



DRUGSCOPE MANIFESTO

European Parliament Elections 2004: Next steps for European drug policy

'Those who are responsible for introducing the drugs into our societies are extremely well organised, unhampered by borders, ethics or financial limitations. Today, we have a situation where up to 1.5 million Europeans are problem drug users; drug-related deaths are on the rise; young people are most at risk, with most fatalities resulting from overdoses involving people in their 20s and 30s. The problem, in other words, is getting worse. The only way to beat it is by making it a clear political priority at EU level and by coordinating national and EU efforts to a greater extent than is the case at present'. Carel Edwards, Head of the Drugs Coordination Unit in the European Commission's Directorate-General for Justice and Home Affairs.

'Although there are some grounds for cautious optimism when examining the European drugs problem, these are outweighed by concern that we are not having sufficient impact on severe, long-term drug use or on regular drug use by a worrying number of young people in many EU countries'. Georges Estievenart, Head of the European Monitoring Centre for Drugs and Drug Addiction.

Drugs policy is a vital issue for the European Union, and should be made a key issue in the elections for the European Parliament.

The EU is one of the world's biggest markets for drugs such as cannabis, cocaine and heroin. It is also a major producer of synthetic drugs such as ecstasy.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimates that one in five adults in the EU will have used cannabis at least once in their lifetime. As many as 1.5 million people in the EU suffer from

serious drug dependency problems. Between six and seven thousand people die annually in the EU as the direct effect of illegal drugs. Throughout Europe, problem drug use is associated with poverty, exclusion, health and mental health problems, crime and public nuisance.

The EMCDDA estimates that public expenditure on reducing demand for drugs across the EU was around 2.3 billion EUROS in 1999. This figure covers only investment in prevention and treatment services by the EU countries - prior to enlargement - and not the huge expenditures on law enforcement and the economic and social costs of drug use.

It is accepted by all Member States that there is a critical European role in reducing drug-related harms. The problems cannot be solved by the actions of one country alone. They have an irreducibly international dimension.

While the Euro Elections 2004 are being contested a new European Action Plan on Drugs is being prepared, which will build on the 2000-2004 Action Plan and the lessons that have been learnt. All Euro MPs have a role to play in highlighting the drugs issue, pushing forward the European policy agenda and developing an effective European drug strategy.

The development of European drug policy

□ Subsidiarity and added value

European drug policy is framed by the two guiding principles for activity at the European level: subsidiarity and added value.

Under these principles it is expected that most actions to limit the harms that drugs cause will be carried out by individual member states. Actions at the European level will principally focus on:

- Cross border co-operation
- Information exchange
- Promoting good practice
- Monitoring and evaluation
- Providing intelligence about trends in drug misuse.

□ Supply

In 1985 the Trevi inter-governmental working group was set up to fight cross-border organised crime, including drug trafficking. This was the first of a series of initiatives to promote European co-operation on law enforcement, with the aim of beating the drug traffickers and cutting the supply of drugs. In 1994 the Europol Drugs Unit was the first element of Europol to begin work, five years before the official launch of Europol in 1999.

The EU is itself a participant in wider, global initiatives to reduce the supply of drugs. In 1988, the EEC signed the *UN Convention against the Illicit Trade in Narcotic Drugs and Psychotropic Substances*. This Convention introduced measures to combat drug trafficking, tackle money laundering and control the movement of chemicals that are used in the manufacture of drugs (so-called 'precursor chemicals').

The *Maastrich Treaty 1993* included key provisions to facilitate pan-European police and judicial co-operation, as well as helping to harmonize the laws on drug trafficking across the EU. The *Amsterdam Treaty 1999* included articles to strengthen interpol and improve co-operation between national police and customs services.

The EU Member States continue to co-operate to bring those people who profit from the trade in harmful drugs to justice.

