THE EU ACTION PLAN ON DRUGS 2017-2020 AND THE NATIONAL DRUG POLICIES IN 8 EUROPEAN STATES

Divergences, convergences, gaps and areas for developments

EXECUTIVE SUMMARY

By Susanna Ronconi and Antonella Camposeragna

Colophon

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Civil Society Forum on Drugs CSFD Project II – 2020-2021 - WP2

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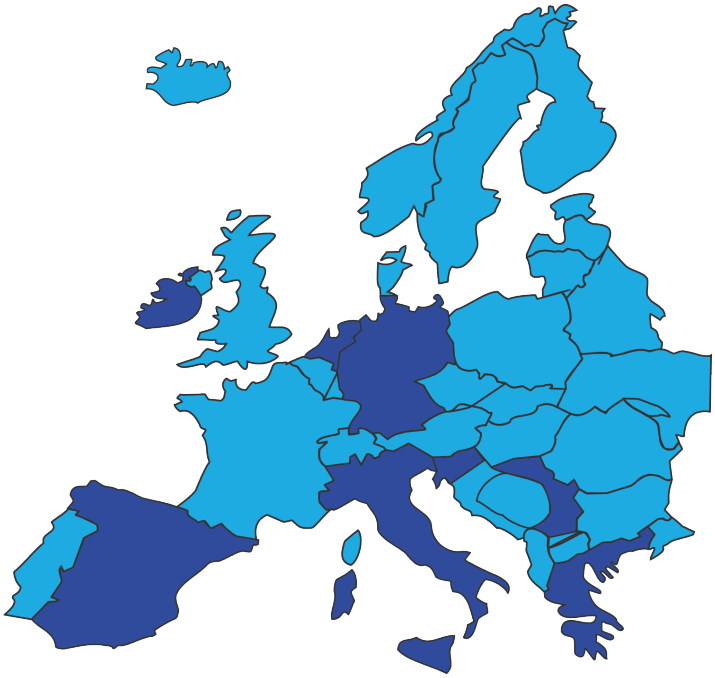

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INTRODUCTION

Background

The CSFD is an expert group to the European Commission. Its aim is to provide a broad platform for a structured dialogue between the Commission and European civil society, which supports drug policy and its implementation through practical advice.

One of the four CSFD working groups (WG 1) has the tasks to analyses and report – through periodic research activities involving many CSOs all over Europe – each EU Strategy and Action Plan on drugs from the Civil Society perspective. It provides in-depth feedback to the European Commission, stressing strong and weak points as well as missed opportunities. It also suggests further innovations and areas for improvements[1].

The research actions included in the *CSFD Project II (2020-2022)* updates, completes and integrates at a distance of three years, the previous evaluation of the implementation of the Plan conducted by the WG1 of the CSFD in 2018, a year after its enactment.[2]

The European Action Plan on Drugs 2017-2020 and the national drug policies in 8 European States.

The present qualitative study looks at convergences, divergences and gaps between the national action Plans of the 8 states (7 MSs and 1 candidate country) and some of the most relevant objectives of the European Plan 2017-2020.

Objectives and expected results from the 8 national case studies

The general objective of this research is to promote and facilitate a wider implementation of the objectives and the actions of European policies by Member States and candidate countries.

The specific objectives are:

- The identification and in-depth inquiry into the existing gaps between some of the objectives envisaged by the European Plan 2017-2020 and the national policies in the 8 states, thanks to the observations on the ground and the experience of the CSOs;
- The identification of areas where it is necessary and possible to improve and develop the national policies, according to European Plan and in the CSOs perspective.

Methodology and research processes

The selection of national case studies and of researchers

The selection of the countries where the research is to be conducted is integrated between and a function of the selection process for the national researchers, based on their competencies, and has as a first basic criteria that of including countries from diverse areas on the Union and at least one candidate country.16 candidates from 12 countries answered the call. The evaluation process selected: **Germany, Greece, Ireland, Italy, The Netherlands, Serbia, Slovenia, Spain.**

The research includes three areas:

Part I - Summary of the national action Plans. The aim of this part is to briefly illustrate

1 All materials and reports produced by CSFD and in particular by the WG1 are in http://www.civilsocietyforumondrugs.eu/projects/

2 Civil Society views on the implementation of the EU Action Plan on Drugs. Report by the Civil Society Forum on Drugs, by Iga Kender-Jeziorska and Péter Sárosi, 2018 http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2020/07/2018_CSF-report_final.pdf

the main content of Action Plans on drugs and drug strategies of the participating countries and facilitate comparison among them, highlighting the CSOs involvement in decision making as well as how CSO are involved. A researcher reviewed the national drug report of each country involved published by EMCDDA, extracting the main issues of each action plan; this draft has been analyzed and integrated by each country expert, specifically on how civil society involvement in drug strategy is developed in their country.

