is a plethora of **evidence on the negative effect of criminalisation on individual and public health** (see, e.g. [Global Commission 2020](#), [Maher & Dixon 2017](#), [Rhodes 2002](#)) as well the social integration of people who use drugs.

The CSFD stresses the **need for prioritising demand reduction** in the EU Drugs Agenda. This will **support service providers** in their advocacy efforts and **contribute to increased coverage and quality of services**, including ensuring the **availability of necessary financial resources**.

The balanced approach should also be reflected in the introduction of the document, which does not acknowledge the current limitations, and in some cases even interruptions, in the provision of drug treatment and harm reduction across Europe, thus putting at risk the health and life of thousands of people who use drugs across Europe.

The important role of drug demand reduction becomes even more relevant in the light of the COVID-19 epidemic. The pandemic and related lockdown policies have revealed that **drug users' groups are affected disproportionately** by these measures, leading to increased risks and harms. Organisations from all over Europe have continuously provided services for people who use drugs' and other vulnerable populations, including basic support, health care and information. Importantly, in many countries, although **such services are *de facto* essential**, they have not been considered as such by policymakers.

### Demand reduction: The need for a differentiated and specific drug policy approach

We welcome the decision of **differentiating between various demand reduction measures and formulating them into separate strategic priorities**, ensuring more visibility for each of them and more clarity of the document at large. We appreciate the **extended approach that brings families and communities into the picture**.

We recommend a **clearer division between drug demand and drug supply reduction** and suggest as well to formulate separate strategic priorities for the different areas in drug demand reduction: prevention, treatment, harm reduction, rehabilitation, social reintegration and recovery. This will provide specific guidance and contribute to the implementation of proposed actions in the EU.

### PREVENTION

We welcome the **promotion of evidence-based and effective prevention**, as well as the **focus on young people, families and vulnerable populations**. However, we suggest that **the structure of this section is revised**, as it combines prevention of drug use with crime prevention measures. These areas of work differ significantly – in terms of purpose and approach. A combined approach is not reflecting the situation in the field and can even undermine the effectiveness of interventions.

The CSFD recommends to **include the elements on crime and drug supply prevention in the Section III.A on security and law enforcement**.

We agree that awareness raising is important, but information is just one (and perhaps not the most important) aspect of prevention. Strengthening resilience also requires developing life skills, coping and strategies and providing opportunities for young people. **Prevention should be evidence-based, and the document should refer to the [European Drug Prevention Quality Standards](#).**

Moreover, this chapter should also address the prevention or reduction of drug use-related risks and the **promotion of safer use models**. In this sense, prevention strongly coincides with harm reduction measures.

## TREATMENT

We appreciate that the Agenda **highlights the vulnerable position of women** and the related barriers in entering and remaining in treatment. We also appreciate that the Agenda **refers to various challenges and the wider context in which drug use and dependence occurs**, including mental health problems, unemployment, economic inequalities and homelessness.

We would welcome a **reference to the current challenges in accessing treatment** and other drug demand reduction services, including the severe interruptions in treatment systems due to lack of financial resources - especially in Central-Eastern and Eastern Europe - and the shifts in drug markets and drug use trends.

## HARM REDUCTION

We highly appreciate the **inclusion of a separate priority on harm reduction**, addressing a range of important themes, including the misuse of medicines and the promotion of naloxone distribution.

Harm reduction refers to programmes, policies and practices that reduce drug-related harm. The current Agenda addresses certain programmes and practices but does not mention the **negative effects of policies and the legal environment, the criminalisation of drug use and the linkage to stigma, social exclusion, incarceration, and barriers in accessing services** ([Stevens, et al. 2010](#)).

To strive for the holistic character of the section, the CSFD suggests the following:

- **Reference to the negative effects of criminalisation** and drug use;
- **Need for increased coverage of harm reduction interventions** in Europe;
- **Address underfunding or even complete lack of funding for harm reduction**; For example, harm reduction services were interrupted or discontinued in Hungary, Bulgaria, Poland, Slovakia and Romania in the last strategic period (due to severe budget cuts), resulting in several HIV and HCV outbreaks;
- **Include specific needs of young people** in harm reduction;
- **Include services related to recreational drug use**, such as drug testing or party services;
- **Highlight the need for innovative approaches** in harm reduction addressing the developments in the field (e.g. internet dark web);
- **Include drug consumption rooms** in the context of overdose prevention.

## DRUGS IN PRISONS

We welcome the inclusion of this **topic as one of the main areas of focus**. The strategic target on prison settings **highlights continuity of care**, which we welcome.

To improve the Agenda's approach to drug use in prisons, we recommend:

- **Acknowledge prisons as settings inappropriate for treating people with drug-related problems**; elaborate and specify the issues related to alternative sanctions and decriminalisation ([UN 2019](#), [Stevens et al. 2019](#));
- **Include a reference to the principle of equivalency**, which requires that people in prison receive the same level of health care as people in the community;
- **Acknowledge the increased risks related to drug use in prison** (especially sharing of injecting equipment) and include the need to improve access to harm reduction services in prison and

ensure a continuum of care after release ([Stöver & Kastelic 2014](#));

- **Put more emphasis on the challenging task of strengthening the transition from prison settings to the community.** Health, social and probation services need to ensure that people can access treatment, care, and other services including housing and social reintegration.

