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Civil Society Forum on Drugs in the European Union

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Executive Summary

On 13 and 14 December 2007, the Directorate General for Justice, Freedom and Security (DG JLS) hosted a meeting of the Civil Society Forum on Drugs in the EU, where 29 representatives of civil society met with the Commission to discuss the role of civil society in EU drugs policy.

Key points:

- Many participants felt that there had been too little time to prepare for the meeting and usefully discuss the progress review of the EU Action Plan on Drugs and the Council Recommendation on drugs and prison. A new meeting was suggested to give participants time to prepare and consult with their members.
- Regarding the purpose and agenda of this and the next meeting, some participants felt the focus should be on the Action Plan, while others wanted to discuss more fundamental issues regarding the role of the Forum.
- Chairing the Forum on behalf of the Commission, Carel Edwards of DG JLS said that the agenda for a follow-up meeting was clear: to discuss the current Action Plan with a view to providing input for the next Action Plan, due for adoption by the end of 2008, the focus being on how the Action Plan was put into effect.
- The Programme on Drug Prevention and Information was introduced in a presentation and question and answer session, rather than a workshop. It was noted that the Programme was still new and priorities were therefore intentionally being kept broad and wide-ranging.
- The role of civil society needed to be clarified, especially at the national level, where many participants felt that more structured and permanent links between civil society and Member States were necessary.
- Terminology was identified as an important issue, and the terms used in the Action Plan needed to be defined to make sure that the Commission, civil society and Member States were using a 'common language'.
- New patterns of drug use were emerging, with new types of drugs and new groups of drug users. Prevention and treatment efforts needed to reflect this.

Opening and Introduction (Carel Edwards, DG JLS)

Opening remarks were made by Carel Edwards of the Directorate General for Justice, Freedom and Security (DG JLS), who began by apologising for shortcomings in the practical organisation of the event and the short time available to participants for preparation.

Edwards emphasised that the European Commission does not dictate a European drugs policy, and that it is important for participants to understand that any such notion was wrong. Drugs policies in Member States are run by the governments of the Member States. There are certain areas of drug policy that do have a European dimension laid down in the Treaties, relating to complementary action in the public health field, as well as to certain judicial and law enforcement aspects. The role that the Commission has been given in its regular institutional communication with the Council and the European Parliament is as “broker of ideas” and “representative of the European interest” through data, information and analysis emanating mainly from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The purpose of the Civil Society Forum on Drugs in the EU was to find a more effective approach to the drugs issue and to feed into a debate which the Commission, along with the Member States, was sustaining within the European Institutions. What the Commission needed was the information, knowledge and direct experience that civil society had, not political opinion or moral outrage.

On the selection of participants, he explained that criteria had been published in the Green paper on the role of civil society in EU drug policy and the report on the open consultation on the Green paper. As stated there, the maximum size of the Forum was 30 organisations – large enough to be representative, but small enough to be effective. Altogether 75 organisations had expressed an interest. In selecting participants the Commission had given preference to European consortia where possible and had aimed for a geographical balance. This meant that while some national organisations were selected even when there was no European consortium, other (national) organisations were not selected in the interest of maintaining the geographical balance.

In closing, Edwards again reminded participants that the Commission was not looking for political views. One of the qualities of the European model, he said, was that rather than going for an ideological approach, for the aim was an approach based on evidence and knowledge. There is no ‘war on drugs’ in Europe.

The objective of the meeting should be for civil society to give the Commission some useful pointers on where the Action Plan was missing the target, where it could be improved and how it could be made more easily assessable. These recommendations would be taken into account, but participants were also reminded that drugs policy was ultimately made by Member States.

