**CIVIL SOCIETY FORUM ON DRUGS**

**RECOMMENDATIONS TO MEMBER STATES AND EU INSTITUTIONS ON THE PREPARATIONS OF THE EU ACTION PLAN ON DRUGS (2017-2020)**

**Introduction**

This document was prepared by the Civil Society Forum on Drugs (CSF), an expert group of the European Commission. The CSF is a diverse group of NGOs selected by the EC for a 3 years period, based on their relevance and expertise. The current Forum has more than 40 members, representing various groups, fields, regions and ideological approaches. It has four working groups, one of them focuses on the mid-term evaluation of the EU drug strategy (2013-2020) and the final evaluation of the previous action plan (2013-2016), as well as assisting and advising the Commission and member states in the formulation of the new Action Plan on Drugs (2017-2020). The CSF provided feedback to the external evaluators (EY, RAND) on the implementation of the previous Action Plan and its perspectives were included in its final report. The Forum was also involved in the preparation of the first draft of the new Action Plan on Drugs, published on March 15, 2017. This paper presents the insights of civil society on both the lessons learnt from the evaluation and key highlights and recommendations from the draft of the new action plan.

**I. Lessons learnt from the external evaluation of the previous AP on drugs**

ADDED VALUE OF THE AP

The CSF agrees with the external evaluators that the EU AP is relevant and has an added value to MS and civil society by establishing a common EU-wide framework and institutionalising a process of consensus-building on drugs policy. This added value is more pronounced in demand reduction and international cooperation. **The CSF promotes equally strong efforts to harmonise the creation, enforcement and monitoring of criminal laws to improve the proportionality of penalties and avoid unnecessary harm to public health and human rights.**

DEMAND REDUCTION IN DISADVANTAGE

The external evaluators pointed out that among the five pillars of the EU drug strategy demand reduction significantly lags behind in terms of progress made in the period of the previous Action Plan. **The CSF urges member states to invest more resources and take more efforts to address this disproportionality in funding and political priorities**.

DATA ON PUBLIC EXPENDITURES AND BENEFITS

The external evaluators could not conclude on the efficiency of the intervention as harmonised quantitative data are not available as regards expenditure and related benefits of relevant actions. This necessitates harmonised studies in the member states on drug related social expenditures and benefits. **The CSF recommends that the new EU Action Plan - and, consequently, national drug strategies and action plans - should include actions in its research section to improve our knowledge about the costs and benefits of policies.**

INTERNET

According to the external evaluation, greater level of focus is needed on the use of new communication technologies in illicit drug production and trafficking and the role of internet in drug prevention. **The CSF calls member states to exchange information, provide training and adequate funding for prevention, treatment and harm reduction interventions using the online space to reach out vulnerable and affected communities.**

CANNABIS POLICIES

Discussion about new cannabis policies, within and outside of the European Union, is missing in the European level. The CSF is of the opinion that an open, evidence-informed discussion is the interest of both those who are in favour of these policies and of those who oppose them. **The CSF urges the European Union to create forums for decision makers, the scientific community and civil society to discuss and evaluate the impact of such policies.**

HARM REDUCTION

According to the evaluation, “there is room for improvement in implementation and access to risk and harm reduction measures across various Member States and that stakeholders from civil society expressed concerns about the extent and quality of these measures.“ The CSF expresses its concern about the scaling down and closure of harm reduction programs and the increasing rates of hepatitis C and HIV infections and/or high rates of overdose deaths among injecting drug users in some member states. Harm reduction should be expanded beyond injecting drug users, including drug checking and other safer nightlife initiatives. **The CSF underlines the importance of addressing the growing gap between the demand for harm reduction services and inadequate financial resources, as well as a supportive legal and political environment for these services.**

NEW PSYCHOACTIVE SUBSTANCES

The new AP should include actions on monitoring, supply, demand and harm reduction in relation to NPS. **The CSF reiterates its position that the emergence of NPS is not only a legislative and law enforcement challenge but it requires a comprehensive approach, including demand and harm reduction responses from member states and the EU**.

**II. Civil Society Forum recommendations and highlights on the draft new Action Plan**

**1. General position**

The CSF thanks the European Commission for building a strong partnership with civil society and including the Civil Society Forum in the evaluation of the previous Action Plan and the drafting of the new Action Plan in a meaningful way. We believe this draft Action Plan is fit for purpose and creates a very important and effective mechanism for both decision makers and civil society to move forward to its goals, that is, improving the health and well being of European citizens.

The CSF supports the efforts of the European Commission to lay more emphasis in the new Action Plan on prescription medications, vulnerable groups and a stronger focus on harm reduction. We especially welcome its intention to provide further opportunities to increase civil society's participation in the formulation, implementation, monitoring and evaluation of drugs policies at EU and national level.

The CSF strongly recommends member states to approve the new Action Plan on Drugs - with some recommended changes in the text (highlighted with bold in the following chapters).