Part II - Overall analysis of the 8 case studies. The EU action Plan 2017-2020 is a complex text, covering 15 macro-objectives and 55 actions. The selection of the 6 thematic areas that are at the core of the research occurred on the basis of the priorities with which, over time, the actions of the CSFD became focused upon. The reference text in particular was the cited evaluation document of the Plan elaborated by the CSFD in 2018.
Six macro themes were selected according to these criteria:

1. **General approach**
2. **Availability, accessibility and quality of interventions and attention to socially vulnerable groups**
3. **The inclusion of Harm Reduction in the national AP**
4. **Alternative Sanctions**
5. **Research and Evaluation**
6. **Civil society involvement in national drug policy**

The research was qualitative. The national studies were undertaken via focus groups that involved members of the national CSOs. There was a shared set of guidelines based on certain criteria: plurality of intervention sectors, of areas and interests represented, of different regions/cities in the country; balanced in terms of gender.
The focus groups were conducted by researchers on the basis of an agreed outline that looked at the 6 thematic areas. The focus groups were held online due to the limitations imposed by the pandemic, and all were recorded. The recordings were transcribed and the text was analyzed by the researchers using the Thematic Analysis methodology, within the Grounded Theory approach.
A second level analysis - elaborated by the coordinators of the project- included the results from the 8 national cases, resulting in an overall single vision.

Part III - Conclusions and Recommendations. The report concludes with “8 areas for improvement”, extracted from an analysis of the salient findings. They provide the direction and the content for a discussion between CSOs, EU institutions and MSs and for an advocacy action towards a more coherent implementation of the European approach in drug policy.

Appendix I of the overall Report includes a summary of the more relevant findings from the 8 national reports, providing in brief the key points of the evaluations of national policies and their harmonizing or not with the EU Plan.

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Part I

THE CURRENT STATE OF THE ART OF DRUG ACTION PLANS

On a yearly basis, each European country contributes to EMCDDA Drug Report by Reitox national focal points of the 27 EU Member States, plus Norway and Turkey. Moreover, EMCDDA cooperates with candidates and potential candidates countries to the EU.

The aim of this part is to briefly illustrate the main contents of Drug Action Plans and drug strategies of the participating countries and facilitate comparison among them, also highlighting if and how CSOs are involved in the decision-making processes.

The results highlight: structural data on APs, Priorities and result achieved, Coordination mechanism, CSOs involvement.

This review of the APs of the countries participating in the project, highlights some aspects that should be further explored. Some of them have been the subject of in-depth analysis in focus groups, as will be illustrated below.

- In most APs explicit reference is made only to illicit drugs, thus placing greater attention on law enforcement, rather than on aspects of well-being.
- The lack of systematic evaluation, as well as a lack of clarity of policy evaluation indicators, should be further analyzed. Where the assessment is made, it is essentially based on epidemiological data, which, although fundamental, require other kind of data to better understand the phenomenon and the actions to be taken.
- Another critical aspect concerns harm reduction, which only in rare cases is an integral part of the APs. However, in all countries HR is an action that is considered fundamental and implemented, regardless of its mention in the plan.
- What is clear is that reality is far from the regulatory action on a National Plan, as it reported by a focus group participant “I don’t know of any action plan other than on paper…. For me, AP does not exist at all, and no detail, nothing, nothing is working”.
- Last but not least, to fill the gap between theory and practice the involvement of CSOs should be mandatory and playing a proactive role in decision making, and not only a consultative role or, worse, as just service providers.

Part II

8 NATIONAL CASE STUDIES. KEY POINTS FROM THE OVERALL REPORT

This part of the report analyses the findings from the 8 national case studies adopting an overall, integrated perspective. The reporting is based on the focus groups results about the 6 core themes of the EU Action Plan 2017-2020 identified as the most relevant ones, in the CSFD perspective. The following are the key points from each theme.