Action Plan progress review (Maurice Galla, DG JLS)

Both the EU Drugs Strategy and the Action Plan have two major pillars: drug demand reduction (includes prevention, treatment and rehabilitation) and drug supply reduction (law enforcement efforts). There are also cross-cutting themes such as international cooperation, information, research and evaluation. Progress reviews are being carried out every year to keep information up to date and to ensure that the Action Plan remains a dynamic policy instrument. An evaluation of the Action Plan is due in 2008. Civil

society can play an important role in telling both the Commission and Member State governments how successful the Drug Strategy and the Action Plan have been.

Broad conclusions of the progress review include the following:

- Drugs policies are converging across the EU, with Member States learning from each other, while at the same time retaining national models and perspectives.
- The evidence-based approach of the Action Plan helps the Commission identify areas in need of improvement.
- A key challenge, and where civil society can be of help, is how to go from objectives and action to real outcomes.
- Indicators need revisiting.

Programme on Drug Prevention and Information (Caroline Hager, DG JLS)

The Drug Prevention and Information Programme 2007-2013 was adopted on 25 September 2007 and published in the EC Official Journal on 3 October 2007. The duration of the programme is seven years (2007-2013), with a total budget of €21.35 million. The thematic priorities derive from the legal basis establishing the programme and also the EU Action Plan on Drugs 2005-2008. The Commission is aware that this is a new programme, and is setting very broad priorities for the first two years of the programme to attract a wide range of applications in the field of drug prevention and information. Once the Commission has gained more experience with the programme and the response from applicants, it can identify the needs of the target groups better and narrow down the priorities.

The Drug Prevention and Information Programme is very keen on the role of civil society; one of its specific objectives is to involve civil society in the implementation and development of the European Union's Drugs Strategy and the Action Plan. The role of civil society is extremely important in building closer links with networks and developing innovative approaches that can be funded by the Programme.

Recommendation on Drugs and Prison (Natacha Grenier, DG SANCO)

Objective 13 of the Action Plan calls on Member States to develop activities on prevention, harm reduction, treatment and reintegration services for drug addicts in prison. In addition, it calls on the Commission to come up with a proposal for a Council Recommendation on drugs and prison.

The Commission has tasked an external contractor with writing a report on the current situation; defining the problem of drugs and prison and determining what the specific objectives of the future recommendation could be. These include encouraging Member States to prevent the use of drugs in prison and facilitate access to treatment; to increase access to harm reduction and reintegration services; and to monitor and analyse drug use in prison.

An ad-hoc expert meeting was held in Luxembourg on 22 October to exchange views on the possible structure and content of the proposal. Also, a first exchange of views with representatives of civil society was held on 23 April with the Civil Society Forum on HIV/AIDS, organised by DG SANCO. Participants at the Civil Society Forum on Drugs were invited to discuss the conclusions arising from these two meetings and to exchange their experiences in the field.

Q&A session on the Programme on Drug Prevention and Information

A question and answer session was held on the Drug Prevention and Information Programme.

Third countries

Question: One of the thematic priorities of the 2007 Work Programme is the exchange of experience, transfer of skills and best practice in the field of drug demand reduction, including the reduction of drug-related harms, with third countries along the main trafficking routes. Does this refer only to third countries in the European region or does it include countries in Caucasian and Central Asia?

Answer: Organisations from third countries can participate in projects, but activities carried out in these countries cannot be funded by the EC. However, the Commission recognises that these organisations should be able to participate in any meetings, seminars etc. with their project partners in EU countries which are necessary for successful project implementation, so it will allow travel costs and per diems for associate partners attending such meetings. Any such organisation may take full advantage of the cooperation at transnational level and benefit from the results.

Role of civil society

Question: What is expected of civil society? In the Action Plan, responsibility is largely assigned to the Commission, Member States, or agencies such as the EMCDDA. Civil society can provide ideas, but how will they be given tangible form?

Answer: While delays made it impossible to consult civil society in the preparation of the 2007 and 2008 programmes, the Commission would welcome proposals from civil society in the preparatory work for the 2009 programme. Representatives of civil society are invited to send their views on what the future priorities of the Programme should be, given they are the primary users and beneficiaries. However, the Commission has made it clear that this process would be informal rather than formal as the Programme has a legal basis which must be taken into account, including a Programme Committee made up of Member States representatives and the Commission.

