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REPORT

on the proposal for a Council recommendation on the prevention and reduction of risks associated with drug dependence
(COM(2002) 201 – C5-0270/2002 – 2002/0098(CNS))

Committee on the Environment, Public Health and Consumer Policy

Rapporteur: Minerva Melpomeni Malliori

Symbols for procedures

- * Consultation procedure
majority of the votes cast
- **I Cooperation procedure (first reading)
majority of the votes cast
- **II Cooperation procedure (second reading)
*majority of the votes cast, to approve the common position
majority of Parliament's component Members, to reject or amend
the common position*
- *** Assent procedure
*majority of Parliament's component Members except in cases
covered by Articles 105, 107, 161 and 300 of the EC Treaty and
Article 7 of the EU Treaty*
- ***I Codecision procedure (first reading)
majority of the votes cast
- ***II Codecision procedure (second reading)
*majority of the votes cast, to approve the common position
majority of Parliament's component Members, to reject or amend
the common position*
- ***III Codecision procedure (third reading)
majority of the votes cast, to approve the joint text

(The type of procedure depends on the legal basis proposed by the Commission)

Amendments to a legislative text

In amendments by Parliament, amended text is highlighted in ***bold italics***. Highlighting in *normal italics* is an indication for the relevant departments showing parts of the legislative text for which a correction is proposed, to assist preparation of the final text (for instance, obvious errors or omissions in a given language version). These suggested corrections are subject to the agreement of the departments concerned.

CONTENTS

	Page
PROCEDURAL PAGE	4
DRAFT LEGISLATIVE RESOLUTION	5
EXPLANATORY STATEMENT	30
OPINION OF THE COMMITTEE ON CITIZENS' FREEDOMS AND RIGHTS, JUSTICE AND HOME AFFAIRS	33

PROCEDURAL PAGE

By letter of 10 June 2002 the Council consulted Parliament, pursuant to Article 152(4), second indent of the EC Treaty on the proposal for a Council recommendation on the prevention and reduction of risks associated with drug dependence (COM(2002) 201 – 2002/0098(CNS)).

At the sitting of 13 June 2002 the President of Parliament announced that he had referred this proposal to the Committee on the Environment, Public Health and Consumer Policy as the committee responsible and the Committee on Citizens' Freedoms and Rights, Justice and Home Affairs for its opinion (C5-0270/2002).

The Committee on the Environment, Public Health and Consumer Policy appointed Minerva Melpomeni Malliori rapporteur at its meeting of 17 June 2002.

The committee considered the Commission proposal and the draft report at its meetings of 27 November 2002 and 28 January 2003.

At the last meeting it adopted the draft legislative resolution by 39 votes to 1, with 1 abstention.

The following were present for the vote: Caroline F. Jackson, chairman; Mauro Nobilia and Anneli Hulthén, vice-chairmen; Minerva Melpomeni Malliori, rapporteur; María del Pilar Ayuso González, Emmanouil Bakopoulos (for Pernille Frahm), Hans Blokland, John Bowis, Philip Bushill-Matthews (for Martin Callanan), Dorette Corbey, Chris Davies, Avril Doyle, Karl-Heinz Florenz, Cristina García-Orcoyen Tormo, Laura González Álvarez, Robert Goodwill, Françoise Grossetête, Cristina Gutiérrez Cortines, Jutta D. Haug (for Anne Ferreira), Hedwig Keppelhoff-Wiechert (for Marialiese Flemming), Christa Kläß, Eija-Riitta Anneli Korhola, Bernd Lange, Jules Maaten, Patricia McKenna, Eluned Morgan (for Catherine Stihler), Emilia Franziska Müller, Rosemarie Müller, Riitta Myller, Marit Paulsen, Frédérique Ries, Dagmar Roth-Behrendt, Guido Sacconi, Giacomo Santini (for Giuseppe Nisticò), Karin Scheele, Inger Schörling, María Sornosa Martínez, Robert William Sturdy (for Peter Liese), Nicole Thomas-Mauro, Kathleen Van Brempt and Peder Wachtmeister.

The opinion of the Committee on Citizens' Freedoms and Rights, Justice and Home Affairs is attached.

The report was tabled on 28 January 2003.

DRAFT LEGISLATIVE RESOLUTION

European Parliament legislative resolution on the proposal for a Council recommendation on the prevention and reduction of risks associated with drug dependence (COM(2002) 201 – C5-0270/2002 – 2002/0098(CNS))

(Consultation procedure)

The European Parliament,

- having regard to the Commission proposal to the Council (COM(2002) 201¹),
 - having been consulted by the Council pursuant to Article 152(4), second indent of the EC Treaty (C5-0270/2002),
 - having regard to Rule 67 of its Rules of Procedure,
 - having regard to the report of the Committee on the Environment, Public Health and Consumer Policy and the opinion of the Committee on Citizens' Freedoms and Rights, Justice and Home Affairs (A5-0021/2003),
1. Approves the Commission proposal as amended;
 2. Calls on the Commission to alter its proposal accordingly, pursuant to Article 250(2) of the EC Treaty;
 3. Calls on the Council to notify Parliament should it intend to depart from the text approved by Parliament;
 4. Asks to be consulted again if the Council intends to amend the Commission proposal substantially;
 5. Instructs its President to forward its position to the Council and Commission.

