

## Contributions from the Civil Society Forum on Drugs to the EU-USA bilateral dialogue on drugs

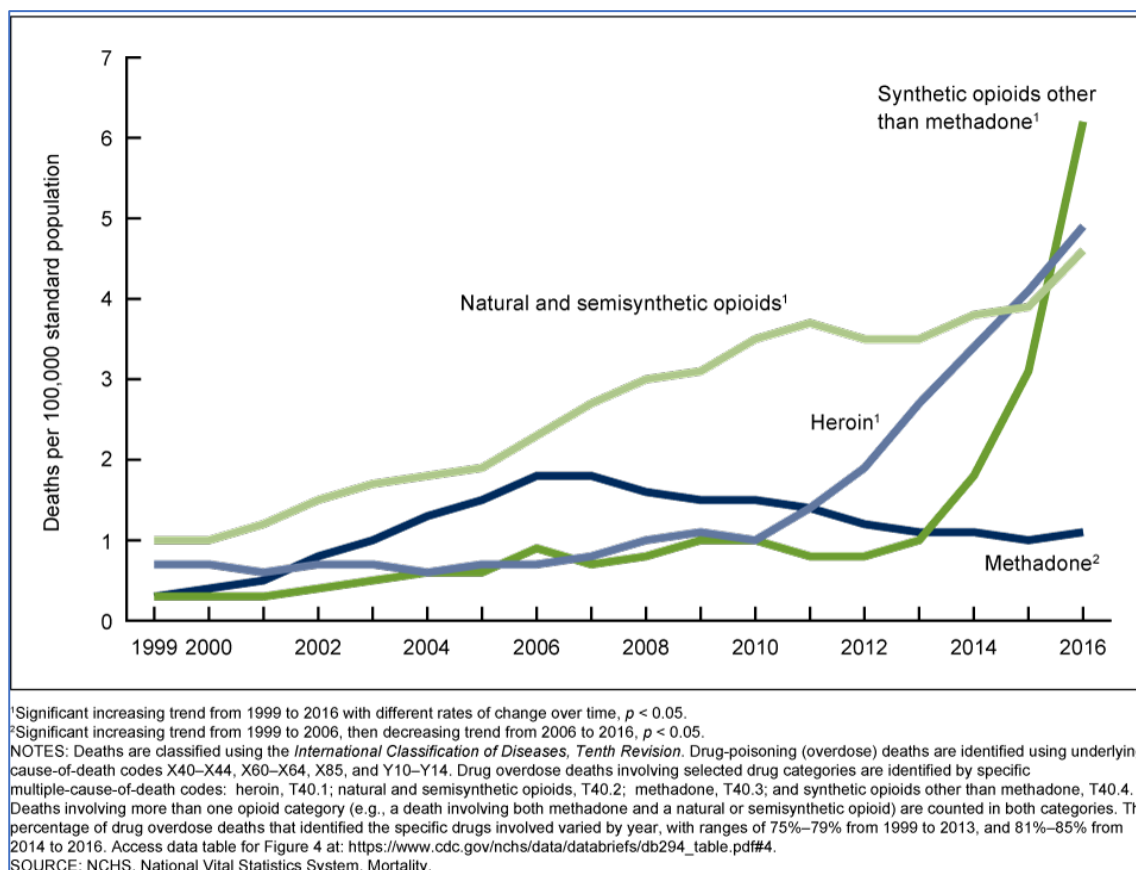
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Historically, the USA has played a key role at the UN Commission on Narcotic Drugs (CND), with some positions very much in line with those adopted by the EU, and others departing from the EU common positions – in particular since 2017. The Civil Society Forum on Drugs (CSFD) therefore welcome the move, by the EU, to create space for a constructive dialogue with the hope of identifying common understandings on drug policy ahead of the 2019 Ministerial Segment. This paper aims to contribute to the bilateral dialogue between the EU and the United States of America, highlighting key issues of concern but also constructive examples of best practice within the EU to feed into the discussion.