**2. Drug demand reduction**

PREVENTING DRUG USE AND DELAYING ONSET  
The Civil Society Forum welcomes the actions to prevent drug use and delay onset of use (1.1 And 1.2). We think it is useful that the actions target risk factors and that indicators emphasize evidence based interventions in member states. We also think it is important to explore interventions in new settings (1.3 and 1.4), keeping in mind the evidence base for demand reduction strategies.

SUSTAINABLE DEVELOPMENT GOALS

The CSF acknowledges the great importance of integrating the outcome document of the UNGASS and the EU Health Strategy into the new Action Plan on Drugs. It recommends to also create stronger synergies between international efforts to end HIV/AIDS and hepatitis C epidemics and drug policies. **Therefore the Forum recommends that the Action Plan should include a reference to the Sustainable Development Goals adopted by the UN member states in 2015.**

ACCESS TO PAIN MEDICATION

The CSF welcomes the action (1.5) to prevent the misuse of opiate medications. However, this should not interfere with the access to medication for those who seek to control pain and treat suffering. Therefore the CSF supports specific training to health professionals and the removal of legislative and technical barriers hindering access to address these problems.

EFFECTIVENESS OF DRUG TREATMENT AND REHABILITATION

The CSF appreciates the action (2.6) to expand the use of evidence-based treatment services that address polydrug use as well as the needs of people with co-morbidity. It is also important to highlight services that support recovery and social reintegration, and it would be useful to develop indicators that measure coverage of such services. **We recommend to implement community-based and community-led drug related services for people who use drugs. A survey/calculation should be conducted to identify thresholds for the delivery and implementation for community based services**.

AGEING DRUG USERS

In several EU member states there is an increasing ageing population of people who use drugs, this poses new risks and challenges for public health. Therefore the CSF supports the action (2.6) to diversify treatment options to address the needs of ageing populations.

GENDER SPECIFIC SERVICES

The CSF is of the unequivocal opinion that demand and harm reduction services that do not address the specific needs of women and girls cannot adequately respond to their drug problems. The introduction and provision of gender specific services (2.6, 2.7, 2.8) is welcome and is of paramount importance in the Action Plan to reduce gender inequalities and discrimination. **The CSF recommends to amend action 2.7. (d): "take in account gender specific needs, such as evidence-based comprehensive and integrated gender-based demand and harm reduction initiatives (for male, female, transgender), considering specific answers to singular challenges such as gender violence, the double stigma".**

YOUNG PEOPLE AND CHILDREN

While in many member states there is an emerging population of ageing drug users, young people and children are still among the most vulnerable and most affected populations who rarely have access to services that focuses on adults. The CSF supports the development of services for this group (2.6, 2.7, 2.8).

OTHER VULNERABLE GROUPS

The CSF welcomes the inclusion of other vulnerable groups in the draft Action Plan (2.8), such as migrants and asylum seekers, LGBTI people, prisoners and commercial sex workers. We would like to draw special attention to people released from prison as an important target group for interventions. It is crucial to ensure continuity of care for those who are released to promote treatment adherence and prevent overdoses and other negative outcomes. **We recommend that all people in need, incarcerated or not, have access to a range of services, including harm reduction services. A survey should be conducted to compare services being accessible for prisoners and in the general population**.

HARM REDUCTION

The CSF recommends the EC to strengthen the harm reduction related parts (2.8) of the Action Plan as compared to the previous document. That is, to list specific harm reduction interventions by name (needle and syringe programs, opiate substitution programs, take-home naloxone programs, nightlife harm reduction programs, drug consumption rooms) and to use measurable indicators (e.g. the WHO's recommended minimum coverage of 200 sterile needles per injecting drug user per year). **We recommend to add drug checking to the listed services.** **The CSF urges member states to implement these actions by providing adequate funding and a supportive legal environment for harm reduction services**, **including national and EU funding, and especially at the local level, which is key to implement strategic actions and experimental harm reduction schemes.**

HEPATITIS AND TUBERCULOSIS

With new therapeutic options it would be possible to eradicate Hepatitis C from Europe. High prices of drugs to treat HCV cause that not everyone with chronic hepatitis C is treated, it is assumed that PUD and prisoners have a lower access rate to new HCV treatment available. **The CSF recommends to collect data on the proportion of people who use drugs among people who receive hepatitis C treatment, and also the proportion of prisoners**. **We recommend to observe and add TB screening and access to hepatitis A and B vaccination to all interventions targeting PUD, including PUD living in prisons.**

QUALITY STANDARDS

The CSF has a thematic working group on quality standards that produced a paper highlighting the challenges and gaps in implementing these services. It supports the introduction of clear indicators to measure the implementation of quality standards for demand reduction (2.10), such as the number of programs and trainings in accordance with these standards. **It recommends to add "people who use drug services" as a specific group to be involved in the implementation of standards because clients are the most affected by the quality of services**.

