



Fourth Civil Society Forum on Drugs in the European Union

Brussels 13-14 December 2010

FINAL REPORT

The content of this document does not necessarily reflect the opinions and views of the European Commission



European Commission
Justice

List of participants

FAMILY NAME	FIRST NAME	ORGANISATION
REPRESENTATIVES OF MEMBERS		
ALBERT	Eliot	INPUD/IHRA
BLAISE	Benjamin	EFUS - European Forum for Urban Safety
CALAFAT	Amador	IREFREA - European Institute of Studies of Prevention
CHARLOIS	Thierry	AFR - Association Française pour la Réduction des Risques
DOOLAN	Daithi	CityWide Drugs / Crisis Campaign
FELICISSIMO	Marisa	ENCOD - European Coalition for just and effective drug policies
FRANCIS	Jane	ICOS - International Council on Security and Development
HARAKE	Leena	WOCAD - Women's organisations committee on alcohol and drug issues
JUAN	Montse	IREFREA - European Institute of Studies of Prevention
LAZAROV	Philip	KENTHEA - Centre for Education on Drugs and Treatment of Drug Addicted Persons
LEGL	Thomas	EURO-TC - European Centres for Drug Addiction
LIDDELL	Dave	SDF - Scottish Drugs Forum
MARCUS	Michel	EFUS - European Forum for Urban Safety
MENDES	Fernando	IREFREA - European Institute of Studies of Prevention
MCAULIFFE	Ruaidhri	UISCE -Union for Improved Services,

		Communication & Education
PHELAN	Maria	IHRA - International Harm Reduction Association
POLAK	Fredrick	ENCOD - European Coalition for just and effective drug policies
POLIDORI	Edoardo	ITACA - European Association of professionals working in the drug field
PRIEZ	Jean-Marc	AFR - Association Française pour la Réduction des Risques
QUESADA	Pedro	UNAD - La Unión de Asociaciones y Entidades de Atención al Drogodependiente
SAROSI	Peter	HCLU - Hungarian Civil Liberties Union
SCHATZ	Eberhard	Correlation Network - Foundation Regenboog/AMOC
SCHIFFER	Katrin	Correlation Network - Foundation Regenboog/AMOC
SIMIONOV	Valentin	RHRN - Romanian Harm Reduction Network
STOCKEL	Ingo	PARSEC Consortium
SVIDÉN	Jörgen	ECAD - European Cities against Drugs
ULSTEIN	Anders	EURAD - Europe against Drugs
VOTYAGOV	Sergey	EHRN - Eurasian Harm Reduction Network
EUROPEAN COMMISSION		
SPINANT	Dana	DG Justice C4
DEBIEUVRE	Marie	DG Justice C4
GALLA	Maurice	DG Justice C4

HAGER	Caroline	DG Justice C4
HORVATH	Roman	DG Justice C4
JETSU	Timo	DG Justice C4
KLIZAITE	Karolina	DG Justice C4
KOSNIKOWSKI	Andrzej	DG Justice C4
PLUIJMERS	Vincent	DG Justice C4
QUARTERMAINE	Sue	DG Justice C4
RODRIGUEZ RAMOS	Alejandro	DG ELARG D2
STEENSON	Elizabeth	DG Justice C4
TARDIOLI-SCHIAVO	Paola	DG Justice C4

Action/Implemented by	Deadline
The Commission to assess the current membership of the web based Forum and options to limit sections for discussion and document exchange among Members	As soon as possible
The Commission to assess whether secretarial support can be provided to the core group in the editing and dissemination of documents and management of the web-based forum.	As soon as possible
Commission to budget for up to 3 meetings of the Civil Society Forum and up to 3 meetings of the Core group in 2011; the budget should include the possibility of inviting <u>experts</u> .	December/ January 2011
The Members of the Core Group to consider the profile and possible names of experts to invite for the Civil Society Forum	At least <u>6 weeks</u> before the next CSF meeting
Meeting of the Core Group	February 2011
5th Meeting of the Civil Society Forum	2 nd or 3 rd week April 2011
Meeting of the Core Group	June 2011
Possible additional meeting Civil Society Forum	June 2011
Meeting of the Core Group	September 2011
6th Meeting of the Civil Society Forum	1 st or 2 nd week September 2011
Printing and presentation of the position papers of the Civil Society Forum on Drugs	End September/ early October 2011
Reflection note comparing in detail the current format of the Civil Society Forum and that of a Commission Expert Group	2011

4th Civil Society Forum on Drugs

The 4th meeting of the Civil Society Forum on Drugs took place on 13 and 14 December 2010 in the Residence Palace in Brussels. During the 3rd meeting of the Forum, a Core Group had been established, responsible on behalf of its members for the joint preparation of the meetings of the Forum with the European Commission. The Core Group had met two times in 2010 to prepare the agenda of this meeting. This 4th session was also the last one with the current Membership as the three year mandate of the Forum had expired.

