Basic information

2002/0098(CNS) CNS - Consultation procedure Recommendation	Procedure completed
Public health: Union strategy on drugs 2000-2004, prevention and reduction of risks of drug dependence **Subject** 4.20.03 Drug addiction, alcoholism, smoking	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health, Consumer Policy	MALLIORI Minerva Melpomeni (PSE)	17/06/2002

Committee for opinion	Rapporteur for opinion	Appointed
LIBE Citizens' Freedoms and Rights, Justice and Home Affairs	VAN DER LAAN Lousewies (ELDR)	02/10/2002

Council of the European Union

Council configuration	Meetings	Date
Employment, Social Policy, Health and Consumer Affairs	2470	2002-12-02
Agriculture and Fisheries	2516	2003-06-17
Health	2440	2002-06-26

European Commission

Commission DG	Commissioner
Health and Food Safety	

Key events

Date	Event	Reference	Summary
08/05/2002	Legislative proposal published	COM(2002)0201	Summary
13/06/2002	Committee referral announced in Parliament		
26/06/2002	Debate in Council		
02/12/2002	Debate in Council		Summary
28/01/2003	Vote in committee		Summary

28/01/2003	Committee report tabled for plenary, 1st reading/single reading	A5-0021/2003	
13/02/2003	Decision by Parliament	T5-0061/2003	Summary
13/02/2003	Debate in Parliament		
17/06/2003	Act adopted by Council after consultation of Parliament		
18/06/2003	End of procedure in Parliament		
03/07/2003	Final act published in Official Journal		

Technical information

Procedure reference	2002/0098(CNS)
Procedure type	CNS - Consultation procedure
Procedure subtype	Legislation
Legislative instrument	Recommendation
Legal basis	EC Treaty (after Amsterdam) EC 152-p2
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/5/16232

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, 1st reading/single reading		A5-0021/2003	28/01/2003	
Text adopted by Parliament, 1st reading/single reading		T5-0061/2003 OJ C 043 19.02.2004, p. 0280-0350 E	13/02/2003	Summary

European Commission

Document type	Reference	Date	Summary
Legislative proposal	COM(2002)0201	08/05/2002	Summary
Follow-up document	COM(2007)0199	18/04/2007	Summary

Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
EESC	Economic and Social Committee: opinion, report	CES1159/2002 OJ C 061 14.03.2003, p. 0189	22/10/2002	
CofR	Committee of the Regions: opinion	CDR0225/2002 OJ C 073 26.03.2003, p. 0005-0007	20/11/2002	

Additional information		
Source	**Document**	**Date**
European Commission	EUR-Lex	

Final act
EP/Council Recommendation 2003/0488 OJ L 165 03.07.2003, p. 0031-0033 Summary

Public health: Union strategy on drugs 2000-2004, prevention and reduction of risks of drug dependence

2002/0098(CNS) - 18/04/2007 - Follow-up document

The 2003 Recommendation on the prevention and reduction of health related harm associated with drug dependence requires the Member States to report back on the implementation of the Recommendation within two years of its adoption. Based on the data forwarded to it by the Member States the Commission is expected to prepare a report. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publishes annual reports on the state of the drugs problem in the EU which includes information on drug related deaths (DRDs) and drug-related infectious diseases such as HIV /AIDS and hepatitis. The EMCDDA's finding can be found in Annex to this report.

To recall, the aim of the Recommendation is to reduce the number of DRDs and drug-related health damage by encouraging Member States to set up and develop responses and strategies to prevent and reduce drug-related harm. The Recommendation is support by an EU Drugs Strategy (2005-2012) and EU Drugs Action Plan (2005-2008).

The report itself, is based on two main sources – the Member States and an independent processing of the data by the Trimbos Institute, which is an independent research centre acting in the field of mental health and addiction.

In summary, the report makes the following findings:

Recommendation 1: Harm reduction as a public health objective: In all of the EU Member States the prevention and reduction of drug-related harm is a defined public health objective. The Recommendation played an important role in national public health policy – particularly so in many of the Member States that joined the EU in 2004.

Recommendation 2: Harm reduction services and facilities in the Member States: All Member States have established harm reduction services and facilities – some to a greater extent than others. Thus, all Member States have a policy of providing information and counselling to drug users. Twenty two countries use websites and some have on-line counselling tools. The communities and families of drug users are widely involved in harm reduction activities in the Member States. In the United Kingdom, for example, families are involved in overdose prevention training in a bid to reduce DRDs. Peers and volunteers are systematically involved in outreach work in the majority of the EU Member States. In Belgium, drug users are trained to disseminate HIV prevention and overdose prevention messages. Other measures include:

- networking and co-operating between outreach work agencies;
- providing drug treatment (such as opioid substitution treatment which is used in 24 EU Member States);
- preventing the diversion of substitution substances (used in 22 Member States);
- testing/screening of infection diseases; vaccination campaigns for hepatitis B (in use in 15 Member States);
- offering needle and syringe exchange progress to drug users (available in 24 Member States);
- training and equipping the emergency services to deal with overdoses. In 20 of the EU Member States ambulances routinely carry the opiate antagonist naloxone;
- offering support for training activities leading to a recognised qualification for professions who work in the field of drug dependence. This policy exists in 22 Member States.