TACKLING CO-MORBIDITIES

Members of the Forum from several member states reported a gap in tackling psychiatric co-morbidites, also known as dual diagnosis, among people with drug dependence. The number of persons suffering from this problem is increasing but member states are not creating specific treatment resources to attend to these persons. Therefore we welcome that the Commission included in action 2.7 the promotion of comprehensive community care, creating specialised resources to ensure continuity in treatment for these users.

**2. Drug supply reduction**

ALTERNATIVES TO COERCIVE SANCTIONS

The CSF proposed that alternatives to coercive sanctions include, when suitable, a Restorative Justice approach, that is recognised to reduce reoffending and increase the satisfaction of victims. Moreover, alternatives to prison should be correctly evaluated in order to avoid “widening-the-net” effect, that is, that they are punishing more actions and persons than before. These measures should be gender specific and ensure that prison is used as a last resort and punitive measures are not used for the simple use or possession of drug use in itself. Therefore we welcome the inclusion of "increasing monitoring and evaluations" as indicator of action 5.22.

NEW PSYCHOACTIVE SUBSTANCES

The CSF recommended to conduct impact assessment studies of new legislative measures, with special focus on the replacement-effect in the drug market. The CSF welcomes the inclusion of its recommendation in action 5.19. **However, the Forum reiterates its position that the emergence of NPS requires a complex response beyond legislative and law enforcement measures, therefore we recommend to mention NPS in the demand reduction section as well.**

**3. Coordinaton**

INVOLVEMENT OF CIVIL SOCIETY

A meaningful involvement of civil society in decision making processes in both the European and national/local level is key to develop, implement, monitor and evaluate effective drug policies, with special regard to representatives of most affected communities. The CSF values the cooperation and partnership with the HDG that was being built by favour of the previous Action Plan on Drugs. The Forum welcomes action 9.31 that aims to continue this cooperation. **To improve this process we propose to create a Memorandum of Understanding between the CSF and the HDG as an indicator. We also propose to include in the indicators of this action the creation of formal mechanisms in the local and national drug policies to involve civil society in drug policy coordination**.

**4. International cooperation**

TRANSITION TO DOMESTIC FUNDS IN SOUTHERN-EASTERN EUROPE

CSF members from Southern-Eastern European member and candidate states (such as Serbia, Montenegro, Bosnia-Hercegovina, Macedonia, Romania, Bulgaria) reported that most HIV prevention and harm reduction services targeting injecting drug users had to or soon will have to shut down due to the decision of the Global Fund to Fight AIDS, Tuberculosis and Malaria to end its programs in upper-middle income countries and national governments did not ensure a sustainable transition to domestic funds. The CSF is of the opinion that this funding crisis can have catastrophic public health consequences (such as HIV and Hepatitis C epidemics) and it requires a joint European action. **Therefore the Forum recommends to add to action 10.38 a point (c) with the following text: "to facilitate the transition of harm reduction services funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria to domestic government funding in EU candidate countries."**

INVOLVEMENT OF CIVIL SOCIETY IN THE UNGASS REVIEW PROCESS

The CSF working group on institutional co-operation played a crucial role in assisting the HDG in formulating a joint EU position in preparation of the UNGASS on drugs in April 2016. The Forum believes that this cooperation must be continued in the ongoing review process leading to the 2019 high level UN meeting on drugs, therefore it welcomes the inclusion of the reference to civil society involvement in action 12.41.

**5. Information, research, monitoring and evaluation**

EVALUATION OF NATIONAL DRUG STRATEGIES

Members of the CSF from many member states reported a lack of formal monitoring and evaluation mechanisms of national drug strategies. The CSF welcomes action 14.46 that aims to increase the number of member states following EMCDDA's guidelines on a structured evaluation.

EVALUATING ALTERNATIVE POLICIES

The external evaluators of the previous Action Plan on Drugs pointed out "that the omission of a discussion on recent trends in cannabis policy was noted by a wide range of stakeholders and represented one of the most frequent items raised when exploring whether there are any issues not covered by the Strategy." The CSF welcomes action 15.48, which aims to "provide comprehensive analysis of EU and international developments relating to cannabis policy models and their impacts." We recommend upcoming EU presidencies to create platforms and organise forums for civil society, scientific community and decision makers to discuss alternative policies and their impact.

HUMAN RIGHTS IMPACT OF DRUG POLICIES

The CSF has repeatedly recommended the EU member states to create mechanisms to assess the human rights impact of drug policies to identify and analyse interventions in EU member states and also in third countries that can contribute to human rights violations as an intended or unintended consequence (e.g. the use of EU resources to fund cruel and inhumane punishment in third countries is well documented). Therefore we welcome point h) of action 15.50, which aims to enhance research and reporting on "compliance of drug policies with international human rights standards." The CSF recommends that a human rights impact assessment should be part of regular data collection and monitoring.

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