Day 1, Monday 13 December 2010

1. Opening and plenary session (chair: Maurice Galla, DG Justice)

The meeting was opened by Dana Spinant, Head the Anti-Drugs Policy Unit in the European Commission (DG Justice) and successor of Carel Edwards. Ms Spinant highlighted the main objectives of the meeting, which included:

- The launching of the preparations for the CSF's proposals papers towards the new drugs strategy;
- To discuss the future of the Forum;
- To clarify the application /selection procedure for the call for expressions of interest with a view to renew the biannual membership of the Civil Society Forum on Drugs for 2011-2012 mandate. The meeting was co-chaired by the Anti Drugs Unit and members of the CSF core group.

Concerning the new drugs strategy, Mrs. Spinant informed the Forum that it would be the first strategy adopted under the Lisbon Treaty, and that it is would be the first time the European Commission drafts it. The European Parliament will be involved in discussing the new Strategy.

About the EU Drugs Strategy

The EU Drugs Strategy is a policy document, which has the purpose to encourage cooperation, coordination and convergence of drugs policies across the EU. The Strategy is not legally binding. Previous EU Strategies have been presented by EU Presidencies, but the next EU Drugs Strategy will be presented by the Commission. Member States subsequently discuss this proposal and may decide to endorse/ adopt it with possible amendments. The European Parliament can express its views on the Commission's proposal.

Mrs Spinant informed the CSF that there will be an independent evaluation of the current drug strategy. To ensure transparency, the evaluation report as well as the evaluation methodology will be made public.

Mrs Spinant also explained to the CSF the proposed timeframe for the drafting of the new drugs strategy and the three processes that would adhered to it:

- 1) **An evaluation phase:** an external and internal evaluation of the implementation of the current EU drugs strategy since 2005
- 2) **A consultation phase:** a public consultation of relevant stakeholders will be conducted as part of the evaluation. Furthermore, an official **public consultation** (web based) will

be conducted (2nd quarter 2011) where civil society can contribute to a number of key questions that will be raised and/or express its views on EU drugs policy.

- 3) **A drafting phase:** this will ideally start in the summer of 2011 once the final evaluation report on the EU drugs strategy is completed.

In addition to these steps, the Commission is also conducting a number of additional activities which may have relevance on the development of the new Strategy. A Flash Euro barometer will be organised in the course of 2011. Finally, the EMCDDA would present in the framework of the evaluation an overview of the development of the drugs situation and responses to it in the EU since 2004/2005 (regarding harm reduction, supply and demand reduction etc).

The European Commission's current deadline for submitting the new drugs strategy to its adoption procedure is October 2011. The position papers on the new drugs strategy from the Civil Society Forum would need to have substantial content by the end of June 2011 and be finalised by October 2011.

The evaluation of the EU Drugs Strategy will include the following activities:

- An assessment of the implementation of the Strategy and its Action Plans, including at national level
- An online consultation of key stakeholders and in-depth interviews on a selected number of key objectives
- An assessment of perceptions of the 'EU model' in the field of drugs among third countries and organisations
- A public consultation of civil society (through Commission's website)
- A report on the long term trends and developments in the drugs situation in Europe since 2004

The Commission explained that a one single set of CSF recommendations on the new strategy that everyone agreed upon would make the CSF's contribution to the new drug strategy much stronger. The CSF noted that divergent views within the CSF that would be more than one proposal paper produced.

An opinion forwarded by ENCOD was that it would not be worthwhile to have a one proposal that was created under consensus as the document itself would not merit anything. Nevertheless many CSF members noted that the CSF should avoid a polarization of views, to try and find common ground where possible on topics and to not use the CSF as a place to discuss ideologies as this opportunity to affect the new drug strategy was too good to waste.

The Commission suggested that the CSF proposal papers needed to be realistic, constructive and include attainable goals. Moreover, it was proposed that the CSF could also use their final proposal papers at national level. The European Commission will look for the most appropriate way to annex CSF policy papers to the proposal on new strategy.

Recent developments in the field of drugs at EU level

The Commission presented an overview of drug-related developments at EU level that took place since the 3rd meeting of the Forum¹. These included the following:

¹ See PowerPoint presentation as presented in the meeting.

