



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 08.05.2002
COM(2002) 201 final

2002/0098 (CNS)

Proposal for a

COUNCIL RECOMMENDATION

on the prevention and reduction of risks associated with drug dependence

(presented by the Commission)

PROPOSAL FOR A COUNCIL RECOMMENDATION ON THE PREVENTION AND THE REDUCTION OF RISKS ASSOCIATED WITH DRUG DEPENDENCE

MEMORANDUM FROM MR BYRNE TO THE COMMISSION

This draft proposal for a Council Recommendation is based on Article 152, which refers explicitly to the obligation of the Community to complement the Member States' action in reducing drugs-related health damage.

This proposal specifically addresses the second public health target defined by the European Union Strategy on Drugs (2000-2004), that is to say, to reduce substantially over five years the incidence of drug related health damage and, using risk reduction measures which have been shown to be successful in achieving that aim.

The present proposal includes information and counselling, outreach-work, peer involvement, emergency services, networking between agencies, integration between health and social care and training and accreditation of professionals. There is special emphasis on prevention of drug related infections.

Secondly the Member states are recommended to increase the effectiveness and efficiency of their efforts in drugs prevention and prevention of drug related health risks. These measures include use of scientific evidence and appropriate data collection, needs assessment, quality criteria, innovative measures and evaluation training programmes for different levels and audiences, and appropriate exchange of information within the European Union.

EXPLANATORY MEMORANDUM

The Commission, in its Communication to the Council and the European Parliament on the implementation of the EU Action Plan on Drugs (2000-2004), announced the preparation of a Council recommendation proposal on the prevention and reduction of risks associated with drug dependence¹.

The EU Drugs Strategy (2000-2004), endorsed by the European Council in December 1999, has three main public health targets:

- to reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age;
- to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, tuberculosis, etc) and the number of drug-related deaths;
- to increase substantially the number of successfully treated addicts.

The main goal of this Council recommendation, based on Article 152 of the Treaty, is to facilitate the achievement of the second public health target by Member States.

The situation and trends of drug use and drug-related health damage have been described in the annual reports of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)². Illegal drug use is more concentrated among young adults, with rates up to double or more those of the whole population. Cannabis is the most widely used illegal drug, followed by amphetamines and ecstasy in second position, cocaine in an increasing third position and heroin at a broadly stable low level. Prevalence of HIV, hepatitis B and C among injecting drug users appears relatively stable, although prevalence of hepatitis C infection is high³.

Risk reduction measures have been successful in decreasing drug-related deaths and serious health problems⁴. Risk reduction includes needle exchange and other hygienic measures involved in drug injecting, substitution treatment⁵, low threshold services, information and counselling on safer use and safer sex, and outreach work⁶.

The intensity of the risk reduction responses of the Member States appears to differ considerably between countries. Member States with lower availability of risk reduction measures may be at risk for new increases in HIV, hepatitis B and C transmission⁷.

¹ COM (2001) 301 final.

² According to the information provided by the EMCDDA

³ According to the information provided by the EMCDDA.

⁴ According to the information provided by the EMCDDA .

⁵ EMCDDA (2000), *Reviewing Current Practice in Drug-substitution Treatment in the European Union*, Insight Series n°3, Luxembourg: Office for Official Publications of the European Communities.

⁶ EMCDDA (1999), *Outreach Work among Drug Users in Europe: Concepts, Practice and Terminology*, Insights Series n°2, Luxembourg: Office for Official Publications of the European Communities.

⁷ EMCDDA (2001), *Estimating Coverage of Harm Reduction Measures for Injection Drug Users in the European Union* (draft final report), Lisbon: EMCDDA.

Evaluation is a key tool for improving drug prevention and the reduction of drug dependence associated risks⁸. The EU Drugs Strategy includes a whole chapter on evaluation and Community and national policies could foster significant advances in this area. This Council recommendation will also support the development of evidence-based evaluation to increase the efficacy of drug prevention and the reduction of drug related health risks.

The present Council recommendation is in line with the Declaration on the guiding principles of drug demand reduction adopted at the Special Session of the General Assembly of the United Nations devoted to countering the world drug problem together, in June 1998, and the Political Declaration adopted at the Ministerial Conference of the Pompidou Group of the Council of Europe in October 2000.