2.1 Drug policy general approach

The EU AP 2017-2020 is based on the European Strategy 2013-2020, according to which drug policy must be balanced (between reducing the demand and the supply, between socio-sanitary policy and repressive policies), *integrated and evidence based* and must respect *human rights* (*EU AP, Introduction*). To which extent these guiding principles are reflected in national APs?

Key Points

- **There are many barriers** to balanced, integrated, evidence and human rights-based drug policy. The reasons are multiple: decentralizations and local differences; opacity and opportunism by political bodies which are influenced by different variables; the difference between theory/proclamations and practice.
- **Balanced Approach**. There is a significant consensus between participants regarding the scarce balance between a repressive approach and a social-health approach, in favour of the former. There is ***a lack of evidence*** especially concerning law enforcement impact more so than social-health aspects and a difference in economic investments between these two areas.
- The trend is contradictory: on the one hand public debate seems to attenuate the importance of political ideologies but on the other hand in recent years ***a tendency to emphasize a law and order approach*** can be observed. This also occurs in countries traditionally viewed as more pragmatic and open. The context (populism and government orientations) is a significant variable.
- **Evidence based.** There are significant differences between countries regarding policies based on evidence. Nevertheless, even those with a better system show a decline in the trend of a positive science-policy dialogue and in crisis with respect to the years 1990-2000.
- Evidence appears to be in increasing difficulty, scarcely functional in producing change and reform. This is true in particular for controversial issues (such as the politics of cannabis) and with respect to repressive policies, which are insufficiently evaluated with regard to social-health policies.
- In the assessment of policies- that should guide innovative processes and reform- the evaluation of outcomes and impact is rarely present.

- **Integration.** Even if there are significant differences between countries with respect to formal systems of coordination and integration of policies, there is a common feeling of dissatisfaction regarding the gap between theory and practice of integration.
- The critical points are the scarce integration between the policies of demand and those of supply on the one hand, and, with respect to the former, the excessive self-referential nature of systems and services that often see integration as a threat to their autonomy and authority rather than a resource. There is a responsibility here that is not only political but also from workers and services providers.
- **Human rights.** There is wide-ranging consensus on this issue, notwithstanding the fact that some countries do have formal declarations with respect to the rights of PWUDs and all have an official rhetoric regarding this. The rhetorical risk is strongly felt in this field.
- Criminalization is indicated as the more influential variable and the places of criminalization (prisons and the relationship with the police force) are those with the majority of human rights violations. The claim for certain social rights is threatened and limited by criminalization.
- The right to health (care, access to services) is arbitrarily exposed by the selective rules of services and health professionals. There are no places or institutions where people can appeal to defend this right.
- There is the need for a specific approach for human rights for PWUDs. A specific action targeted at fundamental rights -which has occurred for other diverse social groups- in order to exit from a generalness that translates into a lack of accountability.

2.2 Availability, accessibility and quality of interventions

The EU AP contains detailed objectives and actions aimed at guaranteeing access to services and treatments (AP 1.1 e 1.2) The AP dedicates particular attention to socially vulnerable groups (homeless people, migrants and asylum seekers, prisoners), to different age groups (children and the very young, older users) and to gender (AP 1.2, actions 6,7,8). Is availability, access and quality of interventions, services and treatments (in the areas of prevention, care and rehabilitation, harm reduction) provided for in the national AP sufficient and of a high standard? Are there policies aimed at vulnerable groups and encompassing diversity?

Key Points

- **Availability and access to services and treatments**. The 8 countries included in the research expressed an overall discreet satisfaction for the system of services and for access for the general population of PWUDs. However, they also note limits and negative trends with respect to the past.

- **A critical point is that of financing and the logic of the market**, which dominate over criteria of quality and coverage. This logic afflicts both municipal and regional policies as well as relationships with the Third sector, exposing the system to discontinuity and low standards.
- **Geographical inequalities characterize availability and access** with important differences between different cities, small and large centers, urban and rural areas. This creates differentiated levels of opportunities for users.
- **There are political mechanisms that are barriers to accessibility**: little transparency regarding decision-making; an excess of discretionary power; little relevance given to evidence in the decision-making process and a lack of clarity from decision-makers regarding interventions guidelines.
- **Prevention**. The same limits described for policies in general (financing, unequal geographies) are found here. Different exceptions also emerged regarding prevention (from safer use education to prevention of use).
- **Treatment and Rehabilitation**. The geographical inequalities of local autonomy are also noted. There is growing difficulty to access, for example the distance a person must travel to reach a service or due to the long waiting lists. This appears to be problematic above all for the OST programs, where timing is crucial, and exposes a person to the greater risk of resorting to the black market for medicine.
- **Critical areas in the integration of services**, with the consequent excessive compartmentalization that makes it difficult for clients to orientate themselves and navigate the system.
- **Positive trends in terms of innovation regarding options** has been observed, both with new services and with up-dating traditional services (such as rehabilitation centers for example), in line with the changes in modes of drug use and needs.
- **A negative trend** has been noted towards more **pathologizing** of behaviours of drug use and above all, more **psychiatrization**, at the cost of a wider social vision of the issues. This has repercussions for services and for health professionals.