- In 2009 the Commission has funded a study titled '**a comparative analysis into illicit drugs in the EU**', which provides an overview of the state of play on drug-related research in the EU. On the basis of this study and a European conference, the Commission presented a Commission Staff Working Paper, elaborating further steps in this field². As a consequence, the Horizontal Drugs Group (HDG) decided to have an annual discussion on drug-related research. Finally, the Commission is supporting the establishment of an ERA NET, a research cooperation network between Member States.
- The **European Action on Drugs**, which was a key discussion topic during the last meeting of the Forum, has taken off well and now included over 650 commitments from civil society organizations and individuals across the EU³. In 2011, the EAD will be evaluated.
- In 2008, the Commission funded a study to examine the development of **key indicators in the field of drug supply**⁴. Based on the study and a European conference, the Commission published in October 2010 – in collaboration with the EMCDDA - a Commission Staff Working Paper on '*improving the collection of data on drug markets, drug-related crime and supply reduction measures in the EU*'⁵. The paper presents a strategy to develop key indicators in these three areas.
- The Commission has also launched a study into the development of an **EU consensus on minimum quality standards and benchmarks in drug demand reduction**. Preliminary findings of this study will be discussed during a European Conference organized by the Commission in collaboration with the Hungarian Presidency in May 2011. The purpose of these activities is to arrive to recommendations on how to implement minimum quality standards in demand reduction in the Member States.
- The Commission is currently assessing the **EU legislation in the field of new psychoactive substances**⁶. The market for these substances is changing rapidly and is in need of an adapted response. One of the substances that strongly emerged in the market in 2009 and 2010 was the stimulant substance mephedrone⁷. In 2010 it was risk assessed and subsequently submitted to drug control measures⁸. An assessment report of the current legislation will probably be presented in the first half of 2011.

The Commission also presented three new studies and research projects to the Forum that will have their kick off in 2011 and that are expected to produce important findings for EU drugs policy:

- Under the 7th RTD Framework Programme a **large research project into addictions** is being funded. The project, titled ALICE RAP, will begin in May 2011 and focus on all major aspects of different types of addictions, including drugs, alcohol and gambling. The project will run for 5 years and has a budget of €10 million.
- A call for another drug-related research project was launched under the 7th RTD Framework Programme (Security) in 2010. This project will examine the **intended and**

² SEC (2009) 1631 final.

³ <http://www.ec.europa.eu/ead>

⁴ Title: Policy-relevant information and data in the field of drug-supply reduction and drug-related crime in the EU and in third countries'.

⁵ SEC (2010) 1216 final.

⁶ Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances.

⁷ Council Decision 2010/759/EU on submitting 4-methylmethcathinone (mephedrone) to control measures; OJ L 422, 8.12.2010, p. 44.

⁸ CSE 12658/10 CORDROGUE 67

unintended consequences of the external aspects EU drugs policy and their impact on the security situation in the EU. The project kick off is expected in the second half of 2011.

- Under the Programme for the Prevention of and Fight against Crime, the Commission has issued a call for tender for an in-depth **study of the EU drugs market**, focusing on important policy-relevant aspects such as drug-related crime networks, actual drug consumption, the impact of substitution treatment on the heroin market, an analysis of policy models, etc. The study will have a budget of app. €600.000 and a duration of 18 months.

Feedback from the Civil Society Forum's Core Group

Eberhard Schatz (Correlation Network/Foundation Regenboom/AMOC) on behalf of the CSF core group explained that the core group were selected to help facilitate and manage the CSF while working closely with the European Commission. CSF should be kept informed regularly of any new development or process concerning the new drug strategy. In addition, Mr Schatz had some notes for CSF members and the European Commission.

- The CSF members need to be proactive and work towards position papers for the new drugs strategy.
- The CSF should accept every group/person's divergent ideas but try to agree on some basic principles so that the CSF did not become blocked.
- Current views on the type of position papers that need to be developed diverge to some extent, between thematic papers (targeting a specific area of drugs policy) or papers targeting the fundamentals of EU drugs policy (e.g. alternative approaches to the current drug control system).
- The CSF was in a good position to inform the European Commission on the fresh ideas from CSF and changes in the drug field but it needed to use this opportunity.
- The European Commission call for expressions of interest for CSF 2011-2012 mandate should not interfere with the planning and work for the CSF's proposal papers.
- The CSF core group felt that administrative help was needed for the editing and completion of the proposal papers and asked the European Commission to look into possibilities for this.

The European Commission asked the CSF to propose dates, number and format of meetings for 2011 as soon as possible.

2. Workshops on possible themes for the position papers

The Commission provided a short paper with some guidance on the discussions which the participants could consider.

Each group could develop the following ideas, from civil society perspective. The list is indicative as this is a brainstorming exercise that should provide ideas for future work.

The groups do not necessarily have to come to a common conclusion but it is desirable that opposing views should be spelled out to make future debates more concrete.

- What are the major strengths/shortcomings in the current situation and with the current strategy/action plan? Any gaps/issues that haven't been dealt with in the current Strategy/Action Plan/ issues that should be included in future?
- At strategic level, what should be the EU policy priorities in this field?
- Beyond 2012, what would be the major (as concrete as possible) objectives, actions to achieve them?
- How can civil society contribute towards agreeing and achieving the objectives?
- How to ensure that views of civil society are properly taken into account?
- Any other ideas, points of disagreement etc. to be discussed further.