Action Plan evaluation

Question: One of the possibilities offered through the Programme is funding for activities which feed into the evaluation of the current Action Plan and to the development of the next one. One of the participants expressed some concern with regard to deadlines. Anyone requiring funding for Action Plan evaluation work will not know whether funding will be forthcoming until the deadline for submitting the evaluation contribution has passed.

Answer: The Commission replied that this is true, and an unfortunate result of the aforementioned delays. However, the Programme covers a lot of other activities as well, not only Action Plan evaluation.

Project level

Question: At what level should the projects be carried out: local, regional, national or European?

Answer: The Commission is looking for input on an operational, grassroots level, but one of the award criteria for Action Grants is that projects should have a European dimension which is consistent with the geographical scope of the project in terms of partners, participants and target group, or of added value at European level. The Commission is aware that, for now, the priorities are very broad and it is recommended that applicants try and fit the Commission's criteria around their own needs.

Budget issues

Question: What is the breakdown of the 2007 budget?

Answer: The types of action to be financed by the programme for 2007 are:

- **specific actions** initiated by the Commission through **tender contracts** (€750 000)
- specific **transnational projects** of Community interest involving at least **two applicant organisations** based in **two different Member States**, or at least one applicant in one Member State and a partner in another state which may either be an acceding or a candidate country. (Action Grants) (€2.25 million)

For 2007 there will be no operational support for non-governmental organisations working in the area of drugs due to the late adoption of the programme, and given that Financial Regulation 112, Par.2. states: "*An operating grant shall be awarded within six months after the start of the beneficiary's budgetary year. Costs eligible for financing may neither have been incurred before the grant application was lodged nor before the start of the beneficiary's budgetary year.*"

The Commission assured the participants that after the adoption of the 2008 Work Programme there will be a Call for Proposals for Operating Grants.

Question: What is the difference between Action Grants and Operating Grants?

Answer: An **Operating Grant** is broader based than a grant for an action: its purpose is to provide financial support for the existence and functioning of a body over a period that is equivalent to its accounting period to enable it to carry out a set of activities. An **Action Grant** helps to co-finance a one-off activity over a given period which has a budget that is specific to that action irrespective of the body's other activities.

Public health programme

Question: Is there any collaboration to avoid overlap between this programme and the Public Health Programme?

Answer: There has been close collaboration between the two DGs in preparation of the 2007 Work Programme. Although the two programmes can complement each other, a major difference is that the Drug Prevention and Information programme has drugs as its sole focus. The Public Health Programme, on the other hand, considers drugs along with other health determinants. The Drug Prevention and Information Programme is designed to fund smaller networks, where as the Public Health Programme finances several larger networks.

Funding projects

Question: A certain portion of the funding for projects must be raised by the organisation itself, before any grants can come from the Commission. What is the percentage that must be provided as a cash contribution, be it from the applicant organisation or its partners?

Answer: The Commission's contribution towards a single project cannot be less than € 75 000 and there is no maximum limit. The Community's financial contribution may not exceed 80% of the total direct eligible costs of the action. A minimum of 20 % of the total eligible costs must therefore be provided as a cash contribution, either from the applicant organisation and/or partners, or from another donor source. Evidence should be provided by the applicants that the funding is secured on the date of the application.

Working Group on Drugs in Prison

The 'security culture' of prison systems

The first point reported by the group focused on the fact that prisons generally fall under the responsibility of Member States' departments of justice and on how the justice and security culture of prison systems is different from what was referred to as a health and care culture. Although this presents a number of challenges, the group felt that these two cultures can be brought together. However, any change of culture requires the support of departments of justice:

- One example of how this can be supported is through training for staff.
- Prison officers in particular are seen as having a key role and need to see the value of an approach involving treatment and healthcare.
- Opportunities for training need to be made available.
- Data protection was also identified as a particular issue. Information not being shared for security reasons can sometimes pose problems for collaboration.
- One possible solution could be the development of protocols, as has been done with medical information and how it can be shared.