Vulnerable groups. From the mainstream to intersectionality

Key points

- **Vulnerable Groups.** Satisfaction for the services system drops when socially fragile groups are considered.
- **The specialization of services**, although functional and desirable, occurs nevertheless from a lack of inclusion and brings with them the risk of compartmentalizing, lower standards and stigmatization.
- The excess of specialization has left open **the question of intersectionality** and the complexity of the individual condition. This leads to a lack of integration in case

management and often there is competition between sectors as to who is in charge of treatment.

- **People with psychiatric problems** (double diagnosis) are emblematic of these difficulties in case management. The system generally appears lacking and poorly integrated.
- **Prisoners.** The formal affirmation of equal rights to health comes up against the hierarchical relationship between the criminal justice system and the health system, where the later appears ancillary. The long delays in the justice system are an obstacle to alternatives to incarceration and to external treatments. OST treatments are more or less guaranteed, whereas harm reduction strategies are only evident in a few member states.
- **Migrants and Asylum seekers.** The regulations concerning immigration and the right to health are variable from country to country. Most include access to emergency and basic services but then they are much differentiated. Above all in Eastern Europe, drug use by migrants is invisible, and not on any drug policy agenda.
- In places where a better system of access exists, a negative trend is noted, encouraged by a hostile social climate and the intervention guidelines (national and European) aimed at limiting immigration. This results in a restrictive political agenda regarding the health of migrants and the perception from participants is pessimistic.
- This lack by the system results in provision made by services and health workers, in a process from the bottom-up, who try to accommodate the requests, often without resources or a specific mandate.
- The arrival of Covid-19 saw the constitution of new emergency services for migrants and asylum seekers but these were soon dismantled after the first wave and the "everyday selectivity" was restored.
- **Homeless people.** Notwithstanding the agreement at a European level for the Housing First approach and the good results attained, a reparative trend is apparent with the re-emergence of selective criteria based on drug use behaviour-which becomes a factor for exclusion.
- The lack of beds in emergency night structures is generalized, aggravated by the exclusion in many dormitories of people who use drugs. Another obstacle is the mobility of homeless people, who challenge the administrative and bureaucratic confines of the city.
- **Genders.** Undoubtedly the majority of services are based on a user who is "white, male and heterosexual". The attention paid to gender, above all to women, is judged to be lacking. There are however some exceptions.
- Even worse is the lack of consideration given to transgender and non-conforming genders Participants consider that a non-binary approach should be adopted.
- A correlation between the relative less frequent attendance of women at services and the fact that services are not designed for them is recognized. It is thought that the process of innovation in this area is too slow with respect to the need.
- Greater attention must be aimed at the correlation between prostitution and drug use. Today both interventions and Harm Reduction work is lacking.
- **Generations.** Interventions for youth are numerous. There is particular attention paid to creating more rapid access, even though here there are also important territorial inequalities that have been verified.
- At the moment there is a trend in innovations offered by services, although variable

between the different national realities that take into account changes in styles of drug use and the lifestyle of younger people. They also aim to upgrade other operative models of intervention. The priorities are to increase the out-patient offer and increase caseloads for other dependencies such as gambling and alcohol.

- Older users do not appear to have acquired a place on the policy agenda. There are very few experiences/interventions recounted, even from the CSOs, even though on-going experiences have shown positive outcomes.

2.3 Harm reduction

The inclusion of Harm Reduction (HR) in drug policies and interventions. The EU AP 2017-2020 incorporated to a good extent the requests from SC for the full inclusion of HR and Risk Limitation (RL) for the fundamental areas of European drug policies (1.2. action 8). Are the policies and the interventions of HR and RL explicitly included in the national AP and are they adequately implemented?