2.1 Report from Workshop A: *From prohibition to regulation, options for alternative policies, evidence based policy*

Chair: Fredrick Polak (ENCOD); rapporteur: Dr Eliot Ross Albert, PhD (INPUD)

This workshop was mostly attended by representatives from the harm reduction oriented organisations. Much attention was paid to the EU commissioned Peter Reuter and Franz Trautmann report entitled *A Report on Global Illicit Drug Markets 1998-2007*. The discussion noted that there is a commitment to a rigid prohibitionist approach in spite of strong evidence to its highly damaging consequences.

There was unanimity around the idea of placing the subject of Alternative Drug Control Systems on our agenda for the CSF contribution to the Commission, and subsequently submitting it for consideration on the new EU Drug Strategy. A little start was made of the discussion on forms of regulation, consequences, and political effects. Other key document cited was Steve Rolles 'After the War on Drugs: Blueprint for Regulation'. Rolles notes that there is a growing recognition around the world that the prohibition of drugs is counterproductive and a failure.

The workshop called upon the Commission to consider the findings of these two reports and to base all future policy on evidence. It was considered in the context of a current European backlash against harm reduction and hold the EU to their current commitment to the widespread implementation of harm reduction initiatives. Participants also addressed the issues of safer drug consumption rooms and heroin assisted treatment, both of which exist in several

countries across the region and are being considered by many more. These developments were welcomed and it was hoped that the Action Plan would encourage such innovations in robust terms.

Participants of the workshop also called upon the Commission to pay heed to the Vienna Declaration which issued from the International AIDS Conference in June. The Declaration stated that the criminalization of people who use drugs was a major vector of propagation of the disease, and that the war on drugs had been a massive failure and had in fact turned into a war on people who use drugs leading to systematic breaches of their human rights.

The declaration also called for the universal availability harm reduction services to those who needed them, underlining that such service, backed up by science must form the backbone of any future drugs politics. Furthermore, it was pointed out that in August 2009 the UN had officially backed a harm reduction approach; adjunct to this is the demand from the International Commission on Human Rights that all international conventions respect human rights, this includes the right to health. The ICHR had also pointed out that the 'war on drugs' led to massive abrogations of the human rights of drug users, their families and communities and that this was unacceptable.

The workshop pointed to that part of the Vienna Declaration called for the decriminalization of the use of drugs, pointing out that the right to health is a crucial part of human rights and that this right was being trampled on by actions being conducted in the name of the 'war on drugs'. The workshop asked that these high level judgments and recommendations be taken on board and built into the next EU action plan

2.2 Report from Workshop B: *New drugs/ legal highs; trends in drug use and policy options*

Chair: Anders Ulstein (ECAD) - rapporteur: Liz Steenson (DG Justice)

This workshop addressed the phenomenon of new psychoactive substances or ('legal highs') that emergence on the drug user market. In recent years, the EU is facing increasing problems with these new substances. The challenges faced include:

- These substances are mostly synthetic and their direct effects on health as well as their dependence potential are often unknown.
- When these substances are brought under control, they are often rapidly replaced by other, often similar products.
- Some of these products are not sold for human consumption, and thus circumvent drug control or e.g. food legislation, while it is clear that they are intended to be used as drugs.
- The prevalence of these substances among the general and specific populations (recreational users, young people) is unclear.
- Their status as legal highs may give them an image of being safe for consumption, while consumers do know what they take.
- There is limited scientific information available on these new substances, so a proper risk assessment is difficult to conduct.

Examples of substances in recent years are e.g. mephedrone (a stimulant substance) and SPICE (a mixture of herbal and synthetic substances mimicking cannabis).

Member States respond differently to these emerging substances. Ireland has introduced legislation that controls new substances unless it is proven that they are safe for human consumption. In Hungary, mephedrone will be banned as of 01/01/11, as it poses increasing health risks because problem drug users start injecting the substance. The National Drugs Coordination Body (CCDA) has set up a specific working group on new drugs.

According to Anders Ulstein from ECAD, this topic is very interesting for further discussion and a position paper:

- It is politically relevant at the moment.
- There may be a strong common ground to address this issue as it does not (yet) concern the existing drug control system, but a topic that is related to it and that requires innovative solutions.
- The issue may also include a broader discussion of targeting also licit substances as alcohol and tobacco in a holistic approach to addiction.
- It involves also issues such as social marketing of psychoactive substances, gender specific prevention efforts, etc.
- The topic does relate to some extent to the debate on prohibition versus legalisation/ regulation of psychoactive substances.

It is agreed that a draft discussion paper could be developed on the basis of this meeting. The paper could include several key questions for consideration, which can be discussed and/ or amended/ added to in-between the CSF meetings, e.g. through the CSF forum. For the next meeting the text could be downsized and further discussed, while an expert may be invited.