Text proposed by the Commission

Amendments by Parliament

Amendment 1
Recital 1a (new)

(1a) The Special Session of the General Assembly of the UN on HIV/AIDS in June 2001 has called on all Member States to ensure, by 2005, harm reduction efforts relating to drug use;

¹ OJ not yet published.

Justification

Self-explanatory.

Amendment 2
Recital 4a (new)

(4a) The European Parliament states in its resolution of 19 November 1999 ¹ 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) that ‘policies for demand reduction, care and social rehabilitation of drug addicts and supply reduction are not three alternative or contradictory policies, but, rather, inseparable strands within the same mainstreaming policy whose ultimate aim is always social and individual wellbeing’;

¹ *OJ C 189, 7.7.2000, p. 248.*

Justification

Reference to Resolution A5-0063/1999, Recital H.

Amendment 3
Recital 4b (new)

(4b) The European Parliament states in its resolution of 19 November 1999 ¹ 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 that ‘the raison d’être of the fight against drugs lies in helping drug addicts rid themselves of their dependence’;

¹ *OJ C 189, 7.7.2000, p. 248.*

Justification

Reference to Resolution A5-0063/1999, Recital K.

Amendment 4
Recital 5

(5) 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), **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;**

(5) The European Parliament, in its resolution **of 19 November 1999**¹ 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), **stated that ‘the abuse of drugs leads to biological, psychological and social problems, illnesses, problems in the home and at work, criminal acts, traffic accidents, etc.; [...] young people are being exposed to the risk of drugs at an increasingly early age; [...] all available means should be employed to protect the under-18s as a matter of priority and to reduce the number of drug-related deaths; [...] the fight against addiction to one or more drugs must go hand in hand with the fight against alcoholism, whose impact on families and society is also particularly devastating’;**

¹ OJ C 189, 7.7.2000, p. 248.

Justification

Reference to Resolution A5-63/1999, Recital M.

Amendment 5
Recital 6

(6) The programme of Community action on the prevention of drug dependence within the framework for action in the field of public health 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 health 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;

(6) The programme of Community action on the prevention of drug dependence within the framework for action in the field of public health 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 health have supported projects aimed at preventing and reducing the risks associated with drug dependence, in particular by ***recommending Member States to include in the programmes of primary and secondary schools educational principles concerning drug dependence risks***, 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;

Justification

In the European Public Health Programme it is already foreseen the recommendation to the Member States to include in the programmes of primary education principles concerning drug dependence. This would be of great importance in the prevention of drug abuse and dependence.

Amendment 6 Recital 7a (new)

(7a) Drug use also has long-term effects, such as loss of concentration, damage to reproductive health, etc.;

Justification

Self-explanatory.

RECOMMENDATIONS TO MEMBER STATES

Amendment 7
Paragraph 1

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.

1. Member States should, in order to provide for a high level of health protection, set as a ***priority*** public health objective the prevention of drug dependence, ***rehabilitation from drug dependence*** and the reduction of ***drug use, demand for drugs, the number of addicts and risks associated with drug dependence as elements of active work to prevent abuse of all kinds of drugs.*** Member States should, therefore, support research and studies relating to the prevention and reduction of the risks associated with drug dependence as one of the lifestyle-related health determinants which could be used to assess the consequences at local, national, regional and Community level.

Justification

The basic objectives should include the reduction of demand for drugs.

Prevention and the reduction of risks associated with drug dependence are important but should not be regarded as the ultimate objective. These measures should be elements in the fight to stop drug dependence.

The aim must not be confined to preventing drug dependence but must include an actual reduction in drug use and the number of addicts.

Research and studies are essential to reduce the damage to health caused by drugs, as is an exploration of the underlying causes and the consequences of the scourge of drug dependence at local, national, regional and Community level.

Amendment 8
Paragraph 1, subparagraph 1a (new)

1a. Member States should develop and implement comprehensive strategies to prevent drug dependence.

Member States and candidate countries should encourage the exchange and implementation of prevention programmes, treatment methods and rehabilitation programmes based on proven experience and support the networking of national drug information structures and, where possible, the compatibility and interoperability of the various networks, to enable the exchange of data and information concerning the prevention and reduction of the risks associated with drug dependence.

Justification

A better balance must be struck between prevention and risk reduction. Despite the fact that the title of the recommendation refers to both the prevention and reduction of the risks associated with drug dependence, there is no operative point concerning prevention.

Networking the national drug information structures (e.g. databases) will facilitate coordination and improve action to tackle the problem of drug dependence. Compatibility and the interoperability of information and data exchange networks will help improve research and produce a more cohesive approach.

Candidate countries, Member States, regions, cities should be able to learn from each other and benefit from each other's successes. Therefore the exchange of best practises is a very important tool.

Amendment 9
Paragraph 1b (new)

1b. The Community budget for (the fight against) drugs should provide adequate financial resources for supporting Member States in combating the prevention of drug dependence and the reduction of related risks.

Justification

Although the prevention of drug dependence and reduction of risks belongs largely to the competencies of the Member States it seems appropriate to request a financial support from the Community in order to attain a high level of health protection as referred to in Article 3, paragraph 1 point p of the EC Treaty.

Amendment 10 Paragraph 1c (new)

1c. Efforts to improve the coverage and range of measures aiming to prevent and reduce risks related to drugs use in the candidate countries should be reinforced. The European Union must provide financial and technical support where necessary.