Level of service

A second point was that services within prisons should be equivalent to those available in the outside community:

- Inmates should have access to the same level of services, and these services should be made as attractive as possible.
- There needs to be a common standard across European countries as standards differ not only between countries, but also between prisons.
- Any such standard must be underpinned by respect for human rights, as prevention, treatment and rehabilitation can only work when delivered in a prison environment where such a regime is in place.

Alternatives to prison

There is also a need for alternatives to prison, but a detailed discussion on this was outside the scope of this workshop. A related issue is overcrowding, which makes both prevention and treatment difficult.

Overdosing

Evidence shows that release from prison is a time of major risk of overdose. As overdosing also happens within prison, it was proposed that prison staff should be given training, e.g. in the use of Naloxone, which is an effective way of dealing with an overdose.

Hepatitis-C

Another major problem area concerns Hepatitis-C, which is believed to affect significant portions of prison populations. Prisons, it was suggested, do not only provide an important opportunity for spreading information and raising awareness, but are also suitable places to commence treatment.

Links with the outside community

There was also a discussion on the need to link services within prison to services in the outside community:

- Examples from various countries include a key worker who is in contact with inmates both when they are in prison and when they come out, and who can play the role of linking the person into housing and employment services.
- In other countries there are more structured programmes in place where people come together in groups.
- Regardless of what form this takes, it was felt that this support and advocacy role was crucial.
- It was recognised that probation services are looking to take on this role, but also that they may currently be seen as too much part of the prison system and so not have the level of trust among prisoners that they need to carry out this role.

Need for data

Finally, the need for more data on drug use in prisons was discussed:

- A large proportion of prisoners are using drugs, but more detailed information is necessary both on the nature and extent of such use.
- Gathering such data across European countries would also be useful for both prevention and treatment, in that it would help pinpoint the barriers to such measures, be they cultural or a resource issue.

Working Group on the Action Plan Progress Review

Following a general discussion, the working group was divided into two sub-groups to discuss specific objectives. As the group consisted mainly of organisations from the field of drug demand reduction and information, research & evaluation, both sub-groups focused on Objectives 1 to 17 of the EU Action Plan. One of the two sub-groups also pursued certain points from the general discussion, including the organisation and purpose of the Civil Society Forum. As a result, this report is divided into two sections. The first reports on the general discussion carried out by the working group as whole, and the general comments made by one sub-group. The second summarises the discussion on specific objectives for coordination (1-6) and for demand reduction (7-17). Some overlap between the two sections is inevitable, as many of the general comments also apply to specific objectives.

General discussion

Overall, the discussion in the working group showed that despite ideological differences between Members of the Forum, there is common ground for debate. Shared concerns range from the role and position of Civil Society in the European debate on drugs, to service provision, innovation and quality assurance.

Implementation

Despite differing views on the drugs problem and solutions to it, a general concern emanating from the discussions was whether the Action Plan was being implemented properly. In other words, do Member States really do what they are asked to do, and do they report correctly on what they are doing? One participant suggested a focus on what happens between the central and local levels. Money spent by the central government of a Member State may not always give an accurate measure of what is being spent operationally at local level.

Role of civil society

Another general point was that the role of civil society at the Member State-level needs to be clarified. Member States should provide links with civil society to make it possible to achieve action plan objectives. Cooperation should be regular, permanent and structured. It was suggested that the next Action Plan could, for example, include more concrete suggestions on how civil society might be consulted by Member State governments.