Day 2, Tuesday 14 December 2010

2.3 Report from Workshop C: Empowerment/ civil society involvement at national and EU level

Chair: Eberhardt Schatz (Correlation)

This workshop aimed to focus on the question how civil society involvement in drugs policy at national and EU level could be strengthened. Each participating organisation presented its views and explained what their work involved, how they interacted with Civil Society and their government on drugs issues.

On behalf of INPUD, *Eliot Albert* explained that it is an international organisation of drug users founded in 2008 whose members span five continents. It has a mantra of 'no policy about us without us' and Eliot explained that INPUD is one of the only organisations made up of drug users in the Civil Society Forum and that drug users should be more actively involved in policy. According to Mr Albert, INPUD has recently gained a seat at one of the Delegations to the CND. He explained some of the obstacles civil society organisations and individuals encounter on a daily basis. For example, in the United Kingdom, people can not be employed (in the drugs field) unless they have been 'clean/free of drugs' for two years or more. And there is a de-facto rule that current drug users are not allowed to work in the drug field. INPUD thinks this should be changed.

Peter Sarosi from the Hungarian Civil Liberties Union explained that his organisation is involved in the Coordination Committee for Drug Affairs, the national coordination body for drugs policy in Hungary. The Hungarian government reorganised this drugs governing/advisory body in 2007, after which where four NGO representatives were allowed to participate. These NGO representatives are elected every two years. This advisory body meets five to ten times a year to discuss the implementation of the Hungarian drugs strategy. These 4 NGO representatives are from mostly from areas concerning drug demand reduction (harm reduction, treatment, prevention and rehabilitation).

At UN level, the HCLU has attended the UN Commission on Narcotic Drugs for the past six years. However, being present and being actively involved are two very different things. In the past NGOs in the CND are only allowed to speak after all the governments had spoken but some changes have come into force so that NGOs are allowed to be more involved and are in some cases included in national delegations.

Fernando Mendes from IREFREA Portugal informed the working group that in Portugal NGOs often receive funding from the government for their work and thinks that there is a problem with their independence and ability to criticise government regulations and policy. Every year there is a National Health meeting for NGO's involved in the drugs field to attend

Leena Harake from WOCAD explains that her organisation was founded in 1943 and it advocates for women and children, the forgotten half of the population. WOCAD has the position that often policies are created without taking into account (the interests of) women, even though policies might either affect them directly or indirectly through their children/families. Therefore WOCAD thinks that all parts of society should be covered by the action plans and strategies made at national or European level. Furthermore, policies should not be 'made by men for men'. Programmes and studies are often not targeted at women and

children which is wrong. In practice, WOCAD also thinks that many of the existing evidence based policies do not work for women and children so other options should be considered.

Regarding involvement in drugs policy, Sweden does have a national board on drug policy. It was created two years ago and WOCAD sits on the governing board. There are twenty members in total and four of these are NGOs. NGOs in Sweden do not have enough funds to exist so often have to get government funding as well. In practice, NGOs should not be punished for going against government policy. Immigrants are not very well represented at Civil Society level especially regarding treatment. WOCAD has launched a 'Women of the World' programme aimed at all women irrespective of class, race or legal status (re immigrants). This is the first programme of this type.

Montse Juan from IREFREA in Spain indicates that a lot of IREFREA's work is research based and focused on improving knowledge on drugs.. Professionals trying to help individuals concerning drug use. Its ultimate goal is to promote societal change regarding drugs. As the drugs field is constantly changing, important changes occur and the field workers, social workers and professionals are not aware of it. He thinks attitudes need to change regarding the new realities of drug use and users. Drug users are no longer just part of a marginalised society. Spain's Civil Society movement is very weak; it does not have a lot of power. It needs empowerment; better information and it should be more focused towards current societal behaviour.

There is a National Forum on Drugs in Spain however few Civil Society organisations are represented. One problem regarding immigrants and substance use in Spain is that many parents from this community believe that technology is very important and they do not limit or control the access to it for their children. These days there are vast amount of links/adverts for alcohol, drugs, tobacco on the internet.

Pedro Quesada from UNAD explains that his organisation is on the whole independent with only a few programmes funded by the government. It consists of 250 organisations which work with communities across Spain concerning drugs. It is part of the National forum on drugs which is working towards the new Spanish policy. UNAD plays a role in helping drug offenders in southern Spain with regard to the decriminalisation of certain aspects relating to drugs. In Spain it is a crime to purchase drugs however to take it in private is not a crime.

Valentin Siminov from the Romanian Harm Reduction Network explains that Romanian Civil Society is quite young and mostly focused on prevention and helping drug users, street workers, homosexuals etc. There is not a lot of funding available for harm reduction services even though treatment and needle exchange programmes are crucial. Most addiction care service providers in Romania are not interested in drug policy and therefore see no reason to cooperate with Civil Society or the Government. Currently there is no formal structure to meet with other Civil Society organisations in the field of drugs in Romania. Most communication between the Civil Society communities occurs via the internet. No national forum on drugs exists in Romania even though Bucharest has a big problem with drugs.