### 1) Responding to the opioid overdose crisis in the USA

The rates of drug overdose deaths in the USA are alarmingly high. In 2017 alone, the total number of overdose deaths reached 71,568.<sup>1</sup> The pattern of drugs involved in drug overdose deaths has recently changed, with the rate of overdose deaths involving synthetic opioids other than methadone (i.e. fentanyl, fentanyl analogues, and tramadol) doubling from 3.1 per 100,000 in 2015 to 6.2 in 2016 (see Figure 1).<sup>2</sup>

**Figure 1. Age-adjusted drug overdose death rates by opioid category in the USA, 1999-2016<sup>3</sup>**



Worryingly, the USA has responded to this public health crisis mainly with an enforcement-oriented approach, with little investment in health programmes such as drug dependence treatment or overdose prevention interventions such as naloxone distribution. As a result, currently only 8% of US counties implement overdose education and naloxone distribution programmes.<sup>4</sup>

In the USA, the fears associated with the surge in opioid overdose deaths has impacted upon the rights of patients to receive opioid medicines for pain relief and palliative care. These fears, however, are unfounded. It has been suggested that 21-29% of patients receiving opioids ‘misuse’ them, but this also includes non-compliance, such as not taking medication regularly as instructed – seen in about 25% of all prescribed medication. Furthermore, only a very small proportion of people treated with opioids for pain management develop dependency (estimated at between 0.01 and 4%).<sup>5</sup> The US Administration should ensure that the measures taken to face the opioid crisis do not interfere with patients’ access to vital medications and palliative care.<sup>6</sup>

The EU is a leader in the promotion of a health and social approach to drug consumption. This has been emphasized in the EU Drug Strategy and Action Plan, as well as in the ‘Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union’.<sup>7</sup> The European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) has studied a number of good practice interventions from within the EU which have been effective at preventing opioid overdose deaths (see Box 1).

#### **Box 1. EMCDDA recommendations on preventing opioid overdose deaths**

The European Union has a long experience of responding to risks and harms associated with opioid use. Based on this experience, in 2017 the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) published a paper focusing on ‘Preventing overdose deaths in Europe’, in which it promotes five main interventions:<sup>8</sup>

- 1. Increasing awareness of, and information about, overdose risks:** Such interventions have been reported in 28 of the countries reporting data to the EMCDDA. In some contexts, this information is also available in different languages in order to be accessible to people who use drugs among migrant communities. The internet and new communication channels are increasingly being used in this regard.<sup>9</sup>
- 2. Provision of effective drug dependence treatment:** Opioid substitution treatment (OST) in particular has been proven to substantially reduce the risk of mortality, as long as doses are sufficient and continuity of treatment is maintained. As retention in drug treatment is a key preventive factor against overdose deaths, many European countries have scaled up access to, and coverage of, treatment services.
- 3. Improving continuity of care between prison and the community:** Several interventions are recommended to reduce the risk of overdose deaths among former prisoners in the period shortly after leaving prison, including pre-release education on overdose risks and prevention, continuation and initiation of substitution treatment, improved referral to aftercare and community treatment services, and the provision of naloxone on release to prisoners with a history of heroin injecting.
- 4. Supervised drug consumption rooms:** A total of 78 drug consumption rooms operate across six EU countries: Denmark, France, Germany, the Netherlands, Luxembourg and Spain, as well as Norway, serving specific subgroups of highly marginalised and homeless people who use drugs. To date, no overdose fatalities have occurred in the facilities, while this intervention has increased access to health and social services and decreased public drug use.
- 5. Improved bystander response:** Most overdoses occur when others are present and most people who use drugs have witnessed or experienced overdoses. Interventions that aim to improve bystander responses can include training peers and family members of people who use drugs in overdose prevention, recognition and response, and wide distribution of naloxone.

***We call on the EU to strongly promote a public health and social inclusion approach to the opioid overdose crisis in the USA, including the five interventions promoted as best practice by the EMCDDA (see Box 1). We also call on the EU to stress the importance of ensuring adequate access to controlled substances, including opioids, for palliative care and pain relief.***

## **2) Addressing the mass incarceration of drug offenders in the USA**

The US has the highest prison population rate in the world.<sup>10</sup> Over 1.6 million people are arrested, prosecuted, incarcerated, placed under criminal justice supervision and/or deported each year for a drug offence.<sup>11</sup> Problematically, the USA has promoted drug courts as an alternative to incarceration, which have been widely criticised for a number of reasons. A recent study of drug courts concluded that they were ‘a costly, cumbersome intervention that has limited, if any, impact on reducing incarceration. Indeed, for many it may have the opposite effect: increasing criminal justice supervision and subjecting participants who fail to graduate to harsher penalties than they may have otherwise received’.<sup>12</sup>

Providing alternatives to coercive sanctions for drug using offenders constitutes a priority of the EU, being recognised both within the EU Action Plan (Action 22) and the ‘Council conclusions on alternatives to coercive sanctions for drug using offenders’<sup>13</sup>. The EU has a wide range of experiences that have proved to be more effective than the drug court system. EU countries can provide examples of good practice in the provision of alternatives to coercive sanctions to drug offences.