Justification

The European Union Drugs Strategy 2000-2004 emphasises the need for the progressive integration of the candidate countries, which, increasingly, experience similar problems with drugs as current Member States. Although candidate countries have made substantive progress with regard to the adoption of the EU acquis on drugs, it is clear that the means and structures to cope with prevention and reduction of risks are often insufficient. In line with the EMCDDA recommendations, it therefore seems appropriate to share information and step up cooperation with the candidate countries on best practices relating to drug dependence and reducing risks.

Amendment 11 Paragraph 1a, subparagraph 1d (new)

1d. Member States should establish a system of continuous assessment of the approaches, methods and measures developed in order to identify the best practices for combating drugs, as well as medium and long-term targets for the reduction of the risks associated with drug dependence.

Justification

Continuous assessment of the approaches, methods and measures developed is essential in order to identify best practices through an analysis of the methodologies and data. The Member States should also establish medium and long-term targets for the reduction of the risks associated with drug dependence.

Amendment 12

Paragraph 1, subparagraph 1e (new)

1e. Member States should take practical action, based on the pooling of the best experience at national, regional and local levels, in response to new drug use patterns (recreational use of drugs in night-time entertainment venues, multiple dependence, driving under the influence of drugs).

Justification

It is a well-established fact that there is a much higher incidence of drug use among people who go to discotheques, rave parties and night clubs than among other population groups. According to the latest EMCDDA data the incidence of drug use is particularly high among young people living in urban areas and there is a strong link between synthetic drug use and drinking. If a high level of health protection for all European citizens is to be achieved, it is essential to reduce recreational drug use and at the same time to restrict the number of new users of illicit substances, particularly among young people under 18 years of age.

Amendment 13

Paragraph 2, introduction

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

2. Member States should, in order to reduce substantially the incidence of drug-related health damage (HIV, hepatitis B and C, tuberculosis, etc) ***including physical disorders (phlebitis, endocarditis) and mental health problems (depression, psychosis)*** and the number of drug-related deaths, make available, as an integral part of their overall drug prevention and

end, Member States should:

treatment policies, a range of different services and facilities, particularly aiming at **rehabilitation from drug dependence and risk reduction, though this should not replace measures to return addicts to a drug-free life** to this end, Member States should:

Justification

.In addition to infectious diseases, account should also be taken of other physical problems and mental effects.

Prevention and the reduction of risks associated with drug dependence are important but should not be regarded as the ultimate objective. These measures should be elements in the fight to stop drug dependence.

Rehabilitation from drug dependence should also explicitly be set as a basic objective.

Amendment 14 Paragraph 2, subparagraph 1

(1) **provide** information and counselling **to drug users** to promote risk reduction and **to facilitate** their access to appropriate services;

(1) **lower the hurdles for drug users to seek help by providing** information and counselling to promote risk **and harm** reduction, **abstinence from drugs and rehabilitation from drug dependence** and **by facilitating** their access to appropriate services **at a local level**;

Justification

The attitude of local health care personnel, social workers and police towards the drug problem is very important. Drug injectors usually want to avoid contact with the authorities. Authorities in local communities should be encouraged to help drug users to seek and accept help and take steps towards a healthier life. Action aimed at ensuring total abstinence from drugs and the rehabilitation of addicts is also important.

Amendment 15 Paragraph 2, subparagraph 1a (new)

(1a) ensure that all drugs are classified according to the scientific evidence of risk to human health;

Justification

The priorities of a harm-reduction strategy must be based on a scientific assessment of what drugs are likely to cause the greatest harm.

Amendment 16
Paragraph 2, subparagraph 1b (new)

(1b) take account of the data produced by the most recent scientific studies concerning the epidemiological risks of using drugs and the risks associated with drug dependence.

Justification

The study of the data produced by appropriate scientific research and studies concerning the epidemiological risks of using drugs and the risks associated with drug dependence should be the key reference point in drawing up and promoting strategies and measures aimed at significantly reducing cases of infectious diseases and the number of fatalities associated with drugs.

Amendment 17
Paragraph 2, subparagraph 1c (new)

(1c) give young people the facts (the upside and the downside) of each drug, to encourage them to accept the whole message, including the possible mental and physical disorders that can result;

Justification

Young people will often reject simple negative information.

Amendment 18
Paragraph 2, subparagraph 1d (new)

(1d) make policies on drug dependence and risk reduction more effective by listening to the experiences of past drug abusers, families and community drug workers;

Justification

Former addicts, families and street workers have diverse experiences of what action and advice is effective.

Amendment 19
Paragraph 2, subparagraph 2

(2) inform communities and families and enable their involvement in the prevention and reduction of risks associated with drug dependence;

(2) inform ***local*** communities ***(including police, health care personnel, social workers)*** and families and enable their involvement in the prevention and reduction of risks associated with drug dependence ***and multiple drug dependence;***

Justification

It is of utmost importance to increase awareness of different aspects of drug abuse amongst the local authorities, such as police, health care personnel and social workers.

Given the emergence of new drug-use patterns, it is also essential to reduce the health risks associated with the taking of various psychoactive substances, such as alcohol, at the same time as 'stimulant' drugs.

Amendment 20
Paragraph 2, subparagraph 2a (new)

(2a) encourage local communities to set up mobile units which can provide information, counselling and basic health care services (blood tests, treatment of illnesses, first aid in the case of overdose) to drug users where most needed;

Justification

It is important to set up health care and social services that are easily accessible to drug users. Mobile units providing these services could be moved in a flexible way to where their clients are. They would serve as a way to establish direct contact with the drug users.

