

Statement of the EU Civil Society Forum on Drugs on vulnerable groups in the field of drug demand reduction

This Statement is developed by the EU Civil Society Forum on Drugs (CSFD) – an expert group of the European Commission, created in 2007 on the basis of the Commission Green Paper on the role of civil society in drugs policy in the EU.

The CSFD membership comprises 45 civil society organisations (CSOs) from across Europe and representing a variety of fields of drug policy, and a variety of stances within those fields. Its purpose is to provide a broad platform for a structured dialogue between the EC and the European civil society which supports drug policy formulation and implementation through practical advice.

Website: www.civilsocietyforumondrugs.eu

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Drug Report 2020 estimates that around 96 million or 29 % of adults (aged 15-64) in the European Union are estimated to have used illicit drugs at least once in their lifetime. Although, most people who use drugs are using them sporadically, there are specific groups which are more vulnerable than others regarding drug use and drug-related problems.

Many EU Members States and candidate countries have failed to develop and implement effective responses to protect and support vulnerable groups in drug demand reduction. The EMCDDA states, that *»the current public health crisis (COVID-19) raises serious additional concerns for the wellbeing of people who use drugs, ensuring service continuity for those with drug-related problems, and the protection of those offering care and support for this population«*.

The current COVID-19 pandemic has revealed the vulnerability of people (especially those who use drugs), often related to health problems (e.g. chronic respiratory disease (asthma), chronic obstructive pulmonary disease (COPD) and other conditions, which reduce the immune system), their social and economic situation (often combined with homelessness) and other factors, such as social isolation, stigma and criminalization. It is why Mr. Dainius Pūras from Lithuania, the United Nations expert on the Right to Health states, that *»vulnerable groups of people who use drugs should be recognized as a high-risk population in order to mitigate the spread of the pandemic«*. The current situation is a particular challenge for vulnerable groups who need social support, meaningful activities and access to different drug demand reduction services in a time of physical distancing, lockdown and quarantine.

This Statement includes an overview of vulnerable populations, their related needs and a set of CSFD recommendations to ensure an effective drug policy approach in the EU Member States and candidate countries.

Vulnerable groups

Several groups are particularly vulnerable to high-risk drug use and drug addiction. These are especially people who use drugs, the homeless, those »looked after« by social services or in foster care, sex workers, truants, those excluded from school, young offenders, children from families with substance-using parents and/or siblings and young people with conduct or mental health disorders.

People who use drugs are a heterogeneous group - having different individual, social and economic backgrounds. There are specific factors, which make certain groups more vulnerable to high-risk drug use, risk behaviour and drug addiction. The following groups should be identified as specifically vulnerable and interventions in the area of drug demand reduction should address their particular needs:

Young People

Experimenting with alcohol, tobacco and other drugs has become quite common among young people. While most of them does not develop serious substance use related problems or other risk behaviours, there is a group of young people which is specifically vulnerable for frequent and high-risk drug use and addiction. Young people are particularly vulnerable due to the brain development in adolescence and potential influence of substance use on their future (mental) health. The earlier the substance use occurs, the more probable is the risk of developing mental health disorders later in life. Following this reasoning, all children and young people are to be considered as a vulnerable group in a way and they should be addressed with evidence-based prevention and early intervention programmes and interventions. In addition, many of young people have experienced physical and sexual violence or other adverse childhood experiences, which we must take into consideration while discussing evidence-based policies and practices related to this vulnerable group.

Women

Women make up a quarter of all people with serious harms related to drug use and face stigma and discrimination on different levels. Many of them have experienced physical and sexual violence, economic disadvantages, get less social support and are more likely to be engaged in sex work. Furthermore, women often have/take on a caring role for children, partners and parents. Women oftentimes face barriers in accessing risk and harm reduction, treatment, social integration and rehabilitation services. For example, in some countries pregnancy during the substance use or addiction period could result in incarceration for exposing the foetus to harm/health consequences/death consequences or are forced to get an abortion - the fear of which may hinder these women from seeking services.

Prisoners

There is a strong correlation between prison and drug use. Prisoners who use drugs, in particular opioid users, have an increased risk of overdose and the probability of death is extremely high in the immediate period after release. The incidence of HIV and Hepatitis C is increased due to the lack of risk and harm reduction services and safe injecting kits. Important areas of health and social care and treatment in prison should include: HIV and Hepatitis C testing and treatment, substitution treatment, provision of condoms and safe injecting kits, practical support during and after prison to ensure stable housing, social integration and rehabilitation. Cooperation between prisons, healthcare providers and CSOs is the key in ensuring a continuum of care. This can save and build a path towards the further treatment, social integration and rehabilitation of people who use or stop using drugs.

Aging people who use drugs

Most European countries are observing an increasing number of aging people who use drugs in risk and harm reduction, treatment, social integration and rehabilitation services. Due to their long history of drug use, they are likely to suffer from negative social and health consequences, while often being socially excluded and isolated from family, friends and other social networks.

People living with HIV/AIDS and/or HCV

People who use drugs are one of the most important key populations affected by HIV/AIDS and Hepatitis C. Although, treatment options for both diseases have improved significantly and prominent international organisations, such as the World Health Organization (WHO) and the European Association for the Study of the Liver (EASL) have stressed the need to provide unconditional, universal access to HIV and HCV testing, treatment and care to people who use drugs, there are barriers at different levels, which hinder the access to these services.

Sex workers

There is an interconnection between drug use and sex work. People who sell sex and use drugs are facing increased stigma, discrimination and risks for (mental) health-related harms, social exclusion and violence. Nevertheless, the aspect of sex work is often overlooked in drug services and specific need of sex workers remain unaddressed. A broader and more integrated approach is needed to provide tailored services, including health care and treatment, social, psychological and legal support.