□ Demand

What is perhaps most marked in tracing EU drug policy from the first European Action Plan to Combat Drugs in 1990 to the latest Action Plan is the increasing emphasis on demand reduction (prevention and treatment) and harm reduction. Article 152 ('PUBLIC HEALTH') of the *Treaty of Amsterdam 1999* states that 'a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities'. It continues 'the Community shall complement the Member States' action in reducing drug-related health damage, including information and prevention'.

The concept of harm reduction is legally enshrined at European level by the Amsterdam Treaty 1999.

□ Evidence

The EMCDDA was established in 1993 to provide objective, reliable and comparable data on drugs and drug addiction. More recently, the European Commission has funded the European Association of Libraries and Information Services on Alcohol and Other Drugs (ELISAD) to set up a European Gateway on Alcohol, Drugs and Addictions, which is now providing a common point of access to information resources from across the EU.

Although there has been increasing convergence in the policies of member states there is still considerable variation in the means and measures which are considered appropriate. The principle of subsidiarity is important but so is getting it right. There is no single 'correct' set of policies on psycho-active drugs, and there never will be. Policy on drugs is about values and beliefs as well as facts and figures. But all Member States can benefit by learning from each other's successes and failures and by basing their practice on the best available evidence.

EU countries are committed to working together to reduce drug-related harms. The EU invests significant amounts in research and dissemination of information.

Drugs policy - the key European Bodies

DRUGS CO-ORDINATION UNIT (DCO).

Within the European Commission (EC) activities are co-ordinated by the DCO which sits within the EC's Directorate-General for Justice and Home Affairs. The current head of the DCO is Carel Edwards, who was appointed in September 2003. Its role is to co-ordinate the implementation of the EU Action Plan to Combat Drugs. It also has a special role in working to counter the development and spread of synthetic drugs. The EC is the driving force and executive body of the EU.

Justice and Home Affairs is not the only EC Directorate-General with a role in drugs policy. Others include the Transport Directorate-General High Level Group on Road Safety and the Education and Culture Directorate General, who is responsible for EU youth-related programmes.

HORIZONTAL GROUP ON DRUGS

The Council of the European Union has an expert Group on Drugs and a Horizontal Working Party on Drugs, which brings together EU Governments and is responsible for co-operation at EU level. The Council of the European Union represents the governments of the Member States.

COMMITTEES OF THE EUROPEAN PARLIAMENT

The European Committees of Citizens Freedoms and Rights, Justice and Home Affairs and Environment, Public Health and Consumer Policy all have an interest in drug policy.

EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION

Established in 1993, the EMCDDA is responsible for monitoring developments across the EU and collecting data. It produces annual reports on European developments and evaluates progress. The current Chairman of the EMCDDA is Marcel Reiman and its Executive Director is Georges Esteivenart.

EUROPOL

This is the European Police Office. It has a Drug Unit and is centrally occupied with the problem of drug trafficking. Europol was officially created in 1999, following the ratification of the *Europol Convention* in 1996. The Europol Drug Unit was created as a non-operational unit in 1994 and was the first element of Europol to begin working.

The EUROPEAN PARLIAMENT, with the COUNCIL OF THE EUROPEAN UNION, will be directly concerned with drug policy in its examination of proposed EU legislation, its role in approving EU budgets, its scrutiny of EU institutions (including the European Commission) and through its system of Committees.

The European approach to drugs: aims and achievements

Aims and objectives

The general aims of the EU Drug Strategy 2000-2004 have been:

- To ensure that drugs policy remains a major priority for the EU
- To ensure that drug policy is evaluated, with the collection, analysis and dissemination of objective, reliable data
- To see supply and demand reduction as mutually reinforcing elements and to give greater priority to drug prevention, demand reduction and reduction of drug-related harms
- To promote international and multi-agency co-operation
- To promote the involvement of civil society, including Voluntary and Community Organisations.