Amendment 21
Paragraph 2, subparagraph 2b (new)

(2b) draw up targeted and credible prevention strategies relating to recreational drug use in creative settings, providing information about how best to avoid possible risks or keep them under control;

Justification

The European recommendation should not concentrate exclusively on heavy drug users, most of whom inject drugs and are addicted. Bearing in mind that recreational use of designer drugs is widespread, credible harm reduction measures should be taken with regard to them as well. The provision of credible information on possible risks (overheating after multiple tablet consumption in combination with alcohol) and risk reduction (cooling-off places, drinking water) are basic measures to be taken here.

Amendment 22
Paragraph 2, subparagraph 3

(3) include outreach work methodologies within the national drug policies, and support appropriate outreach work training

(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;

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 ***but through street work;***

Justification

Contacting users in the places they frequent has proved more effective.

Amendment 23

Paragraph 2, subparagraph 3a (new)

(3a) support innovative projects on the subject tried out successfully by a number of Member States, aimed at preventing death and reducing the health risks for drug users and encourage accreditation by health authorities of voluntary communities for therapy and prevention of drug-addicted people;

Justification

In some European Countries the role of voluntary therapeutic communities has produced excellent results for the prevention and control of drug addicted people.

Amendment 24

Paragraph 2, subparagraph 3b (new)

***(3b) draw up common ground rules aimed at ensuring safety inside and outside night-time entertainment venues and covering:
- specially tailored action by prevention teams, in cooperation with club owners and event organisers;***

- *information on and checking of the chemical composition of substances likely to be taken;*
- *the setting aside of 'chill out' areas;*

Justification

Positive results have been recorded in the United Kingdom and Italy with schemes aimed at making night life safer and averting the harmful effects of drugs. Such initiatives are far from commonplace within the Member States and should be promoted.

Amendment 25

Paragraph 2, subparagraph 4

(4) encourage the involvement of peers and volunteers in outreach work, including drug-related emergency situations;

(4) ***where appropriate***, encourage the involvement of peers, ***drug-free former users***, volunteers ***and voluntary and non-profit organisations*** in outreach work, including drug-related emergency situations ***and all situations in which the experience and expertise of volunteers can be used for the prevention of drug dependence***;

Justification

In the Swedish version, the word 'peers' has been translated as 'young people of the same age'. In cases where 'peers and volunteers' means young people, it is questionable whether it is appropriate to involve them in providing assistance in the event of an overdose, for example.

Outreach by individuals who have had the same experience and undergone treatment may be more productive.

Voluntary and non-profit organisations should also be involved, in order to make good use of their recognised expertise and capabilities in this specific area.

Amendment 26

Paragraph 2, subparagraph 4a (new)

(4a) establish tailor-made drug prevention schemes and treatment policies for high-

risk environments, such as prisons;

Justification

The recommendation should explicitly address high-risk environments, such as prisons.

Amendment 27

Paragraph 2, subparagraph 4b (new)

(4b) encourage user involvement in the planning, delivery and evaluation of initiatives;

Justification

Those best placed to advise on the effectiveness of strategies to reduce drug use will often be those who have first hand experience.

Amendment 28

Paragraph 2, subparagraph 4c (new)

(4c) recognise the value of self-help group for those with, or recovering from, drug dependence;

Justification

Self-explanatory.

Amendment 29

Paragraph 2, subparagraph 6

(6) provide comprehensive substitution treatment, supported by adequate psycho-social care; taking into account that a wide variety of different treatment

(6) provide access to and adequate availability of all treatment options with or without substitutes. The type of treatment should be provided according to

options, including drug-free treatment, should be made available according to the drug user's needs;

the evaluation and individual need of each user and be accompanied by the appropriate psycho-social support;

Justification

Self-explanatory.

Amendment 30
Paragraph 2, subparagraph 7

(7) establish measures to prevent ***diversion*** of substitution substances while ensuring appropriate access to treatment;

(7) establish measures to prevent ***improper use*** of substitution substances while ensuring appropriate access to treatment;

Justification

The new wording conveys the general purpose of the measure more clearly and draws particular attention to the importance of ensuring that there is no improper use of substitution substances.

Amendment 31
Paragraph 2, subparagraph 8a (new)

(8a) promote programmes which are an alternative to a prison sentence in cases where addicts have committed drugs offences, possibly in conjunction with compulsory withdrawal courses;

Justification

Imprisonment does not put an end to drug use.

Amendment 32
Paragraph 2, subparagraph 9

(9) provide appropriate access to condoms, needles and syringes distribution, exchange programmes and points;

(9) provide appropriate access to condoms **and, in strictly controlled forms,** needles and syringes distribution, exchange programmes and points **and use such contacts with addicts to actively offer treatment and rehabilitation;**

Justification

Programmes for the exchange of syringes must take place under strict control to avoid abuse. In addition, the programme should be used to get in contact with drug users in order to offer treatment and rehabilitation.

Amendment 33
Paragraph 2, subparagraph 10a (new)

(10a) introduce systematically prevention and treatment of drug-related health damage in the training schemes of health professionals;

Justification

More attention should be paid to the training of health care professionals so that they would be properly prepared to deal with the health consequences of drug abuse.

Amendment 34
Paragraph 2, subparagraph 11

(11) organise appropriate integration between health and social **primary-care, and specialised approaches in risk reduction;**

(11) organise appropriate integration between health and social care;

Justification

In some Member States the social services have the main responsibility while the health service has a more strictly defined medical responsibility. It is therefore not appropriate to refer to social services' primary care.