Alternatives to prison or punishment for drug-using offenders can be provided in contexts where drug use remains criminalised or whether it has been decriminalised. They cover a range of sanctions that may delay, avoid, replace or complement prison sentences for people who use drugs who have committed an offence normally sanctioned with imprisonment by national law. This includes the decriminalisation of drug use to the provision of treatment as an alternative to imprisonment for people found to be drug dependent – as documented in the ‘Study on alternatives to coercive sanctions as response to drug law offences and drug related crimes’<sup>14</sup>. Evidence suggests that drug dependence treatment is a better and more cost-effective option for offenders with drug dependence treatment than imprisonment.<sup>15</sup> For examples of good practice in the area of alternatives to incarceration, please see the CSFD contribution on the EU dialogue with Russia.<sup>16</sup>

***We call on the EU to promote alternatives to punishment and incarceration that are truly effective at curbing the rates of incarceration, and at addressing the health and social risks and harms associated with drug use.***

## **3) Responding to the USA’s Global Call to Action on the ‘world drug problem’**

In September 2018, the USA released a ‘Global Call to Action on the World Drug Problem’.<sup>17</sup> The ‘Global Call’, circulated by the USA diverges significantly from the latest consensus within the UN drug policy debates, including in the 2016 UNGASS Outcome Document. For instance, the Call adopts a four-pronged approach which does not align well with the seven-pillar approach adopted within the UNGASS Outcome Document, and fails to give adequate prominence to issues related to human rights, development and harm reduction. We welcome the fact that the EU did not agree to sign on to the document, despite the fact that various EU member states did so.

***We call on the EU to continue to promote the UNGASS Outcome Document as the latest agreed global consensus on drugs in the coming months, and hope that the US delegation in Vienna will also be open to supporting this position in the months leading up to the 2019 ministerial Segment.***

The Civil Society Forum on Drugs (CSFD) is an [expert group of the European Commission](#) that was created in 2007 on the basis of the [Commission Green Paper](#) on the role of civil society in drugs policy in the EU. Its purpose is to provide a broad platform for a structured dialogue between the Commission and European civil society which supports drug policy formulation and implementation through practical advice. The CSFD is consistent with the [EU Strategy on Drugs 2013-2020](#) and the new [Action Plan on Drugs 2017-2020](#) both of which require the active and meaningful participation and involvement of civil society in the development and implementation of drug policies at national, EU and international level. Its membership comprises 45 CSOs from across Europe and representing a variety of fields of drug policy, and a variety of stances within those fields. Below is the list of CSFD members for the period 2018-2020:

1. ABD - Associació Benestar i Desenvolupament
2. AFEW International
3. AIDES

4. Ana Liffey Drug Project
5. APDES - Agência Piaget para o Desenvolvimento
6. APH - Association Proyecto Hombre
7. ARAS - Romanian Association Against AIDS
8. Citywide Drugs Crisis Campaign
9. De Regenboog Groep
10. Dianova International
11. Diogenis Drug Policy Dialogue
12. EAPC - European Association for Palliative Care
13. EATG - European AIDS Treatment Group
14. ECAD - European Cities Network for Drug Free Societies
15. EFSU - European Forum for Urban Security
16. ENLACE
17. EURAD
18. EuroTC - European Treatment Centres for Drug Addiction
19. EUSPR - European Society for Prevention Research
20. FAD - Fundación de Ayuda contra la Drogadicción
21. Federation Addiction
22. FEDITO BXL
23. Forum Droghe
24. FUNDACIÓN ATENEA
25. GAT - Grupo de Ativistas em Tratamentos
26. HRI - Harm Reduction International
27. IDPC - International Drug Policy Consortium
28. INPUD - International Network of People who use Drugs
29. IREFREA - Instituto Europeo de Estudios en Prevención
30. MAT - Magyar Addiktológiai Társaság
31. Médicos del Mundo España
32. PARSEC Consortium
33. Polish Drug Policy Network
34. Prekursor Foundation for Social Policy
35. Proslavi Oporavak
36. Romanian Harm Reduction Network
37. Rights Reporter Foundation
38. San Patrignano
39. SANANIM
40. SDF - Scottish Drugs Forum
41. UNAD
42. UTRIP
43. WFAD - World Federation Against Drugs
44. WOCAD
45. YODA - Youth Organisations for Drug Action