⁸ EMCDDA (2000), *Evaluation: a Key Tool for Improving Drug Prevention*, Scientific Monograph Series n°5, Luxembourg: Office for official publications of the European Communities.

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THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular the second subparagraph of Article 152(4) thereof,

Having regard to the proposal from the Commission⁹,

Having regard to the opinion of the European Parliament¹⁰,

Having regard to the Opinion of the Economic and Social Committee¹¹,

Having regard to the Opinion of the Committee of the Regions¹²,

Whereas:

In accordance with Article 3(1)(p) of the Treaty, Community action must include a contribution towards the attainment of a high level of health protection; whereas the third subparagraph of Article 152(1) of the Treaty also makes provision for action in reducing drugs-related health damage, including information and prevention;

The European Council, meeting in Helsinki on 10 and 11 December 1999, endorsed the European Union Drugs Strategy 2000–2004 that covers all European Union drug related activities and sets main targets; these targets include a substantial reduction over five years of the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc) and the number of drug-related deaths;

The European Council, meeting in Santa Maria da Feira on 19 and 20 June 2000, endorsed the European Union Action Plan on Drugs 2000–2004¹³ as a crucial instrument for transposing the European Union Drugs Strategy 2000–2004 into concrete actions which provide an effective integrated and multidisciplinary response to the drug problem;

The Commission, in its Communication to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the European

⁹ COM (2000) XXX final.

¹⁰ OJ C [...], [...], p. [...]

¹¹ OJ C [...], [...], p. [...]

¹² OJ C [...], [...], p. [...]

¹³ Doc. 9283/00 CORDROGUE 32 of the Council of the European Union.

Union Action Plan to Combat Drugs (2000-2004)¹⁴, considered a comprehensive approach that should cover all areas of drug abuse prevention, from discouraging the initial use to reducing the negative health and social consequences as the best strategy;

The European Parliament, in its resolution on the Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on a European Union Action Plan to Combat Drugs (2000-2004)¹⁵, welcomed the objective of reducing the number of deaths among addicts and called on the EU and its Member States to encourage and develop damage limitation policies, without debarring individual Member States from adopting measures and pilot schemes in this area;

The programme of Community action on the prevention of drug dependence within the framework for action in the field of public health¹⁶ and the programme of Community action on the prevention of AIDS and certain other communicable diseases within the framework for action in the field of public health¹⁷ have supported projects aimed at preventing and reducing the risks associated with drug dependence, in particular by encouraging co-operation between the Member States, supporting their action and promoting co-ordination between their policies and programmes; both programmes have been contributing to improving information, education and training aimed at preventing drug dependence and the associated risks, in particular, for young people and particularly vulnerable groups;

The Commission proposal for a decision of the European Parliament and of the Council adopting a programme of action in the field of public health (2001-2006)¹⁸ includes the development of strategies and measures on drug dependence, as one of the important lifestyles-related health determinants;

Since according to research the morbidity and the mortality associated with drug dependence affects a sizeable number of European citizens, the health risks associated with drug dependence constitute a major problem for public health¹⁹;

In accordance with the principle of subsidiarity, any new measure taken in an area which does not fall within the exclusive competence of the Community, such as prevention and reduction of risks associated with drug dependence, may be taken up by the Community only if , by reason of the scale or effects of the proposed action, the objectives proposed can be better achieved by the Community than by Member States; prevention and reduction of risks associated with drug dependence cannot be confined to a geographical region or Member State therefore action requires coordination at Community level.

¹⁴ COM (99) 239 final.

¹⁵ Doc. No. A5-0063/1999 final.

¹⁶ Decision 102/97/EC of the European Parliament and of the Council of 16 December 1996 (OJ L 19, 22.1.1997, p. 25).

¹⁷ Decision 647/96/EC of the European Parliament and of the Council of 29 March 1996 (OJ L 95, 16.4.1996, p. 16).

¹⁸ COM (2000) 285 final.

¹⁹ EMCDDA (2000), *Annual Report on the State of the Drugs Problem in the European Union*, Luxembourg: Office for Official Publications of the European Communities.