Amendment 35

Paragraph 2, subparagraph 11a (new)

(11a) encourage research programmes aimed at understanding the molecular, psychological and social mechanisms of drug dependence in order to elaborate new strategies of prevention and treatment for drug dependent people;

Justification

Self-explanatory.

Amendment 36

Paragraph 2, subparagraph 12a (new)

(12a) focus attention on drug-related problems at work;

Justification

Drug use at work is also a problem to be highlighted. Anyone using drugs while performing his/her job also exposes others to risks.

Amendment 37

Paragraph 3, subparagraph -1 (new)

(-1) plan intervention programmes based on an assessment of specific needs as they

arise for each local community (targeted measures);

Justification

Self-explanatory.

Amendment 38
Paragraph 3, subparagraph 1

(1) use *scientific evidence of effectiveness as a main basis to select the appropriate intervention*;

(1) use *comparable data and standardised scientific research and data recording methods to assess objectively and with a high degree of certainty the results of the various approaches adopted with a view to limiting the damage caused by drug use*;

Justification

As is pointed out in the Flynn report which the Council of Europe adopted in February 2001, unless scientific research and data recording methods are used it is almost impossible to assess the successes and failures of the various drug policies conducted by the Member States.

In developing an appropriate evaluation mechanism the use of comparable data is pertinent to have reliable results.

Amendment 39
Paragraph 3, subparagraph 2

(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;

(2) develop and implement adequate evaluation protocols for all drug prevention and risk reduction programmes, and include the planning and implementation of appropriate *interim and final* evaluation *linked to the programme's objectives* among the conditions to be complied with by beneficiaries for receiving public funding;

Justification

Interim and final evaluation are proposed to secure the specific objectives of the programme and ensure proper monitoring.

Amendment 40

Paragraph 3, subparagraph 2a (new)

(2a) compare the costs and effects of different countries' policies in terms of reducing health-related harm, drugs-related deaths, and property crime associated with drug use;

Justification

Self-explanatory.

Amendment 41

Paragraph 3, subparagraph 2b (new)

(2b) encourage further research into the links between drug taking and mental and physical disorders;

Justification

Relevant research should be developed and used to inform future policy.

Amendment 42

Paragraph 3, subparagraph 3

(3) support the inclusion of needs assessments at the initial stage of any programme;

Deleted

Justification

Interim and final evaluation are proposed to secure the specific objectives of the programme and ensure proper monitoring.

Amendment 43

Paragraph 3, subparagraph 6

(6) make effective use of evaluation results for the refining and development of policies;

(6) make effective use of evaluation results for the refining and development of policies ***to deter drug use, curb drug dependence, and reduce drug-related health damage;***

Justification

The objective of this Council Recommendation is to prevent drug dependence AND reduce related risks.

Amendment 44

Paragraph 3, subparagraph 9a (new)

(9a) give due consideration to the social damage caused by drug addiction;

Justification

What is needed is to reduce not just drug-related risks but also the damage which drug addiction causes to society, inter alia by undermining human dignity.

Amendment 45

Paragraph 3, subparagraph 9b (new)

(9b) promote studies to evaluate innovative projects on the subject of drugs and the comparison of results obtained by means of various policies in terms of reducing the health risks and numbers of drug-related deaths;

Justification

No justification.

Amendment 46
Paragraph 4

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 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)*.

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 *every two years* with a view to contributing to the follow-up of this Recommendation at Community level.

Justification

Self-explanatory.

RECOMMENDATIONS TO THE COMMISSION

Amendment 47
Final section, paragraph 1

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;

HEREBY INVITES THE COMMISSION:

to cooperate with *the candidate countries*, the Pompidou Group of the Council of Europe, the World Health Organisation, the United Nations International Drug Control Programme and other relevant *European and international organisations and networks* active in the field, *taking account of the annual reports of the European Monitoring Centre for Drugs and Drug Addiction*;

Justification

The assessment of measures to combat drugs in the Member States contained in the annual reports of the EMCDDA may contribute towards the adoption of more effective measures. Reference should also be made to the European networks active in the field.

Amendment 48

Final section, subparagraph 1a (new)

to monitor and make use of the results of related measures at Community level, in particular the European Union Action Plan on Drugs for the period 2000-2004 adopted by the European Council meeting at Feira in June 2000, and Decision No. 1786/2002/EC adopting a programme of Community action in the field of public health (2003-2008) (1), in devising European Union strategies, policies and measures;

(1) OJ L 271, 9.10.2002, p. 1

Justification

In devising EU strategies, policies and measures, the results of related measures taken under other strategies (e.g. the EU strategy for combating drugs in the period 2000-2004 adopted by the European Council meeting in Helsinki in December 1999) and programmes (e.g. the Community action programme in the field of public health (2003-2008), the sixth framework programme for research, technological development and demonstration activities (2002-2006) should be taken into account and used to advantage.

Amendment 49

Final section, subparagraph 1b (new)

to aim for cohesion, complementarity and added value through the development of Community measures and activities in the field of drugs and the prevention of drug

dependence, while avoiding overlapping with measures devised by the European Union;

Justification

The Commission should ensure added value through the development of measures and activities and aim to avoid overlapping with measures taken by the EU.