## Endnotes

<sup>1</sup> Centers for Disease Control and Prevention, *Provisional drug overdose death counts*, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (accessed 31 August 2018)

<sup>2</sup> Hedegaard, H., Warner, M. & Miniño, A.M. (2017), *Drug overdose deaths in the United States, 1999–2016*. NCHS Data Brief, No 294 (Hyattsville, MD: National Center for Health Statistics), <https://www.cdc.gov/nchs/products/databriefs/db294.htm>

<sup>3</sup> Ibid.

<sup>4</sup> Lambdin, B.H., Zibbell, J., Wheeler, E. & Kral, A.H. (2018), 'Identifying gaps in the implementation of naloxone programs for laypersons in the United States', *International Journal of Drug Policy*, **52**: 52-55

<sup>5</sup> Von Gunten, C.F. (2016), 'The pendulum swings for opioid prescribing', *Journal of Palliative Medicine*, **19**:1

<sup>6</sup> For more information, visit the website of the Chronic Illness Advocacy & Awareness Group, Inc. at: <https://www.ciaag.net/>

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- <sup>7</sup> Council of the European Union (16 September 2015), *Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union*, DS 10371/1/15 REV 1, <http://data.consilium.europa.eu/doc/document/ST-11985-2015-INIT/en/pdf>
- <sup>8</sup> European Monitoring Centre on Drugs and Drug Addiction (June 2017), *Preventing overdose deaths in Europe*, Perspectives on drugs, [http://www.emcdda.europa.eu/system/files/publications/2748/POD\\_Preventing%20overdose%20deaths.pdf](http://www.emcdda.europa.eu/system/files/publications/2748/POD_Preventing%20overdose%20deaths.pdf)
- <sup>9</sup> For example, an e-health overdose risk assessment tool and overdose awareness videos was developed to be projected in the waiting rooms of drugs facilities, see: <https://vimeo.com/album/1655129>
- <sup>10</sup> World Prison Brief, [http://www.prisonstudies.org/highest-to-lowest/prison-population-total?field\\_region\\_taxonomy\\_tid=All](http://www.prisonstudies.org/highest-to-lowest/prison-population-total?field_region_taxonomy_tid=All) (accessed 2 October 2018)
- <sup>11</sup> Drug Policy Alliance, *Mass incarceration and criminalization*, <http://www.drugpolicy.org/issues/mass-criminalization> (accessed 2 October 2018)
- <sup>12</sup> Social Science Research Council (March 2018), *Drug courts in the Americas*, [https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new\\_publication\\_3/%7BF5A946BA-5726-E811-80CA-005056AB0BD9%7D.pdf](https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/%7BF5A946BA-5726-E811-80CA-005056AB0BD9%7D.pdf)
- <sup>13</sup> Council of the European Union (8 March 2018), *Promoting the use of alternatives to coercive sanctions for drug using offenders – Council conclusions (8 March 2018)*, 6441/18, <http://www.emcdda.europa.eu/system/files/attachments/8042/Council%20Conclusions%20on%20Promoting%20the%20use%20of%20alternative%20to%20coercive%20sanctions%20for%20drug%20using%20offenders.pdf>
- <sup>14</sup> Available here: [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs\\_final\\_report\\_new\\_ec\\_template\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf)
- <sup>15</sup> See: European Commission (May 2016), *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs\\_final\\_report\\_new\\_ec\\_template\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf)
- <sup>16</sup> Available here: [https://www.dropbox.com/s/7eq3cnl1tatax71/2018-09%20CSFD%20submission%20for%202018%20EU-Russian%20dialogue\\_FINAL.pdf?dl=0](https://www.dropbox.com/s/7eq3cnl1tatax71/2018-09%20CSFD%20submission%20for%202018%20EU-Russian%20dialogue_FINAL.pdf?dl=0)
- <sup>17</sup> The text of the 'Global Call to Action' is available here: <https://usun.state.gov/remarks/8629>