The Romanian parliament has started to consult with some CS organisations on changes that could be brought to the current legislation on drugs. The CS have been consulted on laws concerned with personal possession and availability of drug programmes across Romania. Unfortunately even though consultations were held, the Romanian government still went ahead

and criminalised 36 new drugs which resulted in a flood of mephedrone entering the black market.

Fredrick Polak from ENCOD introduces his organisation, which is made up of 150-200 member organisations across the European Union but it also has individual members as well. ENCOD is principally an advocacy group (representing groups in Brussels and Vienna). It is active at national and international level. ENCOD has been active with the cannabis social clubs and has had a lot of involvement with the Basque government concerning their drug policy.

Jorgen Sviden from ECAD indicates that ECAD is a non governmental organisation, even though its members are cities. Most interventions against drugs are implemented through municipalities so it is very important that Civil Society works with municipalities especially regarding information on drugs.

Benjamin Blaise from FESU says that his organisation is not specialised in the drugs field but works with cities on important issues such as alcohol and drugs. Like Jorgen from ECAD, Benjamin highlights that cities are normally in the front line when it comes to dealing with the consequences of drug use. A chain of action should be followed regarding drug policy and information from international level to local level.

Maria Phelan from IHRA explains that IHRA works exclusively at international level however also tries to coordinate approaches regarding advocacy on drugs at national and local level. Based in the UK, Maria explains that there is currently no national government forum on drugs in the UK however there do exist All Party Parliamentary groups on topics such as drugs. Civil Society organisations in the field of drugs are consulted before a bill on drugs is passed. However, advice given by Civil Society is not always taken into account.

Eberhard Schatz from Foundation Regenboom/Correlation Network/AMOC explains that the Correlation Network focuses on the empowerment of Civil Society and that it has members across the EU. Peer support is crucial at service level in the drugs field. Correlation Network has just held a large seminar of 110 participants in Berlin to discuss utilising peer support in CS.

Jane Francs from ISDC explains that her organisation believes that changing drugs policy is crucial. The Civil Society Forum's influence at EU level is very important and this opportunity to bring forward specific position papers should not be wasted. She also believes Civil Society organisations should act on all levels of drug policy (local to international).

Suggestions and Comments from the Workshop:

Added value of the Civil Society Forum for EU Drugs Policy

- CSF raison d'être is that it makes a vital contribution at EU policy level.
- CS should help explain how national governments could be lobbied and how CS can affect the drafting of drug strategies at national and EU level.
- Information from the field should be shared with the European Commission to keep it informed about policy and new changes in the drug sphere.

Added value of the Civil Society Forum for its members and civil society organisations in the field of drugs:

- There should be a database of experiences from civil society relating to drugs at EU level so to help form recommendations at EU Level concerning drugs.
- Civil society should share its knowledge across the EU via the CSF members
- It would be good to know what different experiences CS have a city level across the EU.
- The CSF should not be just a place for CS to meet and chat, decisions needs to be made and actions taken.

Regarding (the development of) possible position papers of the civil society forum:

- Simply focusing on (de)criminalising drugs doesn't help, nor does closing head shops; it simply forces drugs onto the black market.
- There should a more defined level of action at city level concerning drugs.
- The CSF needs to make sure the Commission takes into account CSF recommendations and does not simply note that the CSF was consulted and not take any of their points on board.
- Permanent workshops for the CSF should be created to help organise work for the CSF's proposal papers.
- One NGO should take the lead of each workshop for coordination purposes however how many workshops should exist?

Regarding the functioning of the civil society forum on drugs:

- Ideological debates should be left at the door.
- A coordinated approach is paramount for CS to have a strong effect on policy at any level.
- CSF needs to move forward and make sure that this opportunity to contribute to the new EU drugs strategy is not lost.
- Email lists of workshops should be created so that work can be continued via the internet.
- A newsletter concerning the CSF could be created and put on the forum or perhaps everyone could be added to other CSF members email lists to keep everyone up to date with latest developments across the EU.
- Concerning the renewal of membership -the CSF should have a say in who gets into the CSF for its new term 2011-2012.
- Could the CSF possibly send a welcome statement to the new head of UNODC to inform him of its work and that it would like to be kept informed of all UNODC work?

2.4 Workshop D: *Prevention, treatment/ recovery, harm reduction*

Chair: Amador Calafat (IREFREA) - rapporteur: Maurice Galla (DG Justice)

The workshop analysed the current situation in drug demand reduction with a view to future needs. One key question that was raised: *what drug demand related problems does the EU have today?*

According to *Dave Liddell* from the Scottish Drugs Forum, Scotland has 5 million inhabitants with 55.000 problem drug users. This is a manageable group and its size is relatively stable (even though the people are not necessarily the same). With a person-centred approach this group may be helped. The developments in the next decade are important. If the group of hard core problem users is not supported properly, problems in families will be transferred to 2nd or 3rd generations of family members who know no other life. This problem requires a cross-

generational approach. There are currently 55.000 children in Scotland who may have parents with a substance abuse problem.