### Create the framework for proportional funding, based on effectiveness criteria

The Agenda states that funding should be allocated ‘proportionally’, on the basis of ‘effectiveness criteria’, but does not provide any account of how these criteria will be set. The CSFD stresses the importance of that mention and the **need for these criteria to be set in coherence with the local, national and international objectives**. The comparison of various elements of drug policy, for example, law enforcement and harm reduction services, is not possible as long as there are no **specific and area-tailored indicators and benchmarks for assessing their effectiveness**. The CSFD believes that the **balance should be maintained** between demand reduction and supply reduction in terms of funding.

The inclusion of the need for proportionality and effectiveness **criteria should rely on instruments which ensure a proper evaluation process**, as mentioned. Therefore, the **need for ongoing research, monitoring and evaluation** should find a stronger place in the Drugs Agenda, building on the previous Drug Strategy’s emphasis on measurable process and evaluation indicators. This would also help to evaluate the impact of this Agenda and its Action Plan in all Member States and increase the relevance of such a common EU framework on drug policy. The **crucial role of the EMCDDA** in research and monitoring should be additionally emphasised.

The Agenda mentions the need for resources to be allocated across different EU funding sources, however, it does not include any **references for potential funding sources and programmes**. In addition, it is important to **establish an interdisciplinary and centralised tool to ensure funding opportunities across different EU programmes**.

### International instruments: place and coherence

We are pleased that the EU Agenda on Drugs has included **the integration into EU’s external action as one of the guiding principles**. Nevertheless, the references to international cooperation are in general focused on security issues, whereas the EU has been for decades a global leader on promoting drug policies that are evidence-based, balanced and respectful of human rights, in both bilateral dialogues and multilateral institutions.

To strengthen this aspect of the document, we recommend:

- **Restore the cross-cutting themes of coordination and international cooperation**, which had been an integral element of the previous [EU Drug Strategy](#);
- **Make clear that human rights should be front and centre of the EU’s external action on drug matters**, both as a guiding principle of the Agenda, and in the operative parts of the document. To do so, we recommend an **explicit reference to international human rights law instruments and standards**, such as the [Universal Declaration of Human Rights](#), the [European Convention of Human Rights](#), and the [International Guidelines on Human Rights and Drug Policy](#);
- **Include a commitment to continue promoting human rights and the balanced approach across the UN system**, seeking system-wide coherence in New York, Geneva and Vienna, as the EU has proven to be a crucial and effective actor in these areas;
- **Put a stronger emphasis on the key documents guiding current discussions** in the international drugs control system, with explicit references to the [2016 UNGASS outcome document](#) and the [2018 UN system common position on drug policy](#), which the EU has promoted and defended extensively in the past. Linkages and commitments regarding the [Sustainable Development Goals](#) and strategies against poverty are also of utmost importance;
- **The placement of alternative development within a subsection on eradication of illegal cultivation** seems to be at odds with the understanding of alternative development in the

[2018 Council Conclusions](#). To remedy this, we suggest its incorporation as a priority area under the new thematic section on international cooperation;

- Following the 2013 EU Drugs Strategy, include a commitment to strengthened cooperation with accession countries on both supply and demand reduction, promoting evidence-based interventions on prevention, treatment, harm reduction, and recovery services.

### **Civil society and people who use drugs: the good practice of building on the recommendation of the previous Drug Strategy**

The CSFD salutes the **mention of its role in cooperating with EU institutions**. However, the EU Drug Agenda does not acknowledge the **important role of civil society** in both, developing and implementing drug policy measures on local, national and international levels. This is particularly concerning in the light of the policy developments in several European countries. An increasing number of **civil society organisations face political pressure, restrictions and are structurally underfunded**. Furthermore, it is important to take into account that the Agenda will constitute the guideline for Member States to develop their national drug strategies. Therefore, **acknowledgement of civil society in the Agenda is crucial for ensuring CSOs will be recognized nationally**.

The CSFD calls for a **stronger commitment towards meaningful civil society and community involvement in the EU Drug Agenda**. This could include a reference on the important role of civil society and the need for engaging with them and “with people who use drugs and clients of drug-related services”, as it was included in the 2013 Strategy.

### **Communication and language: the need for sensitivity**

The 2020 Agenda **includes “reducing stigma” within one of its priority areas**, which CSFD strongly encourages. Stigma is one of the main causes of difficulties in social inclusion and CSOs have been working tirelessly on changing attitudes towards drug users and destigmatise them.

We recommend to **review the text of the EU Drugs Agenda to ensure the terminology is not stigmatising and is aligned with the recent language used in 2013 EU Drug Strategy and the United Nations publications** (e.g. avoiding formulations like ‘substance abuse’ and ‘substance misuse’). To harmonise the form and the content (i.e. balanced approach), we strongly recommend to review the narrative and language used in the agenda, **putting in the centre people who use drugs**.

We believe that, regardless of the procedural issues related to policymaking, **it is not appropriate to pull drug policy into a militaristic framework, along child abuse and firearms trafficking**. This framework does not address the complexity and diversity of the drug phenomena, ranging from medical and non-problematic recreational use to high-risk use and dependence. We should not fight drugs or people who use them, but **we should support people who have problems with drug use**. We suggest to consider revising the instances of confrontational combat-like language.

Finally, in several points the Agenda refers to ‘citizens’, as in ‘[t]he aim of the EU Agenda on Drugs is to protect citizens (...)’ (p 3). We believe that the **Agenda should strive for equity and include references to all people in the EU, citizens or not**.

We are in favour of an EU agenda and Action Plan that will continue and strengthen the good work of the EU Strategy on Drugs 2013-2020. We kindly request you to take the CSFD recommendations into consideration and hope that our input can contribute to the development of a comprehensive and holistic EU Drug Agenda.