Provisions should be made on reporting at national and Community level to monitor the measures taken by the Member States in this area, and the results thereof, and the way these recommendations have been implemented;

HEREBY RECOMMENDS :

1. Member States should, in order to provide for a high level of health protection, set as a public health objective the prevention of drug dependence and the reduction of related risks.
2. Member States should, in order to reduce substantially the incidence of drug-related health damage (HIV, hepatitis B and C, tuberculosis, etc) and the number of drug-related deaths, make available, as an integral part of their overall drug prevention and treatment policies, a range of different services and facilities, particularly aiming at risk reduction; to this end, Member States should:
 - (1) provide information and counselling to drug users to promote risk reduction and to facilitate their access to appropriate services;
 - (2) inform communities and families and enable their involvement in the prevention and reduction of risks associated with drug dependence;
 - (3) include outreach work methodologies within the national drug policies, and support appropriate outreach work training and the development of working standards and methods, outreach work being defined as a community-oriented activity undertaken in order to contact individuals or groups from particular target populations, who are not effectively contacted or reached by existing services or through traditional health education channels;
 - (4) encourage the involvement of peers and volunteers in outreach work, including drug-related emergency situations;
 - (5) promote networking and co-operation between agencies involved in outreach work, to enable continuity of services and better users accessibility;
 - (6) provide comprehensive substitution treatment, supported by adequate psychosocial care; taking into account that a wide variety of different treatment options, including drug-free treatment, should be made available according to the drug user's needs;
 - (7) establish measures to prevent diversion of substitution substances while ensuring appropriate access to treatment;
 - (8) promote adequate hepatitis B vaccination coverage among injection drug users;
 - (9) provide appropriate access to condoms, needles and syringes distribution, exchange programmes and points;
 - (10) make available emergency services to deal with overdoses;
 - (11) organise appropriate integration between health and social primary-care, and specialised approaches in risk reduction;

- (12) support training and accreditation for professionals responsible for risk reduction;
3. Member States should, in order to develop appropriate evaluation to increase the effectiveness and the efficiency of drug prevention and the reduction of drug related health risks:
 - (1) use scientific evidence of effectiveness as a main basis to select the appropriate intervention;
 - (2) develop and implement adequate evaluation protocols for all drug prevention and risk reduction programmes, and include the planning and implementation of appropriate evaluation among the conditions to be complied with by beneficiaries for receiving public funding;
 - (3) support the inclusion of needs assessments at the initial stage of any programme;
 - (4) establish and implement evaluation quality criteria, taking into account the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)'s guidelines for the evaluation of drug prevention²⁰ and for the evaluation of outreach work²¹, as well as the questionnaire on the exchange on drug demand-reduction action (EDDRA)²²;
 - (5) organise standardised data-collection and information dissemination of outreach activities, substitution treatments, needle exchange schemes, and information and counselling services targeted to the reduction of the risks associated with drug dependence, and transmit this information to the EMCDDA, according to its guidelines and recommendations, in particular through the REITOX National Focal Points;
 - (6) make effective use of evaluation results for the refining and development of drug prevention policies;
 - (7) set up evaluation training programmes for different levels and audiences;
 - (8) integrate innovative methods that enable the involvement of all actors and stakeholders in evaluation, in order to increase acceptance of evaluation;
 - (9) encourage, in collaboration with the Commission, the exchange of programme results, skills and experience within the EU and with the applicant countries, in particular supporting the participation of national and European projects in the EDDRA and other databases of the EMCDDA;
 4. Member States should report to the Commission on the implementation of this Recommendation within two years of the adoption of this Recommendation and subsequently on request by the Commission with a view to contributing to the

²⁰ EMCDDA (1998), *Guidelines for the Evaluation of Drug Prevention: a Manual for Programme-planners and evaluators*, Manual Series n°1, Luxembourg: Office for official publications of the European Communities.

²¹ http://www.emcdda.org/multimedia/project_reports/responses/guidelines_outreach.pdf

²² <http://www.emcdda.org>

follow-up of this Recommendation at Community level and acting as appropriate in the context of the European Union Action Plan on Drugs (2000-2004).

HEREBY INVITES THE COMMISSION:

to cooperate with the Pompidou Group of the Council of Europe, the World Health Organisation, the United Nations International Drug Control Programme and other relevant international organisations active in the field;

to prepare a report, in accordance with the European Union Action Plan on Drugs (2000-2004) and with the technical support of the EMCDDA, with a view to the revision and updating of this recommendation, on the basis of the information submitted by the Member States to the Commission and the EMCDDA, and the latest scientific data and advice.

Done at Brussels,

*For the Council
The President*