Key points

- **Definitions of HR**. HR is not only the "fourth pillar" of drug policy but it is also an approach and a strategy that crosses and modifies other areas of intervention.
- In many national contexts the strategic scope of HR is weakened today due to the **scarce explicit support of policy makers**. It is still considered a divisive issue, notwithstanding the huge amount of evidence produced and the European guidelines.
- When HR is included, with very differentiated levels, in all national policies, difficulties still remain in integrating it as a fourth pillar. It exists as a kind of ancillary to the service systems, both with respect to policies that are abstinence-oriented and to the law and order approach of urban policies.
- A question of the system. As for other areas of intervention, the **unequal geographies** within national territories are notable.
- HR was promoted from the grassroots, the Third sector and NGOs. Even when it is an integral part of public policy the **relationship between public and private social services** remains problematic. There is a wide delegation to the NGOs, lack and uncertainty regarding funding and scarce integration with the system. The different models of outsourcing clearly affect the quality and continuity of services.
- **HR and an evidence-based approach**. HR was from the beginning accompanied by important evaluation processes, aimed at also reinforcing its own promotion.
- The evidence requested from HR is often more pressing than that required for other areas, even when international and European research projects have produced sufficient evidence and the services have been evaluated.
- **The innovation route is an impervious route**, above all for NGOs. Interventions such as drug checking, drug consumption rooms, and free access to naloxone, are implemented with a strong push and advocacy from the CSOs.
- Even though these interventions have been validated at an international and European

level, they **still encounter distrust from policy makers**. One reason for this distrust is ideological and cultural, and makes the interventions even more divisive. The adopted approach is to mainly invest in a proactive manner in competencies, knowledge and choices of PWUDs, with the aim to promote safer use: this can be a cultural challenge for policy makers.

- **HR is social and takes into account the context**. Although HR was developed mostly in health settings (the AIDS crisis onwards), and by urban governments, it cannot deny its strong social dimension. The social determinants that influence the life and patterns of use of PWUDs are crucial factors for intervention planning. This is a difficult issue with problems for integration between areas and systems of intervention.
- HR has to also take into account the **paradoxical damage produced by policies** and inadequate norms in reference to drugs. The mission of HR also includes working to create a social context that minimizes potential damage, for example stigmatization, criminalization and social exclusion.

2.4 Alternative Sanctions

The EU AP, along with the European Strategy, has not accepted the request from a wide network of Civil society organizations concerning the necessary decriminalization of conducts relating to personal drug use, in favor of an approach that is educational, social and sanitary. Nonetheless, the EU AP 2017-2020 includes the objective of reducing as much as possible the resort to coercive sanctions, limiting to a minimum the need for a prison sentence in favour of an alternative to prison (EU AP 2.5 action 22). Does the national AP include a similar strategy?

Key points

- **Criminalization affects above all the "small fry"**, small dealers - who are often also users- and users who fill up European prisons. Although in national legislations individual use is not sanctioned, or is, but with administrative or pecuniary penalties, or is not prosecuted at all thanks to diverse measures, nonetheless correlated behaviors, above all possession, means users end up behind bars.
- For this reason, according to the respondents, alternative sentencing to prison is important to reduce the impact of the penal law on users.
- **Alternative sentences are prescribed, with different modalities, in all the MSs.** For PWUDs there are specific types attached to dependency treatment programs, for which the objectives and the type of program are binding in terms of access. The ordinary alternative types, valid for all prisoners, are difficult to access for users, who are often excluded.
- **Alternatives based on treatment** result in an inferior application to what are necessary. The binary punishment-treatment, where the punishment should motivate the cure, appears to be insufficiently efficacious.
- There are diverse **obstacles to access the alternatives** based on treatment: the restrictive tendency of the magistrates; the lack of resources; the long waiting periods for trials- which often means a person has served their time before having an answer;

the unequal geographical factors in the judiciary and prison systems.

- The treatment programs that are alternatives to prison do not present the same **freedom of choice** for the recipients with respect to those available to free users. Drug-free programs or abstinence as the main objective, or in-patient programs, are favored. In some instances, it is possible to access local, non-residential programs aimed at different objectives, such as stabilization. In either case the obligation to the judiciary or prison system ensures that treatments often result in being ancillary.
- Notwithstanding the fact that alternative sentencing is important to reduce the penal impact for the user, the participants underline that it is necessary to first deal with the crucial issue of the **process of criminalization** of behaviors correlated to drug use. Overcoming this- which most are pessimistic about- could also free up resources to invest in health and social protections. It would also reduce the amount of violence produced by the illegal market system.
- These considerations are particularly true with respect to cannabis. The **legal regulation of cannabis** could guarantee a better governance of the phenomena, such as occurs for other legal substances.

