Public health: Community action programme 1996-2000 on the prevention of drug dependence

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The committee adopted, with amendments, a draft recommendation (PE 216.068) by Mr Giovanni BURTONE (EPP, I) for a second reading (under the codecision procedure) on the common position established by the Council with a view to the adoption of a European Parliament and Council Decision adopting a programme of Community action on the prevention of drug dependence within the framework for action in the field of public health. In his explanatory statement, the rapporteur, Mr BURTONE, who is a surgeon and cardiologist by profession, recognized that, in its common position, the Council had taken up some of the concerns Parliament had expressed at its first reading of the Commission proposal (COM (94) 223) on 20 September 1995. The Commission had subsequently submitted an amended proposal (COM (95) 579). However, according to Mr Burtone, "the Council has clearly departed from both the original proposal and the amended proposal in form and substance". He said he could not emphasize enough that the serious nature of the drugs problem required concerted action on a Union-wide basis to tackle every aspect of the "scourge" of drug dependence mentioned in Article 129 of the EC Treaty. However, addressing the committee before the vote, he said that combating drugs did not mean criminalizing drug addicts. "We must regard the drug addict as someone in distress who is seeking and needs treatment and who will not be helped by being criminalized, particularly as the criminal environment creates more problems than it solves." Mr Ken COLLINS (PES, UK), the committee chairman, emphasized that the report was a health report and not a drugs report. "This is a health committee and not a special committee on drugs," he said. The committee has responsibility for public health under Article 129 of the EC Treaty but matters such as drug-trafficking and policing are Third Pillar matters and fall outside its remit. The committee adopted a series of amendments to improve the common position. In particular, in relation to the queston of competence in the field of drugs, it added a recital to the common position calling for the struggle against drugs to be brought within the remit of Community policy "since it is a transnational affair". This amendment was targeted at the IGC conference to revise the Maastricht Treaty, which is to open on 29 March in Turin. The committee also called for the organization of a European Conference under the aegis of the European Parliament and the European Commission, in partnership with the United Nations, on the prevention of drug dependence. The committee acknowledged, in an amendment, that "a completely drug-free society may be a utopian vision". However, it took the view that "a humane, tolerant and pragmatic approach, such as the harm prevention strategy, has proved a better way of tackling the problem than the entire mechanism of repression". repression, the committee, thought should focus rather on large-scale trafficking and organized crime. The prison environment, in particular, "may foster drug addiction and turns many prisoners into users of addictive substances". Drug smuggling in prisons must be combated and prisoners who wanted to end their drug dependence must be given incentives. According to another amendment, there were two overriding objectives: firstly, to ease the burden that drug addiction imposed on society and, secondly, to pursue a policy of reducing harm to the individual user. The ultimate aim was to wean drug addicts off drugs and reintegrate them into society. The programme should contribute to an increased awareness concerning the use and abuse of narcotics, psychotropic substances, alcohol and pharmaceutical products. In particular, the committee thought that "from the point of view of prevention, it is not advisable to make a sharp distinction between soft and hard drugs". Preventive strategies should be developed to benefit drug users, people experimenting with drugs and potential users who did not benefit from conventional strategies, particularly as regards recreational drug use. According to another amendment, action should be encouraged to influence the social causes of drug use, such as deprivation and social exclusion. Work should be promoted at street level to benefit risk groups who were not reached by conventional strategies of assistance and prevention. In particular, the risks associated with the injection of drugs should be reduced, "in particular, through controlled distribution, outside medical circles, of disinfection sets and safe syringes and needles, these to be collected after use and disposed of

under safe conditions". Addressing this point before the vote, Mr Burtone told the committee that drug addiction could not be attributed to the fact that sterile syringes were distributed. The committee also thought that therapies involving the supply of substitutes such as methadone should be promoted, provided that sufficient support was given and that substitution took place as part of a course of treatment aimed at reducing dependence. Another amendment called for consideration to be given to possible initiatives to assist the relatives or guardians of drug addicts. On the information front, the committee wanted emphasis placed on involving young people in a dialogue "in order to make prevention strategies aimed at youth credible". In particular, highly specialized social skill programmes should be promoted to teach young children to cope with the existence of a range of stimulants, including drugs. The Commission should encourage public and private bodies, non-governmental organizations, volunteers and therapy or social welfare communities to participate in the programme. The Commission should also take steps to ensure that the Community's Lisbon-based European Monitoring Centre for Drugs and Drug Addiction liaises with non-governmental and voluntary organizations working in this field.