Philip Lazarov from KENTHEA thinks that at EU level a group of experts should develop the drug demand reduction section in the new EU Drugs Strategy. He also thinks it would be important to know more about the health care costs associated with a dependent user. Furthermore, he thinks that drug problems have changed over time and that services have not adapted. Systems are still focusing on a collective group of problematic opioid users, while a more tailor made, individualistic approach is needed, e.g. by making use of e-Health applications and other innovations.

Eduardo Polidori from ITACA confirms this view and says that in Italy addiction care systems still focus too much on marginalised opiate users, while there is a whole new group emerging of well integrated drug users who get into trouble. This includes e.g. young people who are not marginalised but that may develop specific patterns of problematic use. The system should also adapt to people who may develop 'episodes' of substance use problems and that need to enter treatment services occasionally to make a 'pit-stop' to address their problems and rehabilitate themselves. So in short, a vision on future drug-related problems among different groups in the population should be developed, taking into account the interaction between specific types of substance use and new types of users. Finally, e.g. prevention services targeted at young people should listen better to their target group and involve them in the development of preventive interventions.

Drug demand reduction services must adapt to new drug-related problems that may not affect ones entire life, providing services to user groups that are better integrated into society and that are not necessarily marginalised and that may need occasional addiction care services.

Thomas Legl from EURO TC thinks that it is also crucial that addiction care and social care are integrated, something that is obvious but often not the case. There should also be more attention for evidence-based treatment. For example, in many countries substitution treatment is provided without psychosocial interventions, even if evidence shows that such a combination improves effectiveness. He thinks that in general there is too much focus on substance-specific treatment. He also thinks that in many EU countries specific opiate dependent marginalised groups are diminishing, and that new types and patterns of use emerge. This requires more individual treatment planning of services. This includes a focus on individuals that have a substance use problem, not on the substance used. The continuity and consistency between the different elements of demand reduction: harm reduction, treatment, rehabilitation should also be improved. Finally, there is an important gender issue to address. Women often do not enter into existing services as these are often targeted at male users and women-unfriendly.

Katrin Schiffer from Correlation also thinks that more tailored demand reduction services are required, that interact with social services. Clients need to be involved in the planning of their treatment, both at programme and individual level. There are examples of good practice. E.g. in the large cities in the Netherlands, in the past 3-4 years a major initiative has been undertaken to take homeless dependent users of the streets by tailored and integrated health and social care. This has been very successful.

According to *Dave Liddell*, actual service delivery is of key importance. Too often drug action plans and administrative reports introduce effective treatment and coverage on paper only. But in practice the actual delivery is unclear. He also thinks that there needs to be continuum of

care between health and social care systems. The criminalisation of users is counterproductive and should end. The training of academic professionals in the field of addiction care should be improved and it should be recognised that there is a clear link between social inequalities and drug-related problems among specific populations. Social inequality is a clear risk factor for the development of drug-related problems, recent studies have shown.

Maurice Galla raised the issue that it should be a real concern that when physical health problems are concerned, there are major safeguards in regards to ensuring that rigorously tested and effective treatments and cures are implemented (e.g. both regarding medicines but also specific surgical options) but that for mental illnesses and in particular when addictions are concerned, proof of effectiveness and quality care is much less rigorous or not even requested by governments. After 30 years of research, the addiction profession can still implement treatments and approaches that do not improve their patient's health and social situation and/ or that may even work counter productive.

Drug demand reduction services must be tailored to individual needs, ensure a continuum of care from early intervention to harm reduction to treatment and rehabilitation, while being implemented in close interaction with e.g. social interventions such as housing and employment.

The mission of drug demand reduction in the EU in the next decade will have to take into account the changing nature of problem drug use and the type of users involved. Further emphasis needs to be placed on effectiveness and evidence-based interventions. Quality in all areas of demand reduction needs to be enhanced.

3. Plenary Session and feedback from workshops

The afternoon session started with a reflection on the process that needs to be followed in order to develop the Civil Society Forum's opinion on the new Strategy in time. As the current Forum will be dissolved and a new forum will commence its work in early 2011, it was decided that the **current members of the core group should continue their work** until the next meeting.

It was also decided that in 2011 there will be a need **for 2-3 meetings of the Forum**. One should take place in April, and one in September, at which the position papers are finalised and adopted. Another meeting or possibility to meet in workshops should be available (possible meeting in June). The Forum members will have the possibility to exchange and upload/retrieve documents from the **Web-based Forum** that was created in 2008. The Commission will **assess the current membership listing** on this Forum and examine the creation of **limiting access to sections of the website** to members of the CSF only, so that they can exchange views and draft documents.