2.5 Research and Evaluation

The EU AP 2017-2020 has significantly developed the area of research, monitoring and evaluation, both for understanding models of use and for the evaluation of the policies and interventions in terms of innovation and efficacy (EU AP 5.13-15). Does the national AP attribute a significant role to research and evaluation?

Key points

- **The evaluation of policies and of the APs.** This is the most critical area, cited many times in this research, that testifies to the diffidence of politics towards science (evidence) when dealing with the evaluation of policy choices undertaken.
- **The limitations in evaluating policies** bring with them a weakening of the capacity to promote innovation based on data, experience and evidence.
- When there are models and practices for evaluating policies, these are fragmentary, without vision and are just sectorial
- The area least evaluated is that of **law enforcement and reducing supply**. The success or otherwise in this area remains opaque, which is paradoxical if the huge investments and the social and institutional impacts are considered.
- **The EMCDDA**, with its questions to the national Focal Points, provide an important stimulus to the MSs to work with the data and the indicators, even if not all are competent in doing this.
- **The evaluation of services and interventions** is more widespread and present in each MS state. Nevertheless, among the participants there is a critical question regarding the concrete value of research and evaluation in terms of innovation. The CSOs have identified that notwithstanding the great amount of work involved, the data is often lost in the successive steps of the decision-making process and is not seen to be valued.

- There exists the problem of **scarce investment** of resources in research and evaluation.
- With respect to epidemiological research and also patterns of use, there is a recurring **lack of fresh data** concerning prevalence. Also, the prevalence of the biomedical model, which obscures applied and qualitative research on drug use models, and the little relevance and circulation of knowledge regarding the quality of drugs available on the illegal market- data which are fundamental for interventions aimed at safer use.
- As far as the CSOs are concerned-in particular in their role as a service provider- there is the problem of the **unsatisfactory involvement in the research processes**, monitoring and evaluation and, when this is requested, the lack of ad hoc resources.
- Furthermore, they are asked by the public sector and by the administrations, to produce evidence for their services. This entails an important work effort, which however results in the data and **the results not being valued and used for innovation**.
- Basically, there is a **potential of knowledge** and input for innovations that are not sufficiently exploited as they could be and should be. This potential is destined to be a paradox for the CSOs themselves who invest in monitoring and research activities and for governments and their policies that could derive very useful evidence-based indications.

2.6 Participation of civil society in drug policies

The EU AP includes the participation of CSOs in all the phases of drug policy: definition, implementation, monitoring and evaluation (EU AP 3.9) Does the national AP foresee the participation of the CSOs? Does it clearly define areas, competencies and process?

Key points

- **The map of CSOs participation** in decision-making processes regarding drugs is much diversified, with some good practices but overall the level of satisfaction is low.
- There are many opportunities to participate, both at local and national levels. Anyway, the contribution of CSOs in the AP and in national policies is very limited
- Where participation is foreseen there is nevertheless **discontinuity and gaps** between what is written on paper and what actually occurs. It is a question of a lack of continuity and little definition regarding time, place and procedures.
- Criteria used for deciding the issues and the decisions when CSOs are involved or otherwise, are not clear. Overall there are problematic areas regarding the transparency of involvement, both for the **lack of clear guidelines** and for a more "political" type of selection based on the orientation of the CSOs and at times the institutional desire to avoid conflictual situations.
- **The quality of participatory processes** at times sees the scarce presence of institutional actors. An area that merits improvement is that of the completeness and

the timeliness of communications and information.