New patterns

There was a common understanding among participants that the scope of treatment needs to be widened from the current focus to include new patterns of drug use. This includes not only new types of drugs, but also new user groups. New treatment options should also be developed, e.g. for cocaine dependence, as medically assisted treatment options are limited for cocaine users. In general, it was felt that prevention and treatment should reflect the specific needs of drug users and other groups involved.

There is also generally a focus on disadvantaged groups, marginalisation and social exclusion. However, problems are spreading to other groups as well and it was felt that a special approach is often needed for these groups.

A wider issue with regard to new and changing patterns is how well the structure of the Action Plan and drugs policy in general follows these trends. It was recognised that the boundaries between legal and illegal drugs are becoming less clear and that many problems are interrelated as a result, for example, of poly-drug use. The need to pay more attention to interactions between licit and illicit drugs, and with other areas of public health, was considered important. Another participant noted that although the Action Plan is divided into sections (prevention, harm reduction, etc.), at grassroots level, plans are often integrated across these areas, for example bringing together street-dealing with targeted prevention and social integration activities aimed at specific groups of young people.

Accessibility and coverage

Accessibility and coverage is another major issue. Services may be available, but the point was made that this does not necessarily mean that they are accessible to all groups. Hidden populations, e.g. illegal immigrants and sex workers, may not get enough attention in the Action Plan. The availability and accessibility of services to young people is often hampered by a lack of treatment places, resulting in waiting lists. In the field of prevention, more needs to be done to roll out effective prevention programmes to larger groups of beneficiaries.

Evaluation

Civil society has an important part to play in assessing the quality of programmes and services. Participants noted that civil society can contribute to evaluation from a grassroots level. Overall, it was recognised that for future drug policy, the need to incorporate evaluation and quality control as key instruments for making drug demand reduction action more effective, needs to be stressed. Some participants suggested that more qualitative indicators are needed to evaluate the Action Plan.

There was some concern in the group that innovation is missing from the Action Plan, and some participants felt there was no room for experimentation. Given the evidence-based approach favoured by the Commission, this could be a serious issue. New and innovative programmes may not have had enough time to generate evidence, and participants argued that the Action Plan should allow more room for innovation.

Terminology

There are a number of terms in the Action Plan that will need clearer definition. Currently, Member States tend to have varying definitions. For example, terms such as treatment coverage, accessibility, evidence-based interventions, evidence-based policies and/or early detection are defined differently across Member States.

Specific objectives

Objectives 1-6, coordination

The involvement and role of civil society needs to be acknowledged, particularly at Member State level. While Objective 3 does call on Member States to give civil society a

chance to express its opinion, a more structured and permanent mechanism for involving civil society would be beneficial.

Objectives 7-17, demand reduction

Objective 7 - improved coverage of, access to and effectiveness of drug demand reduction measures and programmes, better evaluation of these programmes and improved dissemination of evaluated best practices.

A key issue discussed was the need for clearly defined terms. In particular with regard to evaluation, it is important that the Commission, Member States and civil society have a common language.

A second suggestion was to encourage Member States to fund programmes only if they have been evaluated with the necessary scientific rigour. An example was given from the United States, where only properly evaluated programmes can receive public money. Evaluation should be properly resourced. However, participants also expressed concern that putting excessively stringent requirements on funding could risk stifling new and innovative work at the grassroots level.

Objective 8 - improved access to and effectiveness of prevention programmes, including those in school-based drug prevention and for specific groups.

More attention should be paid to formulating effective programmes, as there are many programmes around that do not work. At Member State level, the focus should be on implementation. Participants noted the importance of learning from best practices and from what has worked in other countries.

Objective 10 - improvement of methods for early detection of risk factors and early intervention.

A common approach and terminology are needed. Early detection and intervention need to be integrated with other policies. Getting the leisure industry involved in prevention activities and funding might be worth considering, not least in order to reach young people.

As in other areas, there is a need to know more about what works. Indicators for this objective in the Action Plan should be adjusted to allow for the time-lag between the moment when problem drug use occurs and the moment when (young) people enter into treatment. A European-level perspective in identifying common risk factors across nations would be of benefit to the prevention and treatment community.