During the next meeting of the Civil Society Forum, the Commission will elaborate on the options how the position papers of the Forum can be dissemination (e.g. as annex to the proposal for a new Strategy and other dissemination).

Format and structure of the Civil Society Forum

The Commission reminded the Members of the Civil Society Forum that the deadline for renewal of Membership was the 7th of January 2011. The Commission also elaborated on the selection criteria and explained that these were defined by the Green Paper from 2006 and the report on the public consultation of the Green paper. Applicants will have to fulfil to these criteria. The selection process will be as transparent as possible and the decisions on the Membership for the next mandate of the Forum will be taken as soon as possible.

The Commission also reflected on possible formats for the Civil Society Forum on Drugs. The Forum had now completed one full mandate and seems to be developing specific working methods. The next Civil Society Forum will continue to work under the current format. In future, the Commission suggested that the Forum could also be changed into a Commission's Expert Group. This would have limited consequences for the Forum, possibly more administrative than content wise. However, the Members of the Forum would like to receive a reflection paper which presents the exact similarities and differences between the current format and that of an expert group. The Commission will present such a paper in one of the meetings in 2011.

Participation in a Delphi survey

As presented earlier, the Commission is funding a study on developing an EU consensus on minimum quality standards and benchmarks in drug demand reduction. The project is carried out by the Swiss Institute ISFG. A key activity of the project concerns the pre-testing of some of the elaborated quality standards among a wide range of stakeholders in the EU Member States. The Members of the Civil Society Forum were invited to participate in this Delphi study and inform the Commission of their interest.

Closing remarks

Participants in the meeting felt that there had been constructive discussions and that the overall feeling about the meeting was much more positive than previous sessions. The four thematic issues discussed all seemed to have potential for further debate vis-à-vis the future position papers of the Civil Society Forum and justified further debate. The contributions also reflected the bottom-up nature of the forum. Despite differences in vision, approach and background, there does seem to be scope to reach some common ground on a number of topics in terms of substance.

As this was the last meeting of the Civil Society Forum on Drugs with the current Membership, the chairperson thanked the participants of the meeting on behalf of the Commission for their constructive work in the past three years.

AGENDA

	Day 1 (Monday 13 December)
09.30-10.30	Registration + coffee
10.30-11.30	Opening session (chair: Maurice Galla, DG JUST) <ul style="list-style-type: none"> • Recent developments in the field of drugs at EU level (Dana Spinant, DG JUST) • The Future of the Civil Society Forum – Options, formats and purpose (Timo Jetsu, DG JUST)
11.30-12.00	Coffee break
12.00-13.00	Plenary session <ul style="list-style-type: none"> • Towards a new Drugs Policy framework for the European Union beyond 2013 (Maurice Galla, DG JUST) <ul style="list-style-type: none"> ○ State of play regarding process and timeline ○ What is expected of the Civil Society Forum on Drugs (position papers) • Feedback on the work of CSF core group and explanation on the topics chosen for the workshops (Eberhard Schatz, Core Group)
13.00-14.30	Lunch
14.30-16.00	Workshops on selected topics and approaches <ul style="list-style-type: none"> • Workshop A: From prohibition to regulation, options for alternative policies, evidence based policy (Chair: Fredrick Polak (ENCOD)) • Workshop B: New drugs/ legal highs; trends in drug use and policy options (Chair: Anders Ulstein, ECAD)
16.00-16.30	Coffee break
16.30-17.30	Plenary session <ul style="list-style-type: none"> • Conclusions from Workshops A & B (rapporteurs)
18.00	Cocktail at Résidence Palace
	Day 2 (Tuesday 14 December)
09.00-09.30	Welcome coffee
09.30-11.00	Workshops on selected topics and approaches <ul style="list-style-type: none"> • Workshop C: Empowerment/ civil society involvement at national and EU level (Chair: Eberhardt Schatz, Correlation) • Workshop D: Prevention, treatment/ recovery, harm reduction (Chair: Amador Calafat, IREFREA)
11.00-11.30	Coffee break
11.30-12.30	Plenary session <ul style="list-style-type: none"> • Conclusions from the Workshops C+D (rapporteurs)
12.30-14.00	Lunch

14.00- 15.30	<p>Plenary session (Chair: Maurice Galla, DG JUST)</p> <ul style="list-style-type: none"> • CSF position on the new EU Drugs political framework after 2013 • The future of the Civil Society Forum and its future format – reflection and discussion (Timo Jetsu, DG Justice) <ul style="list-style-type: none"> ○ New membership of the Civil Society Forum ○ Role of the Core Group ○ Next steps, meetings in 2011 and time table • Participation in DELPHI process regarding the project on minimum quality standards and benchmarks in demand reduction • Any other business
15.30- 16.00	<p>End of meeting</p>