- Regarding the efficacy of participatory processes, there are good practices where results are achieved. The processes however are more consultations rather than real active participation in a shared decision-making process. There is an open problem of recognizing the **negotiating power of the CSOs** and also, in cases of more stable and structured participation, the effort of maintaining their own independence.
- The CSOs need to respond to these problems in an active manner and activate strategic intelligence. Their strong points are their **competencies, knowledge and experience on the ground** that need to be recognized in the relationship with institutions and policy decision makers. The functionality of their knowledge risks sliding into exploitation at times, especially when involvement is sporadic, episodic and of a specific urgency. It is important to know how to govern this risk and strategically evaluate it.
- The CSOs know how t**o network well among themselves** and with other sections of civil society, which is important but not always continued because of competitive dynamics. The issue of **resources necessary for participation** is relevant and influences the quality of the contribution in the participatory processes. The institutions should take this into account.
- **The participation of PWUDs** and their organizations is a problematic area. Notwithstanding some positive experiences, their voice is still not well heard. It is the general context, more than the rules and procedures required for participation, which is a cultural influence, one that is the result of processes of criminalization and stigmatization.
- Nevertheless, beginning with positive experiences that are occurring, it is possible to work to transform PWUDs participatory occasions that are limited and sporadic today, into **more stable practices**. Alliances are crucial, and the CSOs can, and must, assume this responsibility of facilitation and support, but not as an authority to speak “in the name of”. There is understanding that the road ahead is long and difficult, but the issue is one of the items on the agenda of necessary changes.

Part III

CONCLUSIONS AND RECOMMENDATIONS

Beyond the gaps. 8 areas for improvements

The picture that the research offers reveals that some of the most relevant objectives and recommendations of the EU Action Plan 2017-2020 are not reflected in the national policies, or they are not enough; and, if and when they are, there is a deep gap between theory and practice.
In the final conclusion phase, it is interesting and promising to see that under the profile of possible changes, in all, or at least a great part of, the six thematic dimensions analyzed, emerge as "core categories" some ***recurrent barriers***, common to different themes and dimensions and diverse national contexts. Overcoming these common barriers appears to be a priority, a necessary innovation, if we wish to proceed in the direction of better implementation of the spirit and the letter of the EU Strategy on drugs.
The following are the ***areas of development and improvement in national policies*** that have emerged from the research in light of the key themes regarding Strategy and European drug policy approach.

1. Greater clarification regarding decisions by policy makers

According to the CSOs, national policies are often not explicit in their approach and in their objectives. This makes it very difficult to evaluate them and to reformulate and innovate them. This happens above all in areas that can be considered to be still controversial, such as Harm Reduction, or other particularly sensitive areas with respect to the media or public opinion. Greater clarity of the objectives and a better definition of the interventions could bring with it stronger and explicit political support for drug policies. This in turn could lead to greater continuity, the guarantee of economic coverage for interventions, and greater attention to their quality.

➲ **Objectives, which are clearly declared, declined and motivated in an explicit manner, enable policy makers to be both responsible and to be guarantors. It would also enable all the actors involved (workers, CSOs, local organizations) to be able to work in a coherent and efficacious way for the quality and continuity of the interventions. This clarity would also allow for a more realistic and founded evaluation.**

2. Greater coherence between the intent and the implementation of policies by the competent organizations

A recurring gap is that between intentions or guidelines (declared and written) and practice, their effective implementation. In part this is due to a political aspect, cited above, and the weakness in clarifying policy choices. There is however also a barrier that has to do with administrative procedures, with the institutional devices that govern and should render the decisions and practices of different entities coherent (for example the diverse

ministries that are involved in drug policies). It also regards the confrontation between political bodies and those who actuate programs, as well as between the public, private and private social spheres.

➲ **Greater care of the system setup in terms of competency and responsibility, of clarity for the agencies and the procedures that should govern the realization of policies, is highly desirable. Also, greater recognition of the CSOs and of their important role in being "observatories on the ground", able to give feedback regarding discrepancies in the actuation of policies, is a variable that would play a more significant role.**

3. Greater transparency and care of the procedures

The question of transparency, connected to the issue cited above, also emerged. In institutional procedures, in any area of drug policy, transparency means certainty of the procedures, of the criteria upon which decisions and their implementation are based, the responsibilities, and their accountability. It also means access to data by the social, institutional and civil society groups, to information of all types on which political choices and intervention systems are based, and that they are at the same time useful and functional with respect to their verification and evaluation. This is important also for the involvement and participation of the CSOs in the decision-making processes, an area that specifically appears to be problematic and often opaque.

➲ **Greater care with respect to transparency in all of the areas concerning drug policy would ensure greater responsibility by all the actors involved and consequently better implementation of these same policies.**

4. Inclusion of the criminalization of PWUDs in the political agenda

The processes of criminalizing PWUDs emerged in the research as a kind of mortgage on the development and the improvement of drug policy at many diverse levels: as a limitation of citizenship and of human and social rights; as a barrier to accessing services and treatment; as a motivating factor for exclusion and a source of stigmatization. The criminalization profile is a pervasive context factor that is capable of subjecting great stress on the eventual process of change in all of the other areas analyzed. The gap between the evaluations of actual policies of law enforcement, which has often been noted, does not help.