As far as prisons are concerned, the EMCDDA reports that the lifetime prevalence of injecting drug use among prisoners in European is between 7% and 38%. A policy to provide drug users in prisons with services that are similar to those available to drug users outside prisons exists in 20 Member States and is about to be introduced in four countries. As far as DRDs in the mental health sector is concerned the report notes that harm reduction is considered at policy level and deemed to be part of an integral part of mental health and social care. Twenty three countries have a policy aimed at promoting integration between health services and social care. The Commission does point out, however, that the implementation of this policy at Member State level, still needs to be developed further since it appears that providing a fully integrated system of care for drug users remains a challenge.

Recommendation 3: Quality assurance, monitoring and evaluation: Not all Member States see quality assurance, monitoring and evaluation as the task of national government – although they do subscribe to the need for an emphasis on, and the use of scientific evidence, in harm reduction practice. The majority of Member States (19) report that policy decisions are based specifically on scientific evidence. In general, the Member States do agree with the need for assessments at the initial stage of programmes but often do not make it a condition in the selection of programmes and interventions. In Ireland, however, a baseline assessment determined the hepatitis B vaccination coverage among drug users in order to design a pilot project to improve infectious disease preventative care for IDUs. The development of evaluation protocols, for the evaluation of interventions is a task often considered to be one for scientific institutions dealing with quality evaluation - although some Member States, such as the Czech Republic and Denmark have developed protocols and guidelines as part of their drug policy. Fourteen Member States have a policy in place the aim of which is to support the development of evaluation quality criteria, whilst 23 Member States report compliance with the five key EMCDDA indicators. The evaluation training programmes for different levels and target groups have been implemented in 14 Member States and 14 Member States report having a policy in placed to enable all actors and stakeholders to be involved in the evaluation process. On a final point, bi- and multi-lateral programmes involving several Member States have been developed. 21 countries report that they have a policy to encourage exchange and collaboration with other Member States. The Member States are also collaborating with the Commission through initiatives such as the “Community Programme on Public Health”.

Follow-up: Reporting on the implementation of this programme covers a period of 1.5 to 2 years. Given that this period is still quite limited and given that the EU has absorbed new Member States since the adoption of the Recommendations, the Commission warns that this report is primarily a “baseline” overview of the Recommendation’s implementation. The Commission, therefore, intends to repeat this exercise within the framework of the new EU Action Plan on Drugs (2009-2012) at which point the Commission will be better placed to consider, together with the Member States, whether there is a need, or not, for further recommendations.

Public health: Union strategy on drugs 2000-2004, prevention and reduction of risks of drug dependence

2002/0098(CNS) - 13/02/2003 - Text adopted by Parliament, 1st reading/single reading

The European Parliament adopted a resolution based on the report by Minerva MALLIORI (PES, Greece) and made several amendments to the Commission's proposal. (Please refer to the summary dated 28/01/03.) Amongst the recommendations to Member States were the following: - to make policies on drug dependence and risk reduction more effective by listening to the experiences of former drug users, families and community drug workers; - to establish tailor-made drug prevention schemes and treatment policies for high-risk environments such as prisons; - to encourage user involvement in the planning, delivery and evaluation of initiatives; - to recognise the value of self-help groups; - to 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. There are also several recommendations to the Commission, including, in the context of the Community action programme on public health (2003-2008): - to encourage the listing of best practices for the prevention and reduction of risks associated with drug dependence; - to support measures to reduce risks associated with drug dependence as a lifestyle related health determinant; - to seek to incorporate anti-drug strategy into other Community policies.

Public health: Union strategy on drugs 2000-2004, prevention and reduction of risks of drug dependence

2002/0098(CNS) - 02/12/2002

The Council established a general approach, pending the European Parliament's opinion, on a draft Council Recommendation on the prevention and reduction of risks associated with drug dependence. The Italian delegation was unable to endorse this general approach. The Recommendation will be adopted at a future Council session, once the Parliament has given its opinion. The German, Luxembourg and Netherlands delegations made a separate statement for the Council minutes on the use of public injection rooms in bringing chronically ill drug-users within the reach of health institutions and in initiating the process of rehabilitation.