Amendment 50

Final section, subparagraph 2a (new)

HEREBY INVITES THE COMMISSION

in the context of the Community action programme in the field of public health (2003-2008):

to encourage, on the basis of the evaluations made, the listing of best practices for the prevention and reduction of risks associated with drug dependence;

to support measures to prevent and reduce the risks associated with drug dependence as a lifestyle-related health determinant;

to seek to incorporate the anti-drug strategy into other Community policies and strategies.

Justification

The Community action programme in the field of public health (2003-2008), which is due to be launched in 2003, should include measures to prevent and combat drug dependence. Drawing up a list of best practices relating to the prevention and reduction of risks associated with drug dependence enhances efforts to tackle the problem and the measures taken by the Member States. Incorporating the anti-drug strategy and the risks associated with drug dependence into other Community policies and measures makes EU action in this field cohesive and effective.

EXPLANATORY STATEMENT

In an ideal world there would be no drug abuse. In the real world, drugs have always been a fact of life. During the course of history, the social and cultural norms concerning drugs have varied.

It goes without saying that the overall goal of a drug policy is to both prevent drug abuse and to cure people from their drug addiction. Unfortunately this is not sufficient due to the inherent nature of drug abuse. Drugs are different, they are taken in different ways and have differing immediate effects. Drug users are not a homogenous group, they can be neither reached nor addressed in a uniform way. Drug policy can only be effective if it consists of different measures addressing different groups of users, potential users and people close to them. As long as there are drug users amongst us, measures seeking to prevent and stop drug abuse should be accompanied by effective harm- and risk-reduction measures. It is important to remember that these measures do not aim solely to protect drug users but have a wider public health implication.

The annual report (2002) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) shows that the level of drug problems is fairly stable, although since 1996, some countries have reported changes which suggest an increase in problem drug use. Problem drug use is estimated at 2-9 cases per 1.000 population in the 15 to 64 age group. During the 1990s, cannabis use increased markedly in most EU countries, particularly among young people. Recent cannabis use (last 12 months) was reported as 5 to 15% of young adults in most countries. Recent amphetamine use was reported as 0.5 to 6%, cocaine use as 0.5 to 3.5%, and ecstasy use as 0.5 to 5% of the population.

The most difficult group to reach is the drug injectors, the users of hard, very addictive drugs, mainly heroin. According to the EMCDDA, there are 500.000-1.000.000 drug injectors in the European Union. The injection of drugs tends to lead inevitably to social exclusion because it quickly displaces the essential elements of ordinary life – work, family, personal relationships and permanent accommodation.

The injection of drugs also causes most of the severe health consequences of drug use – HIV, aids, hepatitis B and C, tuberculosis etc. The mortality of opiate injectors is 20 times higher than that of ordinary citizens. Most of the annual 7.000-8.000 acute drug deaths or overdoses in the EU are drug-injection related. Drug injectors are sources of sexually transmitted diseases. Drug addiction, drug injection in particular, is not only a personal problem but also a social problem with extensive consequences on public health and well being. Millions of Europeans that are not drug users themselves can be somehow affected by drug-related problems – illnesses, accidents, criminality and death.

Successful health and drug policy measures aimed at drug injectors can improve the health and well being of drug addicts as well as those of ordinary citizens. The EMCDDA statistics show a decrease in injecting in some western countries in the 1990s, which is an encouraging sign for future interventions.

The draft recommendation presents a set of measures on the prevention of drug related infections to facilitate achievement of the public health targets set up in the EU Drugs Strategy (2000-2004) endorsed by the European Council in December 1999. They include information and

counselling, outreach-work, peer involvement, emergency services, networking between agencies, integration between health and social care and training and accreditation of professionals. Your rapporteur supports them all wholeheartedly.

The importance of local level action and a stepwise approach

The rapporteur would like to make some supplementary proposals in line with the recommendation, which are to address the hard core of drug users, the drug injectors. The most important thing is to put more emphasis on measures taken at a local level, close to the drug users. The attitude of the local community towards the drug problem is crucial to the success of any harm-reduction measures. Drug injectors usually want to avoid contact with the authorities. If the local communities close their eyes, repel or underestimate the existence of the drug problem, drug injectors will not voluntarily look for contact and help. In the recommendation, local communities (police, health care personnel, and social workers) should be encouraged to take active measures to help drug users to take steps towards a healthier life. They should search for ways of contacting drug users and should look for means of making it easier for drug users to both seek and accept help. This can be achieved without compromising community concerns.

The rapporteur firmly believes that the creation of contact and confidence at a local level can pave the way for further measures. This naturally requires commitment and resources. One way forward could be the establishment of mobile units, which could be moved to where their clients are. Their main purpose should be the establishment of direct contact with the drug users and gain their confidence. This could be attained by the provision of some basic health care services, such as the opportunity to have clean syringes and regular blood tests. Health professionals working in mobile units could also react to immediate problems, such as diseases and overdoses and thus reduce the morbidity and mortality of drug users.

Needle and syringe exchange is already relatively widespread in the EU, although it is still considered controversial in some countries. There is, however, strong evidence collected by the EMCDDA to suggest that it helps to cut risk behaviour without boosting injecting. In order to attain good results it is of utmost importance to provide the exchange of syringes and needles as close to the users as possible.

When the ice is broken and contact is established, it is easier to provide information on health issues and the ways of reducing the imminent health risks of drug abuse, including information on how to give first aid in the case of an overdose. Health professionals working in mobile units could act as intermediates between the local community and the drug users by addressing the local community about the risks related to drug abuse.