Objective 11 - ensure availability of and access to targeted and diversified programmes for treatment and rehabilitation.

The general point that treatment options must be diversified to properly address clients' needs and to follow actual patterns of drug use was emphasised. Information about services must be available to all groups – for example those without access to the internet. Civil society can play a role in building links between groups and treatment.

Drug users with mental disorders tend to fall between two stools. Drug services reject them because of their mental disorders, and mental health care rejects them because of drug usage. More cooperation is needed, and this aspect could be mentioned in the discussion on cooperation.

Objective 14 - prevention of health risks related to drug use.

Although much of the information in the report on this objective was considered comprehensive, it was pointed out that hospitals, in particular emergency units, might be encouraged to improve their registration and reporting of drug-related incidents. It was also felt necessary to diversify approaches so as to reduce potential harms resulting from the (mixed) use of other substances and/ or in specific settings. .

Objective 17 - reduction of drug-related deaths. Again, increased focus was needed on new types of drug use and on possible risks in drug use that may cause drug-related deaths.

Form and Future of the Forum

As the discussion on the Action Plan progress review drew to a close, a more general discussion began to emerge:

- Part of this concerned practical matters such as how to establish closer links with the Public Health Forum organised by DG SANCO. A suggestion was made to exchange observers between the two fora.
- Another suggestion was to coordinate the Forum's future work more closely with that of the EU Council's "Horizontal" Drugs Group.

However, the lion's share of this general discussion was taken up by a debate on the role and future of the Civil Society Forum, particularly the purpose and content of a follow-up meeting:

- There seemed to be a general consensus, for example, that it had not been possible to comment properly on the Action Plan progress review, due to the fact that the document was only available a few days before the meeting.
- Also, even where substantive discussion on the Action Plan had taken place, the views expressed by participants might not necessarily be representative of their respective networks, as there had been little or no time for consultation.

For this reason, a new meeting was proposed, to give participants more time to prepare. Mr Edwards suggested that this should ideally take place within the coming three months; he said he would do his best to arrange it – but at the same time made it clear that no promises could be made as to the timing.

Although it was generally recognised that the agenda for a second meeting would need to be set well in advance, there was considerable disagreement over what that agenda should be. Two general positions emerged:

- Some participants seemed broadly comfortable with the Forum accepting the relatively limited task of providing the Commission with practical and operational information as part of the process of evaluating the current Action Plan and developing the next.
- Others felt that more fundamental questions regarding the Forum required attention.

Those arguing for a more limited role suggested that the Forum ought to work on the Action Plan from a pragmatic perspective by giving practical input. For example, one participant was felt that the focus of the Forum should be aligned with the Action Plan, noting that the role of the Forum and the constituent organisations was to feed in to the Commission's work. This would not necessarily exclude the possibility of the Forum at a later stage discussing EU drugs strategy as a whole, even if the current focus would be to work within the confines of the Action Plan.

This view appeared to be in line with the expectations held by the Commission:

- It was pointed out that the best way for organisations to influence the policy process was through the Action Plan evaluation exercise.
- This was because at present, the Commission draws on sources mainly provided by national governments.

- Civil society can make a difference by making additional information known to the Commission, thus adding to the evaluation of the Action Plan and, by extension, to the work of developing the next Plan.
- This is the main *raison d'être* of the Forum. The main point of having civil society comment on the current Action Plan is to give the Commission an idea of the direction in which civil society wants the new Action Plan to go.

In conclusion, the agenda for the next meeting would seem to be fairly clear, namely to look at the current Action Plan with a view to providing input for the next one. This means that the work can start immediately with civil society preparing their input, which can be sent to the Commission and thus be of use even if the next meeting does not come about as planned, e.g. for logistical reasons. There is no need to wait for the Commission to distribute an agenda before this work can commence.