➲ **While a process of decriminalization is hoped for, what is required is to at least put the issue on the political agenda. It is necessary to overcome ideological blocks and have an open discussion concerning a possible process for the decriminalization of behaviours connected to personal use. This discussion must begin with the evaluations (of outcomes, of impact and of costs/ benefits) of actual policies of criminalization and facilitate the participation of all the competent and involved parties, PWUDs and CSOs included.**

5. Overcoming the excessive inequality between regions and geographic areas

In all of the areas analyzed by the research, geographic inequality emerged as a very critical issue, with profound and substantial differences noted between regions or states in every MS state. There were also differences between territorial areas, for example between small and larger urban centers or between the cities and rural areas. This results in the social and human rights of PWUDs being put in jeopardy. It is the inequality in the offer and the access to services and treatment that creates disparity in terms of rights to health and to the best possible social-health standards available. There are also problems with the application of alternatives to prison sentences with territories oriented in more restrictive ways or lacking the dedicated resources, all of which go against equality in the eyes of the law.

➲ **With respect to the constitutional architecture of each country, it is important that national policies provide a secure framework where the policies and the interventions guarantee equal opportunity and equal rights for PWUDs, families and social communities, notwithstanding specific local characteristics.**

6. Invest in welfare. Good policies need the right resources

In all of the areas where drug policy is applied, there is a lack of resources and of investment: from prevention programs and services to treatment, alternatives to prison, social security, rehab programs and also support in CSOs participation. No policies, even those that are considered “good policies”, manage to be efficacious without a proper level of funding. The trend in financial coverage for drug policies is generally negative, and this influences the quantity and the quality of the offer and is also the source of selectivity to the detriment of the client.

➲ **It is important to reinvest in a social and health welfare that is inclusive and of a high standard, one that PWUDs can also access without exclusion. It is also necessary to have greater financing for policies specific to drugs, and a new, more equal balance, between financing programs aimed at reducing supply and those aimed at reducing the demand.**

7. Development of a dialogue between politics, science and research

Research, scientific evidence, monitoring and evaluation are the basis for policies that are more than ever capable of knowing and understanding the phenomena they must regulate and govern and for deciding and implementing the most coherent and efficacious intervention policies. The dialogue between policy and science however is too often difficult, auxiliary, or only formal and many decisions are made where ideological beliefs or economic factors prevail. The decisional processes undoubtedly concern the policy makers and not the scientists but, as the actual on-going Covid pandemic crisis 2020-2021 has well demonstrated, political decisions that disregard research results and scientific evaluations are destined to be unsuccessful. Greater dialogue between policy

and evidence, that is produced according to all the diverse research, scientific and social approaches, is urgently needed. The role of EU bodies, such as EMCDDA, could and would play a stronger role and guidance towards MSs and their Focal Points.

➲ **This is necessary first of all in order to understand in real time a phenomenon that is continually and rapidly changing, and then to evaluate the necessary and coherent innovations in light of successful and unsuccessful actual policies. Research that is plural in both approach and orientation of actions is important. The participation of all the involved and competent parties, according to clear and transparent procedures, and the correct economic support for research activities, are the necessary preconditions.**

8. Strengthen CSOs advocacy impact through grounding in communities and networking

Even if some important barriers are represented by the above-mentioned limits in procedures and transparency by institutions, nevertheless the CSOs have not hesitated to evaluate and criticize their own limits. It is not easy to deal with the crisis of associations in times of populism and of what goes under the heading of "the crisis of democracy", all of which tend to weaken and challenge the protagonist nature and the negotiating power of the CSOs in all areas. However, in the area of drug policy, the grounding in society, the acquired competencies and the social role played every day by CSOs, give them the possibility to have a voice in the political processes.

➲ **It is urgent to improve cohesion, while minimizing internal competitive dynamics, and to develop networking, also facilitating the involvement of PWUDs organizations and networks. Great attention must be paid both to a gender approach and to the participation of people and organizations from the so-called vulnerable groups, and to their involvement in the decisional processes regarding drug policies that concern them. It is also important to remember that placing value on and caring about the close relationships with local communities and the people who are involved in these, remain the strongest aspects and no "institutional engineering" or procedures can ever replace this.**