In the light of her long practical experience of street work among drug users, your rapporteur is convinced of the advantages of a stepwise approach. One of the first steps is to invite and support the drug injectors to change their way of taking drugs and to encourage them to take better care of themselves. The final goal is to make the drug users go to therapy. Harm reduction and therapy are not mutually exclusive but mutually supportive.

Various projects carried out in the Member States have proved that this approach is successful in reducing the harmful impact on public health. They show that even drug injectors can be reached and influenced. The players at local level should be encouraged to carry their responsibility in

harm-reduction policies. At the EU level it is important to disseminate the information collected by the EMCDDA on the best practices used in local communities.

Other remarks

Prisons

In addition to a stronger emphasis on measures to be taken at a local level, it would be extremely important to include in the recommendation measures targeting high-risk environments, such as prisons. National routine information on drug use amongst prisoners is not available. However, the proportion of inmates in the EU reporting ever having used an illicit drug varies according to prisons and countries and differs between 29 and 86% (over 50% in most studies) (source: EMCDDA).

Prisoners are highly exposed to drug-related illnesses through the use of common syringes and needles and sexual contact. Inevitably, the prison staff also face an immediate danger. They should be provided with adequate training to be able to reduce personal health risks and to deal with critical situations, such as overdoses. The provision of disinfectants for syringes and needles as well as condoms in prisons could form a part of the harm-reduction measures.

Training of health care personnel

In the recommendation, more attention should be paid to the training of health care professionals. Drug abuse should be recognised as a public health problem. Issues relating to drug abuse, drug related illnesses and treating overdoses should be part of medical training at all levels.

OPINION OF THE COMMITTEE ON CITIZENS' FREEDOMS AND RIGHTS, JUSTICE AND HOME AFFAIRS

for the Committee on the Environment, Public Health and Consumer Policy

on the proposal for a Council recommendation on the prevention and reduction of risks
associated with drug dependence
(COM (2002) 201 – C5-0270/2002 – 2002/0098(CNS))

Draftsman: Lousewies van der Laan

PROCEDURE

The Committee on Citizens' Freedoms and Rights, Justice and Home Affairs appointed Lousewies van der Laan draftsman at its meeting of 2 October 2002.

It considered the draft opinion at its meeting of 10 December 2002.

At the last meeting it adopted the following amendments by 20 votes to 17, with 2 abstentions.

The following were present for the vote: Jorge Salvador Hernández Mollar, chairman; Robert J.E. Evans, vice-chairman; Giacomo Santini, vice-chairman; Mary Elizabeth Banotti, Alima Boumediene-Thiery, Kathalijne Maria Buitenweg (for Pierre Jonckheer), Marco Cappato (for Mario Borghezio), Michael Cashman, Ozan Ceyhun, Carlos Coelho, Chris Davies (for Francesco Rutelli pursuant to Rule 153(2)), Gérard M.J. Deprez, Giuseppe Di Lello Finuoli, Francesco Fiori (for Marcello Dell'Utri pursuant to Rule 153(2)), Adeline Hazan, Anna Karamanou (for Carmen Cerdeira Morterero), Margot Keßler, Eva Klamt, Ole Krarup, Alain Krivine (for Fodé Sylla), Manuel Medina Ortega (for Sérgio Sousa Pinto), Hartmut Nassauer, Bill Newton Dunn, Arie M. Oostlander (for The Lord Bethell), Marcelino Oreja Arburúa, Elena Ornella Paciotti, Paolo Pastorelli (for Giuseppe Brienza), Hubert Pirker, Martine Roure, Heide Rühle, Olle Schmidt (for Lousewies van der Laan), Ole Sørensen (for Baroness Sarah Ludford), The Earl of Stockton (for Timothy Kirkhope), Joke Swiebel, Anna Terrón i Cusí, Maurizio Turco, Christian Ulrik von Boetticher, Christos Zacharakis (for Bernd Posselt) and Olga Zrihen Zaari (for Walter Veltroni).

AMENDMENTS

The Committee on Citizens' Freedoms and Rights, Justice and Home Affairs calls on the Committee on the Environment, Public Health and Consumer Policy, as the committee responsible, to incorporate the following amendments in its report:

Text proposed by the Commission¹

Amendments by Parliament

Amendment 1 Paragraph 1

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.

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 risks *associated with drug dependence as elements of active work to prevent abuse of all kinds of drugs.*

Justification

Prevention and risk reduction in connection with drug abuse is important but should not be regarded as the ultimate objective. These measures should be elements in the fight to stop drug abuse.

Amendment 2 Paragraph 1 a

Efforts to improve the coverage and range of measures aiming to prevent and reduce risks related to drugs use in the Candidate Countries should be reinforced. The Union must provide financial and technical support where necessary.

¹ OJ C

*Justification*The European Union Drugs Strategy 2000-2004 emphasises the need for the progressive integration of the Candidate Countries, which, increasingly, experience similar problems with drugs as current Member States. Although Candidate Countries have made substantive progress with regard to the adoption of the EU acquis on drugs, it is clear that the means and structures to cope with prevention and reduction of risks are often insufficient. In line with the EMCDDA recommendations, it therefore seems appropriate to share information and step up cooperation with the Candidate Countries on best practices relating to drug dependence and reducing risks.

Amendment 3
Paragraph 1 b

Member States, Candidate Countries, regions and towns should exchange best practices on the prevention and reduction of drug dependence.