Public health: Union strategy on drugs 2000-2004, prevention and reduction of risks of drug dependence

2002/0098(CNS) - 08/05/2002 - Legislative proposal

PURPOSE : Copuncil Recommendation on reducing the incidence of drug related health damage. CONTENT : The EU Drugs Strategy (2000-2004), endorsed by the European Council in December 1999, has three main public health targets. The second of these is to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, tuberculosis, etc) and the number of drug-related deaths. The main goal of

this recommedation is to facilitate the achievement of this target. According to the annual reports of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), illegal drug use is more concentrated among young adults. Cannabis is the most widely used, with amphetamines and ecstasy in second position, cocaine in an increasing third position and heroin at a broadly stable low level. Prevalence of HIV, hepatitis B and C among injecting drug users appears relatively stable, although the prevalence of hepatitis C infection is high. Risk-reduction measures have been successful in decreasing drug-related deaths and serious health problems. Risk reduction includes needle exchange and other hygienic measures involving drug injecting, substitution treatment, low threshold services, information and counselling on safer use and safer sex, and outreach work. The intensity of risk reduction responses of the Member States appears to differ considerably between countries. Member States with lower availability of risk reduction measures may be at risk for new increases in HIV, and hepatitis B and C transmission. Evaluation is a key tool for improving drug prevention and the reduction of drug dependence associated risks. The EU drugs strategy includes a whole chapter on evaluation and Community and national policies could foster significant advances in this area. This Council Recommendation also supports the development of evidence-based evaluation to increase the efficacy of drug prevention and the reduction of drug related health risks.

Public health: Union strategy on drugs 2000-2004, prevention and reduction of risks of drug dependence

2002/0098(CNS) - 18/06/2003 - Final act

PURPOSE : to adopt a Recommendation aiming to help the Member States to prevent and reduce health-related harm associated with drug dependence. COMMUNITY MEASURE : Council Recommendation 2003/488/EC on the prevention and reduction of health-related harm associated with drug dependence. CONTENT : the Council adopted this Recommendation, with the Italian delegation voting against, on the prevention and reduction of health-related harm associated with drug dependence. The Recommendation is part of the 2000-2004 drugs strategy, endorsed by the European Council at Helsinki in December 1999 with the aim of reducing the prevalence of illicit drug use, reducing substantially the incidence of drug-related health damage, and increasing substantially the number of successfully treated addicts. It calls on Member States to make available a range of different services and facilities, particularly aiming at risk reduction. The text provides a number of specific recommendations with regard to information and counselling, outreach-work, peer involvement, emergency services, networks between agencies, integration of health and social care, and training and accreditation of professionals. Particular emphasis is placed on the prevention of drug-related infections (such as HIV, hepatitis B and C, tuberculosis and sexually transmitted diseases). The Recommendation stipulates that in order to reduce substantially the incidence of drug-related health damage, Member States should: - provide information and counselling to drug users to promote risk reduction and to facilitate their access to appropriate services; - inform communities and families and enable them to be involved in the prevention and reduction of health risks associated with drug dependence; - include outreach work methodologies within the national health and social drug policies, and support appropriate outreach work training and the development of working standards and methods; outreach work is 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; - encourage, when appropriate, the involvement of, and promote training for, peers and volunteers in outreach work, including measures to reduce drug-related deaths, first aid and early involvement of the emergency services; - promote networking and cooperation between agencies involved in outreach work, to permit continuity of services and better users' accessibility; - provide, in accordance with the individual needs of the drug abuser, drug-free treatment as well as appropriate substitution treatment supported by adequate psychosocial care and rehabilitation taking into account the fact that a wide variety of different treatment options should be provided for the drug-abuser; - establish measures to prevent diversion of substitution substances while ensuring appropriate access to treatment; - consider making available to drug abusers in prison access to services similar to those provided to drug abusers not in prison, in a way that does not compromise the continuous and overall efforts of keeping drugs out of prison; - promote adequate hepatitis B vaccination coverage and prophylactic measures against HIV, hepatitis B and C, tuberculosis and sexually transmitted diseases, as well as screening for all the aforementioned diseases among injection drug users and their immediate social networks, and take the appropriate medical actions; - provide where appropriate, access to distribution of condoms and injection materials, and also to programmes and points for their exchange; - ensure that emergency services are trained and equipped to deal with overdoses; - promote appropriate integration between health, including mental health, and social care, and specialised approaches in risk reduction; - support training leading to a recognised qualification for professionals. Other measures are provide in terms of developing appropriate evaluation to increase the effectiveness and efficiency of drug prevention and the reduction of drug-related health risks. Member States should report to the Commission on the implementation of this Recommendation within two years of its adoption 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. The Commission is called up to cooperate with the Council of Europe, the WHO, the UN International Drug Control Programme and other relevant international organisations active in the field. On the basis of the information submitted by the Member States and the latest scientific data, a report should be prepared with a view to the revision and updating of this Recommendation. ENTRY INTO FORCE : 18 June 2003.