The specific targets of the EU Drug Strategy 2000-2004 have been:

- To reduce significantly the prevalence of illicit drug use
- To reduce substantially the availability of illicit drugs
- To reduce substantially money laundering and illicit trafficking of precursors
- To reduce substantially the incidence of drug-related health damage and deaths
- To increase substantially the numbers of successfully treated addicts
- To reduce substantially the number of drug related crimes.

Results and prospects

The EMCDDA's *Annual Report 2003 on the Drug Situation in the EU and Norway* shows that, while there have been promising developments, there has been a lack of progress on key targets.

- More drug use, and more problem drug use. There are no signs of a significant reduction in illicit drug use. Overall, the drug use trend remains upwards across Europe.
- More deaths. The trend in drug-related deaths is upwards. Overall, it is estimated that there are 6,000 to 7,000 deaths annually, and this almost certainly an under-estimate. Drug deaths among under 20s rose from 161 in 1990 to 349 in 2000. Among injecting drug users, HIV infection remains high in some countries and Hepatitis C rates are high in all European countries.
- More crime. There is no evidence of a substantial reduction in drug-related crime.

Against this background, there has been a growth in interest in harm reduction initiatives in European countries, including:

- Substitute prescribing. There has been a 34% rise in substitute prescribing across the EU over 5 years, providing people with alternative substances like methadone to help them to manage drug dependency problems.
- Preventing the spread of diseases. There has been a continued spread of needle and syringe exchanges.
- Drug consumption rooms. There has been experimentation with drug consumption rooms in Germany, Spain and the Netherlands. These are facilities where dependent users can take drugs in carefully controlled and supervised environments, with the aim of reducing the health-risks to users and the nuisance of public drug consumption (for example, discarded needles).

The challenge of enlargement

The admission of 10 new member states to the EU on the 1st May 2004 is a source of fresh opportunities and challenges for drug policy at the European level.

The Head of the EMCDDA, Georges Esteivenhart, has recently commented that EU enlargement could 'fan the flames of an already complex EU drug problem'.

There are new law enforcement challenges as a result of greater mobility within Europe. Most commentators on drugs have warned about the increase in drug trafficking and supply as border controls are lifted. This is a real problem and needs to be addressed by the EU in developing policy to ensure the success of enlargement. But it must not be allowed to divert the attention of policy makers from another significant risk - the spread of infectious diseases.

There is a very high rate of HIV infection among injecting drug users (IDUs) in some of the new EU countries.

The EMCDDA reports, on the basis of figures for 2001, a 282% increase in newly diagnosed HIV infections amongst IDUs in Estonia and a 67% rise in Latvia. Enlargement also shifts the borders of the EU. Across the new eastern frontier, Russia, Ukraine and Belarus are struggling to contain an upsurge of HIV infections. In Russia and the Ukraine the main driver behind infection is injecting drug use, and the situation has not been helped by a commitment in some countries to an uncompromisingly punitive approach to drug users, which has stood in the way of effective harm reduction work.

The new members of an enlarged European Union do have drug strategies. But there is often a lack of resources for co-ordination, monitoring and

evaluation, and prevention and harm reduction is underdeveloped. Instead, there has been a trend towards tougher drug laws in some countries, with the criminalisation of possession of small quantities of drugs for personal consumption, and in some cases of drug use as such, in countries where this has not previously been a matter of criminal law.

The EU strategy 2005-2012

The European drugs strategy for the next eight years is being prepared. Initial discussions have taken place at a conference held in Dublin in May involving government representatives from the 25 members of the European Union and a few voluntary organisations. It is anticipated that the strategy will be finalised at the end of the year. It is likely that the strategy will contain key objectives in the areas of prevention, treatment and reducing the supply of illicit drugs. It is also likely to promote a balanced approach to the implementation of these objectives and a substantial improvement in the evidence about trends in drug use and what works in reducing demand and supply.