Justification

(Candidate) Member States, regions, cities should be able to learn from each other and benefit from each other's successes. Therefore the exchange of best practices is a very important tool.

Amendment 4
Paragraph 1 c

The Community budget for (the fight against) drugs should provide adequate financial resources for supporting Member States in combating the prevention of drug dependence and the reduction of related risks.

Justification

Although the prevention of drug dependence and reduction of risks belongs largely to the competencies of the Member States it seems appropriate to request financial support from the Community in order to attain a high level of health protection as referred to in Article 3, paragraph 1 point p of the EC-Treaty.

Amendment 5
Paragraph 2

Member States should, in order to reduce substantially the incidence of drug-related health damage (HIV, hepatitis B and

Member States should, in order to reduce substantially the incidence of drug-related health damage (HIV, hepatitis B and C,

Cashman, 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:

tuberculosis, etc) and the number of drug-related deaths, make available, **especially at a local level**, as an integral part of their overall drug prevention and treatment policies, a range of different services and facilities, particularly aiming at the reduction **of risks associated with drug dependence though this should not replace measures to return addicts to a drug-free life**, to this end, the Member States should:

Justification

Self-explanatory.

Amendment 6 Paragraph 2, subparagraph (1)

(1) provide information and counselling to drug users to promote **risk reduction** and to facilitate their access to appropriate services;

(1) provide information and counselling to drug users to promote **the reduction of risks associated with drug dependence** and to facilitate their access to appropriate services;

Justification

Risk reduction can be widely interpreted, for instance as also including official control on quality of XTC pills in discos which would put the public authorities involved in a dubious position. The proposal itself is clearly intended to combat HIV and similar aspects found among drug addicts. Therefore it is better to keep the term referred to in the title of the proposal.

Amendment 7 Paragraph 2, subparagraph 3a (new)

(3a) Support innovative projects on the subject tried out successfully by a number of Member States, aimed at preventing death and reducing the health risks for drug users, such as 'shooting rooms' and mobile units providing emergency treatment and analysis of substances;

Justification

No justification required.

Amendment 8
Paragraph 2, subparagraph 4a (new)

(4a) Authorise, encourage and introduce on a broad scale measures to reduce the risks linked to the consumption of synthetic drugs at recreational events (free parties, raves, discotheques, concerts etc.) based on appropriate information, prevention, medical assistance and rapid checks on products (testing);

Justification

The recommendation should cover the reduction of risks linked to the consumption of synthetic drugs at recreational events. A number of health problems are due to lack of information and the uncertain nature of synthetic drugs, mostly sold to occasional users.

Amendment 9
Paragraph 2, sub paragraph (6)

(6) provide ***comprehensive*** substitution treatment, supported by adequate psycho-social 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;

(6) provide substitution treatment, ***in strictly controlled forms***, supported by adequate psycho-social 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;

Justification

Substitution treatment, such as methadone, is only one of many ways of rehabilitating addicts. It is important that such treatment is offered in forms which prevent abuse and under the control of the carer.

Amendment 10

Paragraph 2, subparagraph 6a (new)

(6a) leave up to doctors (subject to strict medical supervision) the choice of appropriate therapies for each specific case of drug dependence; such treatments should be allowed to include the possible administration of substances included in the tables in UN Conventions and banned for the general public for uses other than health treatment;

Justification

No justification required.

Amendment 11

Paragraph 2, sub paragraph (9)

(9) provide appropriate access to condoms, needles and syringes distribution, exchange programmes and points;

(9) provide appropriate access to condoms ***and, in strictly controlled forms,*** needles and syringes distribution, exchange programmes and points ***and to use such contacts with addicts to actively offer treatment and rehabilitation;***

Justification

Programmes for the exchange of syringes must take place under strict control to avoid abuse. In addition, the programme should be used to get in contact with drug users in order to offer treatment and rehabilitation.

Amendment 12

Paragraph 2, sub paragraph (11)

(11) organise appropriate integration between health and social primary-care, and specialised approaches in **risk** reduction;

(11) organise appropriate integration between health and social primary-care, and specialised approaches in ***the reduction of risks associated with drug dependence***;

Justification

Risk reduction can be widely interpreted, for instance as also including official control on quality of XTC pills in discos which would put the public authorities involved in a dubious position. The proposal itself is clearly intended to combat HIV and similar aspects found among drug addicts. Therefore it is better to keep the term referred to in the title of the proposal.

Amendment 13
Article 3, paragraph 1

(1) use scientific evidence of effectiveness as a main basis to select the appropriate intervention

(1) use scientific evidence of effectiveness, ***on the basis of comparable data***, as a main basis to select the appropriate intervention

Justification

In developing an appropriate evaluation mechanism the use of comparable data is pertinent to have reliable results.

Amendment 14
Paragraph 3, subparagraph 9a (new)

(9a) promote studies to evaluate innovative projects on the subject of drugs and the comparison of results obtained by means of various policies in terms of reducing the health risks and numbers of drug-related deaths;

Justification

No justification required.

Amendment 15
HEREBY INVITES THE COMMISSION:

to co-operate with the Pompidou Group of the Council of Europe, the World Health Organisation, the United Nations International Drug Control Programme and

to co-operate with the ***candidate countries***, the Pompidou Group of the Council of Europe, the World Health Organisation, the United Nations International Drug Control

other relevant international organisations
active in the field;

Programme and other relevant international
organisations in the field;

Justification

Self-explanatory.