People with mental health problems

The combination of high-risk drug use, addiction and mental health disorders is a point of attention in European drug policy. The connection between drug use and mental health disorder is complex and effective interventions are urgently needed. There is a consensus that both disorders should be treated at the same time. However, integrated care models are limited or do not exist at all. Consequently, this group remains in the most vulnerable position, experiencing such as homelessness, social exclusion and violence. A more integrated approach is needed, involving a broad range of stakeholders, including low threshold and risk and harm reduction services, mental health services and social integration, rehabilitation or other recovery services.

People experiencing homelessness

Many people with high-risk drug use experience homelessness or have no access to permanent and stable housing. The link between drug use and homelessness has been neglected for many years, both for policy and decision makers and service providers. Meanwhile, certain EU Member States have implemented a more integrated approach, including Housing First programmes in combination with specific services for people who use drugs.

Migrants, displaced people and ethnic minorities

Migrants, displaced people and ethnic minorities are identified as potentially vulnerable for high-risk drug use and increased risks for drug-related problems. Although, the EMCDDA has reported a relatively low prevalence of substance use among asylum seekers and, it is important to mention, that drug using migrants – especially those who are undocumented (e.g. labour migrants) – face specific problems, which make them more vulnerable.

CSFD recommendations

I. Overall recommendations

The CSFD calls upon the Council and the EU Member States and candidate countries to:

1. **Increase the coverage of and access to** health care, prevention and early intervention, risk and harm reduction, social integration, rehabilitation and housing services to improve the health, social and economic situation of vulnerable groups in Europe.
2. **Ensure the development and implementation of targeted and tailored approaches**, which address the specific needs of vulnerable groups. Interventions should be *evidence- and human-rights based* and as such be evaluated to ensure effectiveness.
3. **Ensure a coordinated and integrated** approach, by including all relevant stakeholders, organisations and institutions (including civil society organisations) to ensure a *multidisciplinary and intersectional approach* addressing different needs and challenges.
4. **Provide adequate and long-term funding for drug demand reduction services** in the EU Member States and candidate countries, to ensure the sustainability of services and the continuum of care.
5. **Ensure that drug demand reduction services and interventions targeting vulnerable groups are in line with 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***. More political commitment is needed to promote and implement minimum quality standards, including capacity building, education and training, and monitoring and evaluation.
6. **Ensure the involvement of civil society organisations, affected communities and key populations** in the development and the implementation of drug policies and interventions.

II. Vulnerable groups in prevention and early intervention

7. **Identification of vulnerable groups** is particularly important and is becoming a key tool for directing or channelling better tailored and more effective prevention-related responses at those groups or geographical areas where problem substance use is more likely to develop. This is particularly the case for those groups which might not perceive their substance use as high-risk.
8. Children and youth from the poorest and most disadvantaged backgrounds are in particular risk, and especially **need more targeted (e.g. selective and indicated) prevention programmes and interventions**, improving their long-term mental health and well-being, educational achievements and development, when schools and kindergartens have been closed.
9. At the same time, the COVID-19 pandemic crisis (especially lockdown and quarantine measures) raises issues of the **protection of children, youth and women** against substance use related problems and domestic violence and the need for immediate interventions to guarantee their safety, mental health and well-being. There is a lack of prevention interventions and services which might be provided online and by phone to those vulnerable groups at the most risk.
10. The COVID-19 pandemic crisis is **making families incredibly stressed**, especially those socially the most vulnerable. Domestic violence and household stress is increasing during lockdown or quarantine. A lot of families are having arguments in lockdown/quarantine or feeling like their

children are trying to make them angry. There is a strong need to identify families at risk and give parenting support by *empowering prevention workforce* in different educational, health and social services and *investing in development of adequate online and remote family-based prevention programmes and interventions*.

III. Vulnerable groups in risk and harm reduction, treatment, social integration and rehabilitation

11. Especially low-threshold healthcare and risk and harm reduction services provide **direct and essential support to people who use drugs and other vulnerable groups**, and often serve as the first and only contact point within the entire treatment, social integration and rehabilitation system. Services include day and night shelter, the provision of risk and harm reduction materials and safe injection sets, basic health care, psycho-social support and legal advice. Risk and harm reduction services are also referring to other services, including health care, treatment, social integration and rehabilitation and contribute as such to a balanced continuum of care.
12. Although, most European countries have implemented certain risk and harm reduction interventions in the past years, **the coverage of and the access to these services is limited and has even decreased** in some EU Member States and candidate countries. Risk and harm reduction interventions are evidence-based and cost-effective yet still, they are often structurally underfunded.

The CSFD calls upon the Council and the EU Member States and candidate countries to:

13. **Increase the coverage of and the access to risk and harm reduction** and to ensure that that interventions are based on evidence and human-rights principles and in line with the EU minimum quality standards in drug demand reduction.
14. **Expand treatment, social integration and rehabilitation services.** The relevance of these services is crucial in times of COVID-19. Research has shown (e.g. in Norway) that people who use drugs and have access to treatment, social integration or rehabilitation services have more knowledge and information about COVID-19 and are thus better prepared to protect themselves and others.
15. **Ensure appropriate funding** for risk and harm reduction services to secure adequate access to needle and syringe programmes, opioid substitution treatment, Naloxone, and other life-saving interventions.
16. **Acknowledge the important role of risk and harm reduction, treatment, social integration and rehabilitation services in the COVID-19 pandemic** and recognise them as essential services in the response.
17. **Support the development of coordinated and integrated care models**, by actively involving services in the area of risk and harm reduction, homelessness, treatment, social integration and rehabilitation, mental health, education and employment.
18. **Involve people who use drugs and people in recovery** in the development and implementation of policies and interventions in the area of risk and harm reduction, treatment, social integration and rehabilitation services.