DrugScope's six key messages for the Euro Elections 2004

1

Drug policy must remain a key priority for the EU and should be a major campaigning theme for the Euro Elections 2004.

The illicit drugs that are seized or consumed in the UK have crossed many borders. The drugs trade is closely linked to international crime and the spread of infectious diseases, notably HIV/AIDs and Hepatitis B and C. **The drug's trade is one of the most poignant reminders of the necessity for co-operation at European and international level. As ten new member states join the EU, the role of European institutions in tackling the harms associated with drug use is more important than ever.**

2

European drug policy must be evidence based.

Drugs policy is controversial. There will be different approaches in different European countries. The principle of subsidiarity must be applied. But fear and misinformation have too often dominated the policy agenda on drugs. Drug policy at European level must continue to be developed in the light of systematic evaluation and review of the evidence. New members of an enlarged EU need financial and other support to enable them to develop effective systems for data collection and evaluation. The EU must continue to support and facilitate exchange of information between and within Member States, including the ELISAD European Gateway on Alcohol, Drugs

and Addictions. The consequences of getting drug policy wrong at this crucial moment in the EU's history would be potentially grave for all European countries. Policy that is based on the best available evidence is much more likely to be right than policy that is not.

3

The overarching aim of EU policy should be to reduce drug-related harm

Drugs are an issue for health and social policy because they are harmful. Reducing availability is the most direct way to cut harm. But the trend in drug use and availability is upwards. It has been estimated that 200 million people world wide took illicit drugs in 2000-2001, of whom 10 million took heroin. DrugScope believes that reducing the harm that controlled drugs can cause to individuals and communities must be the overriding policy objective both for the UK and the EU. **Widespread drug use - particularly amongst young people - is the reality. It is incumbent on European countries to work to reduce the harms that are associated with the use of drugs by millions of European citizens each year. Supply side measures to reduce availability are one way of reducing harm, but they are not the only way of reducing harm, and prevalence targets have proven elusive. Realistically, the challenge for Europol over the next few years should be to contain the potential expansion of drug markets following EU enlargement.**

4

Punishing drug use is less effective than treating drug use. Drug laws across Europe should continue to deal firmly with drug traffickers. But excessively punitive approaches to drug users do more harm than good. Criminalising young people for adolescent experimentation with drugs serves little purpose. Treating drug addicts is a more effective way of reducing harm to themselves and others than an excessively punitive approach. In the UK it has been estimated that £1 invested in treatment now saves £3 in dealing with the consequences of drug dependency later on. A number of EU countries have relaxed their laws on cannabis, including the UK and Portugal. DrugScope welcomes these developments, but is concerned that some of the new European countries have been moving in the opposite direction by introducing heavier penalties for possession for personal use. DrugScope has consistently argued that, in most circumstances, criminal sanctions for the possession of small amounts of scheduled drugs do more harm than good. **The outcomes of different approaches to drug law reform in the EU should be monitored by the EMCDDA. The EU should work to promote a less punitive more treatment-orientated approach to drug use throughout an enlarged EU, while, at the same time, continuing to pursue the drug traffickers and suppliers through Europol.**

5

The EU should act as an international champion of the harm reduction agenda

The combination of a growth in injecting drug use and an unbalanced approach to problem drug use is fuelling humanitarian crisis in Russia and Ukraine. Over one million people are now infected by HIV in Russia. Within the expanded EU, Estonia and Latvia are also experiencing massive rises in HIV infection as a result of growing drug problems and unsafe injecting practises, but remain hostile to harm reduction initiatives. The UK has the lowest rate of HIV infection among IDUs in the whole of the EU, at 1%. In the 1980s, it was recognised that dealing effectively with the threat of HIV/AIDs required a pragmatic approach to drug use - including pioneering the development of needle exchange and other services that provided addicts with clean injecting equipment. Many European partners - including Portugal, Germany, the Netherlands, Spain and Belgium - have introduced harm reduction measures in recent years, including experimentation with drug consumption rooms in some of these jurisdictions. They appear to have has some success in bringing down drug-related deaths and in getting increasing numbers of problem drug users into treatment services.

DrugScope believes that a key objective for the EU in the next five years should be to ensure that the provision of sterilised injecting equipment to addicts is common practice throughout the EU. We also believe that the EU should actively promote the use of Drug Consumption Rooms across Europe if they are shown to be an effective way of reducing harm. There is, in our view, a strong case that Drug Consumption Rooms can be a valuable tool for steering chaotic drug users towards treatment and health improvement services, while also helping to cut public nuisance. **The EU should champion harm reduction internationally and promote harm reduction policy to new members of an enlarged Europe.**

6

The EU should mainstream problem drug use within broader social policies

The EMCDDA's 2003 Annual Report includes a special focus on poverty and social exclusion. Problem drug use is linked to school failure and exclusion, to lack of opportunity and unemployment, homelessness and offending. To take one example, the EMCDDA reports that in Denmark, France, the Netherlands and the UK up to 80% of homeless people in shelters are drug dependent, with heroin the most common drug. Excessively punitive drug policies can exacerbate the very problems which provide the context for the most damaging forms of drug use, but deepening the exclusion of some of the most marginalised members of the community. The enlargement of the EU and the free movement of people across an expanded Europe means that there is more need than ever for a shared EU social policy to address

poverty, exclusion and marginalisation across the EU. **Tackling problem drug use needs to be integrated into the wider EU agendas for social justice and urban and regional regeneration. The social dimension of drug dependency should be a key theme for a new European Action Plan. With the enlargement of the EU it is more important than ever for the EU to develop a clear and strategic approach to social exclusion and poverty, which recognised problem drug use as a both a cause and consequence of social problems.**

Conclusion

The EU has made great steps forward in evidence-based drug policy, and there have been promising developments in many European countries. But European enlargement is a source of both fresh opportunities and new challenges. Across the EU, the spread of HIV and the acceleration of crime are distinct possibilities if we get drug policy wrong at this critical stage in the evolution of Europe.

Fortunately, there are mechanisms within the EU to enable member states to learn from each others experiences and from independent assessment of the best available evidence. These include the EMCDDA, the Horizontal Group on Drugs of the Council of Europe and the European Parliament Committees of Citizens Freedoms and Rights, Justice and Home Affairs and Environment, Public Health and Consumer Policy.

Much will remain a matter for member states. But policy in one country profoundly affects people living right across Europe, and there has to be a common EU vision and strategy to supplement national drug policies. Neither the problems associated with drugs nor the solutions respect national borders.

EURO MPs have a role to play in ensuring that the importance of drug policy as a European issue is highlighted in these elections; that the EU continues to champion a mature and evidence-based approach to drug policy at international level; and that the benefits of successful harm reduction policies are promoted to the new member states.

DrugScope is the UK's leading independent centre of expertise on drugs. Our aim is to inform policy development and reduce drug-related risk. We provide quality drug information, promote effective responses to drug taking, undertake research at local, national and international levels, advise on policy-making, encourage informed debate and speak for our member organisations working on the ground. DrugScope has an international unit which is working to develop best practice in drug policy across the world, including in a number of European countries. We are working in partnership with the Beckley Foundation on the Beckley Foundation Drug Policy Programme (*BFDPP*), which is undertaking a fundamental review of international drug policy. The *BFDPP* argues that the overarching objective of drug policy should be to reduce crime and nuisance, death, physical and mental illness, damage to children and families and failure in education and employment resulting from drug use. The Information and Library Service at DrugScope has the most extensive library on drug issues in Europe and has been a lead partner in the development of ELISAD's new European Gateway on Alcohol, Drugs and Addictions.

The DrugScope website is at www.drugscope.org.uk

The Beckley Foundation Drug Policy Programme website is at www.internationaldrugpolicy.org